AIMS For a better birth...

Postnatal care

By Ingrid Wall

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Ingrid Wall talks about her experience of using the PALS service to complain

I am writing this article in the hope that lessons can be learnt from my story. In my experience the standards of postnatal care were at their best poor and at their very worst non-existent. I am concerned that if this practice is allowed to continue there could be serious consequences for the health of mothers and children. My experience of the Delivery Unit was positive. The Maternal Foetal Assessment Unit was excellent.

My daughter, Emily Miriam Joyce, was born on 27th May 2008. It should have been one of the best days of my life. Her birth followed 4? years of infertility and two ectopic pregnancies. Throughout my pregnancy I had read books and magazines about bir th and postnatal care. I expected that the hospital staff would both show me what to do and care for me as I recovered from birth. I was a first time mum and barely knew one end of a baby from another, let alone the intricacies of how to put on a nappy.

Two hours after Emily was born I was taken from the delivery room to the post-natal ward. I quickly discovered that reality was far from my dreams. If I was lucky one of the nurses might pop in and take my blood pressure and temperature. Help with my baby was out of the question. I desperately needed it, though. I seemed to have the screamiest baby on the ward. I was also exhausted. I had been in labour for 17 hours and had had an episiotomy. Every time I stood up and tried to attend to Emily I felt faint.

Eventually, I called over one of the nurses. 'Please would you help me settle her?' I asked. 'It is not my job to look after babies,' she told me, 'You need to get out of bed now and start looking after her.'

I staggered over to the cot and heaved her onto the bed and tucked her in. I wasn't happy about having my newborn in bed but there was no other way. I fed and comforted her throughout the night even though I was shaking with exhaustion.

My family arrived early in the morning. They looked after Emily whilst I slept. I wondered what happens to those women who don't have family.

A few days after Emily's birth, whilst still on the ward, I developed a severe pain in my episiotomy wound. I felt as though I was sitting on a barbed wire fence. The doctors decided this was normal and discharged me with no internal examination. I queried the level of pain with both the community midwife and the doctor. They also assured me it was normal.

During my second night at home I started to shiver uncontrollably. My temperature was 38˚C. I phoned the out of hours ser vice. 'You'll need to see a doctor,' I was told… 'you may have an infection of the perineum.'

An examination confirmed their diagnosis and I was readmitted to the same ward. I was terrified. How would I be able to care for Emily with such a high temperature. I could barely walk, let alone care for a newborn. If I had to get out of bed, I would certainly have dropped her.

Fortunately she was quiet that night. By the time she cried my temperature had fallen and I was able to lift her out of the cot and feed her. Once again my family looked after her during the day. My partner and I raised our concerns with the senior midwife during my admission.

A week after I was discharged from the hospital I made a formal complaint through the Patient Advice and Liaison Service (PALS). A few weeks later I received a long letter of apology from the Trust. Few recommendations for improvements were suggested. I immediately submitted a list of improvements from my perspective which included more care for mothers and babies on the postnatal ward. PALS arranged for me to have an appointment with a senior midwife to discuss my concerns.

The senior midwife told me that it is not good practice to take babies into a nursery at night because it interferes with the bonding process and increases the chances of infection. She also mentioned that the Trust is looking at ways to improve postnatal care including the use of specialised cots which will facilitate mothers caring for their babies. The sides of the cot can be electrically controlled by the mother. This eliminates the need for her to leave the bed whilst caring for her baby.

I also questioned the attitude of the midwives. I was told that all midwives had been spoken to following my complaint at the time of my admission. I remembered that the manner of most of the staff improved afterwards.

These improvements would have made my time at the maternity unit more comfor table. However, Emily frequently screamed and I would still have needed help in settling her to enable me to sleep. I feel that had my family not stepped in and helped I would have had difficulties bonding with my daughter through exhaustion. More care is needed to help mothers on the postnatal ward.

AIMS Comment

Sadly we hear situations like this all too frequently, and postnatal care seems to be the biggest casualty when there are staff shortages. Often this accompanies a lack of antenatal classes as these are often also withdrawn as a way of reducing costs or making more staff available for other tasks.