

Anonymous - Written evidence (PRT0015)

I have been pregnant 6 times, with our first daughter born in 2018 with a very straightforward pregnancy. I had an induction and assisted delivery (forceps) at term but required treatment for a haemorrhage and likely sepsis post-natally.

Since this time, I experienced two missed miscarriages detected in routine scans requiring surgical intervention, followed by our second daughter being stillborn at 27 weeks into the pregnancy which was found during a scan in the obstetric assessment unit following assessment for reduced fetal movements during the pandemic. My husband was not allowed to attend this scan with me due to the ongoing Covid restrictions. We also were unable to have some of the usual growth checks prior to this in person due to the impact of the pandemic (community midwife contact was via telephone). I suffered a further haemorrhage during labour and required emergency surgical intervention for this.

We were subsequently cared for by the bereavement midwife who referred us to Rainbow clinic with a very well managed transition of care. I suffered another missed miscarriage requiring surgical intervention during my first pregnancy whilst under Rainbow Clinic. I was then reviewed by the multiple miscarriage clinic also. This was held by the same consultant we had been seen by the Rainbow clinic for continuity of care.

I am now pregnant with MCDA twins and care has been moved from Rainbow clinic to the local specialist twins clinic. Within Rainbow and Twins clinic we have received excellent, personalised care with a very well managed transition between consultants who work very closely together and both have remained involved in our care, showing incredibly high levels of compassion and care, especially with thoughtful consideration of the impact of the traumatic experiences we have been through with the pregnancy losses we have experienced.

Due to having MCDA twins, guidance is for the twins to be delivered between 36-37 weeks gestation. Induction of labour was planned for this week and I was admitted to hospital at 36+0 into the induction of labour ward. Due to the increased risks associated with birth for MCDA twins and my personal risk of haemorrhage, induction of labour was unable to be started without NICU bed availability for both babies at the start of the induction for safety reasons. However, we were informed that the beds could not be held during the labour and due to the high demand for NICU beds in our local hospital, which is also the specialist centre for twins nationally in Wales. Therefore, there was a high chance that the beds may no longer be available at the time of delivery and the twins would need to be transferred elsewhere in this instance. My own needs related to risk of haemorrhage mean it is safer for me to deliver in our local hospital as it is the only hospital in the area with an Obstetric Haematologist on site. It is also safer for me to deliver naturally rather than by planned c-section due to the increased risk of blood loss via c-section.

Due to our previous bereavements and traumatic experiences, coming back into hospital for the birth has been a very stressful experience which has triggered many difficult emotions for myself and my family.

I was in hospital with my husband for four days (now 36+4) on the induction of labour ward with hope each morning that I would be induced that day (I only required ARM as I have already begun to dilate and experience contractions) but high levels of uncertainty about when the induction will be possible. This was due to shortages of NICU beds and midwives to meet the requirements for my delivery of the twins.

Staying on the ward, led to us having very little sleep for three days (due to noise, admissions overnight, worry/stress and awaiting for bed availability overnight, plus my husband has had to sleep on a chair in between going back and forth to home to check on our eldest daughter). This does not feel like helpful physical or emotional preparation for labour and managing twins and our 6 year old daughter after this.

We were also trying to care for the emotional impact upon our 6 year old daughter who is facing a big life change without her parents being able to be present, she is needing to stay with family for an uncertain period of time.

This also affected our continuity of care with the team we trust and feel very safe with, as the induction cannot be arranged to be at a time when our usual team are available. However they have made a huge effort to come to meet with us when they have been on shift and keep us regularly updated which is a huge credit to the consultant and team we are under and the level of care they give even when they are under huge amounts of pressure.

I was finally induced after five days in the early hours of the morning and luckily this went very smoothly. After the birth I was placed on a very noisy, hot, busy and very cramped bay which was an 'overflow space' as the ward was too busy. There was barely space for my husband and I which made introducing our daughter to her brothers much more unsettled and difficult than we had hoped. I was transferred to another noisy, hot, busy ward very late at night of 6 mothers/babies with only curtains for privacy. With patients being transferred in and out throughout all hours of day and night. With beds needing changing/cleaning in between. I had had no rest after the birth and my husband was not allowed to stay with me. I had to endure the constant monitoring and noise and adjustment to caring for two babies alone and felt very vulnerable, and did not manage to get and sleep beyond about 20 minutes. My emotional state became so affected that I became and very upset. I had to leave my babies in the care of staff who were strangers to me to use the toilet or bathroom which was far down the corridor. Visiting hours were limited to daytime for my husband and only 2x2 hours for my daughter, one which clashed with the end of school (2-4pm) and one block at her bedtime (6-8pm) which meant visiting affected her sleep and school also. After two days on the ward I was able to be transferred to a

large private room with en suite which was designated for twins/mothers post labour. This was a significantly better experience with staff who were very attentive and I felt able to get to know to build up trust to ask for help. Despite having two beds in the private room, my husband was not able to stay due to visiting restrictions- this would have made the experience much better if he had to be able to share the feeding and care for our twins. However, the quiet, privacy and help I was offered enable me to get some sleep and to have time with the care team to help prepare me for home life with twins. We were also able to have more quality time (although within the same visiting times) with our daughter to introduce her to her brothers. If we had had less time waiting for the induction and had been able to have the space, privacy, care, time together and sleep throughout the process this would have been much less stressful for us all.

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