

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I gave birth at Hospital in early November 2022.

I was 38 years old at the time and encouraged, towards the end of the 39th week of my pregnancy, to be induced due to my 'advanced maternal age'. This was my first pregnancy.

I am a sporty, healthy person, who had an unremarkable pregnancy with no complications. The only other risk factor was a fibroid, which was stable and not deemed to be at risk of obstructing the birth canal.

At 40+1 weeks, I went into hospital to be induced. I received three doses of Prostin, 6 hours apart. I started to experience strong contractions after the third dose.

During the labour, dilation was slow and oxytocin was encouraged. However, it was decided that I was progressing well enough, so continued to labour using my TENS machine and gas for pain management.

At about the 17 hour mark, it was suggested that I was tiring and should have an epidural in order to 'move things along' with an oxytocin infusion. This was performed, however only worked on the left hand side of my body. I then had to endure 2 hours of heightened pain whilst waiting for the anaesthetist to return from surgery. I was gripping the side of the bed in agony during every single contraction until the anaesthetic finally worked.

At around the 20 hour mark, an obstetrician entered the room, stating that she had been 'monitoring my case' with increasing concern.

She stated that the CTG showed foetal distress and that she would give me two more contractions in which to deliver the baby vaginally otherwise I would have to go to theatre.

I add here that it is my opinion that a stigma exists in relation to caesarian section childbirth in Australia, so with this, I felt compelled to do all that I could to birth vaginally.

It was at this point that the the obstetrician also informed me in a matter of fact way that my baby would 'come out flat' and that an episiotomy and forceps would be required.

I consented, knowing the gravity of the situation and feeling like I would be a failure if at that point I had a caesarian section. Vacuum was contraindicated due to foetal head oedema.

In the end, my son was birthed vaginally, but required stirrups and the McRoberts manoeuvre with one midwife on each leg, and myself also bracing. My partner had to look away as the obstetrician, unbeknownst to me, used her leg to brace herself against the hospital bed in order to extract my son using forceps.

According to my urogynaecologist, unless attempting Olympic level weight lifting, nothing else would come close to the force exerted on my pelvic floor that would have been used to extract my son.

My son was born after the third contraction, had an APGAR of 9/10 and required no interventions.

I received further oxytocin to minimise post partum haemorrhage (which was minimal).

I delivered the placenta without event.

I had no initial post-birth complications. Bladder and bowels were both functioning well and pain was minimal.

The follow up by the attending doctor prior to discharge focused on advice on contraception. Apart from Movicol recommended by the RN, there was no other post partum advice or care despite the long labour and instrumental delivery. My discharge summary states that this 'is to be completed'. It never was.

I saw my GP one week post partum, who had no concerns. My episiotomy scar healed well, I had occasional bladder urge incontinence, but this was not debilitating. I had some haemorrhoids that were healing well. I had some pressure/bother in this area that I attributed to them and thought that it would soon resolve.

At 6 weeks post partum I attended the pelvic health physio session that I had had booked in prior to labour. I was informed that I had a moderate anterior (bladder wall) and posterior (rectal wall) prolapse as well as a levator (pelvic floor muscle) avulsion. I was also informed that I would benefit from a pessary to help decrease prolapse symptoms. I realised that the bother I had been feeling was the prolapse. I was told that it was the forceps that caused the avulsion and that my pelvic floor could be repaired, but that a levator avulsion repair has a 95% failure rate.

I question whether I should have been persuaded towards induction or whether my baby should have been delivered via caesarian section instead.

For someone who is active, loves the outdoors and was looking forward to 'baby wearing', my approach to my newborn's life changed overnight. I am discouraged from lifting anything too heavy or carrying him for periods of time, lest it inhibit further potential repair.

I was devastated. Despite having no other prior mental health history, I experienced intermittent severe depression and at times, thoughts of suicide.

The focus of the health care system was on how my newborn was developing.

There was minimal debriefing or advice given to me with regard to post partum physical or psychological recovery.

I am not alone. The more I share my story with others, the more mothers and partners have shared their own journeys that often echo mine.

I seek better, scientifically validated education for new mothers/partners on the childbirth journey (including possible/likely interventions).

I seek better education for health care professionals regarding the use (or omission) of instruments during vaginal delivery.

I seek routine debriefing post labour for all mothers. This includes advice on physical and psychological care in the first year, rather than the arbitrary six weeks that seems to be the norm, if that.

I seek better awareness and access to psychological and medical support for those who experienced or who are living with birth trauma.

Thank you for hearing my story.