

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 4 July 2023

Partially
Confidential

Please find pasted my complaint email to [redacted] Hospital [redacted] following. They processed the complaint 6 months after its submission, apologising for my experience (and their delay in dealing with the complaint). Almost 6 years later, it appears nothing has changed regarding the culture or care at the hospital. I had my second child in 2021 as a VBAC at home at great expense, to avoid ever setting foot in that birthing unit ever again. I was transferred briefly for a post-partum bleed and that experience itself was retraumatising - the experience was the same, ringing the buzzer repeatedly, covered in blood and urine, a screaming newborn and nobody coming. I discharged myself against medical advice so I could at least have a basic level of care at home. Here's my documentation of the first experience in 2017. Trigger warning.

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To whom it may concern,

I'm writing to give feedback on the traumatic birthing experience I had at [redacted] Hospital late October this year. It's taken me many weeks to be able to process the event and to write about it, but I feel it's important that I submit this feedback. After sharing my story with other women I've found that I'm far from alone in having this kind of negative birthing experience. Processing it, writing about it and submitting a complaint is hard, and many women don't manage to do it – which makes it all the more important to me that I make this effort, even if it is two months after the fact.

I would like to bring your attention to what I perceive as two separate issues that made my experience profoundly traumatic. I feel that on the night of my labor, both your staff and birthing protocols showed disregard for my psychological wellbeing as a birthing mother. The induction and laboring process I underwent, and the manner in which it was delivered, was utterly disempowering, terrifying and nothing short of dehumanizing. Sadly, I can no longer see myself having a second child within such a system.

The second issue is the appalling under-resourcing of your midwifery unit. The staffing levels are visibly at crisis point. According to one staff member on one of the nights I was in the maternity ward there were no less than 28 mothers and babies – at least 56 individuals – being attended by only 4 qualified midwives alongside a handful of support staff recruited from your antenatal team. The situation is simply dangerous – not only for vulnerable new mothers and babies, but also for staff who are visibly under enormous strain trying to provide even a basic level of care.

I'd like to share with you the story of the birth of our beautiful son, in the hope that it sparks some constructive discussion amongst your team and management. It's lengthy but please bear with me.

After a 42 week pregnancy, I was induced by Foley's catheter on the evening of [redacted]. I gave birth to our son [redacted] by emergency caesarian section, under general anaesthetic, and after a failed epidural the next evening – [redacted].

I had undergone daily monitoring since 41 weeks. Both my baby and I were very healthy and CTGs and ultrasounds were showing no distress or complications. The decision to induce was based on my careful and considered weighing of the benefits and risks of giving the baby - and my body – time to achieve a natural labor. The tipping point for me was when my amniotic fluid was shown to have dropped markedly – it was still within normal levels, but the shift was enough for me to decide that the risk/benefit ratio of induction now made it the better option

for myself and my baby. I'd like to add that one of the reasons I'd hoped to avoid a chemical induction was that I'd suffered from pre-natal depression in the early half of the pregnancy. I was concerned that chemical induction could lead to cascading interventions that could have implications for my bonding experience with my child – something that had worried me throughout my pregnancy.

From my own research, and with the support of my doula, I was well-informed about induction processes and protocols. Until now, I've generally been happy to place my faith in the public health system in Australia, so while I was disappointed that I'd have to be induced, I was ready to trust in my care team and had had largely good experiences with my antenatal care thus far. I did maintain the hope that I would be able to exercise at least a few options to try to give my body a bit of a chance to enter labor assisted, but not entirely unnaturally. As such I had a birth plan/preferences that outlined my preferred approach to various things such as drugs, internal checks, etc.

On the night of my labor I was under the care of _____ (??) and primarily two midwives who were on consecutive shifts, I believe their names were _____.

I don't wish to engage in formal proceedings against these particular parties as individuals. To do so would only add to the trauma of the experience, which I hope to move on from. I also believe they thought they were simply doing their jobs with the remit of "healthy mum, healthy bub" foremost in their minds. However, I do wish that staff are made aware of the impact of their behavior on a birthing mother, and the psychological repercussions of their words and actions at crucial times in a woman's labor.

My issue with the "healthy mum, healthy bub" mentality is that the hospital protocol that attaches to this appears to stem from an era when a woman's mental wellbeing – and issues like perinatal depression and post-birth trauma were unnamed and essentially swept under the carpet

My negative experience started as soon as my obstetrician introduced herself. I was nervous but resigned to getting things underway. I'd had a good experience with _____ the previous night and had made good progress with the catheter – I had gone from nothing to 3-4cm dilated and had pre-labored overnight. I told _____ that I knew that things weren't going to go according to my birth plan, but that I still hoped to discuss some of my options within the bounds of hospital protocol.

_____ response was: "I don't do birth plans. You can't plan birth." She said I would be strictly on hospital protocol. I was told: "We are going to get this baby out by 6pm – within office hours." This was at around 10am.

Her approach not only felt confrontational, but it left me considerably distressed, even more anxious, feeling out of control. I had the feeling that I was being openly condescended to – any rights over my own treatment regarded as ill-informed and not worthy of consideration. In the ensuing conversation, I actually found myself trying to deflate what seemed to be an open attack on myself and my doula as she politely tried to ask questions and I tentatively tried to explain my situation and requests.

I'd requested: 1) To be given a small window of time after my waters had been broken (1-2 hours) to try to induce labor naturally, and 2) To have an extra 30 minutes on the first level of

syntocinon. To my understanding, both requests actually reflect normal protocol in several NSW hospitals, as opposed to “fast-tracked” standards. I’d been advised on both fronts by a private midwife with decades of experience.

I had come into the conversation (and the induction) vulnerable, worn out from decision-making and exhaustion, worried, and in need of some compassion, encouragement and hopefully supportive sentiments from the team. These could have made all the difference. Instead, the midwife on duty had been sour-faced throughout her dealings with me – visibly unimpressed that I had “let things go on so long”, as if I was an irresponsible mother, rather than someone who had every single day from 41 weeks, researched, sought professional advice and agonized over what was best for my baby and myself.

My doula , whom I hadn’t had the chance to have a proper catch-up with, had arrived almost at the same time as . Seeing I was anxious, she had asked for a moment to chat with me. She was told that no – I could not talk with my support people unattended.

Our feeling, in hindsight, is that the doctor was briefed by the midwife that I was a non-compliant mother with a doula who was likely to “try to get in the way.” This is absolutely not a true representation of my attitude – or . I was understandably nervous, disappointed – yes, but at that point willing to put my faith in the system. I knew I would be subject to a medicalised birth, and was ready for what that meant, however, I was not ready to be treated as if I was a troublesome patient.

I’d come into the situation in need of reassurance, and instead, left this conversation feeling more anxious and as if I’d actively had to try to assuage the doctor’s negative assumptions regarding my character and wishes.

From this point onwards, the birthing process was – in all except the bare essentials of “healthy mum, healthy bub” – personally devastating.

Without detailing every event, suffice it to say that it involved a high dose of syntocinon, constant, physically inhibiting and seemingly unnecessary monitoring, laboring for hours on a failed epidural, screaming for pain relief – then for a c-section – and culminated in begging just to be knocked out completely.

I had unrelenting pain in my lower back, right hip and abdomen. Despite this the level of syntocinon was “cranked to the max” and despite the midwife earlier telling me it could be dialed back if need be, when I requested some respite from the agonizing intensity of contractions, staff refused – eventually to the point of not even acknowledging my requests – either for information or for some control over my treatment.

This lack of communication heightened my fear and therefore my pain. I am told that I started shaking whenever hospital staff entered the room. I found out only this week that I had actually said at one point: “I can see where this is going to end – with a C-section and a dead baby.” I can’t recall this moment, but I do recall the feelings of despair, utter vulnerability and demoralization. I’d like the staff to know my personal experience of being on the receiving end of their failure to communicate, their negative comments (“She’s only 4cm”; “Oh – still no baby?”, “Mum’s not coping – let’s just call it ‘failure to progress’”) and their hospital’s one-fits-all protocols.

I remember feeling very lucid under the torrents of dry retching and unnatural contractions. The pain was doubtless exacerbated by the kind of terror that comes from feeling utterly out of control, with medical staff whispering around monitors, evading my queries and doing what they liked to my body without respect for my desire to participate in choices regarding my treatment, seemingly reluctant to communicate with me clearly as I underwent the processes they decided on.

I remember feeling that I had to leave my body to try to leave the pain. I recall thinking: "This is it. I'm a lucid mind strapped into an unresponsive body, a puking, retching, contracting, human birthing tube. I'm screaming for this to stop, to numb the pain, knock me out, but nobody will listen to me." I was terrified. The team's approach was utterly disempowering – including discouraging words, negativity and a rough internal exam – it did everything to heighten this fear, and subsequently, lessen my ability to cope with the pain.

At one point I remember consciously deciding to stop breathing. I knew that medically there must be means to make the pain end, but that they weren't being used. I rationally made the decision that if I held my breath I would either make myself pass out, or make people think that I was dying so they had to do something. I had decided that I had no options left.

The "healthy mum, healthy baby mantra" was one I heard repeated often by staff, both before the labor and after the birth. Yes, a healthy bub was born – my incredibly strong, vital and beautiful son, – and against the odds, my bonding and relationship with him is intense and amazing – but to assume that I left this experience "healthy" is ludicrous.

I've done everything within my power to try to process this experience, sharing, talking and trying to rationalize, yet this week I left my first post-natal cervical screening and IUD insertion shaking and crying. That was the final push I needed to submit this complaint.

I used to trust the medical system. I used to feel strong, empowered and matter-of-fact about my ability to face pain or discomfort in surgery or examinations (I've had several surgeries over the years and have always had good experiences).

My experience at your hospital was dehumanizing, disempowering, and none of the positive things that even a difficult birth can be, with the right support. Instead, I felt pumped full of drugs, robbed of any modicum of control or personal choice and in tremendous pain and discomfort.

It's worth mentioning that throughout all this my son barely skipped a beat. He was born strong, active, alert and he continues to thrive. To my knowledge there were no signs of distress on his part throughout the process, although at one point it was said that "he might be getting tired". His alertness on arrival seems to belie this observation, but I can understand that the medical team were on the alert and had their best intentions at heart in their decision-making in this regard.

While all this is technically "a great outcome", it also causes me to ponder whether the induction, and the alarmist attitude surrounding me going "post-term" was ever warranted in the first place. Would I have needed the c-section if I had been given a few words of support at a crucial time, instead of being repeatedly given the (false) impression that things were somehow not going well? Would I have gone into labor naturally were it not for the medical pressure to induce because I "didn't fit the schedule"? We'll never know.

Post-partum support was for the most part expert and compassionate, yet it was also intermittent and unreliable, and conditions for my post-operative recovery were dismal. I might add that this is through no fault of the majority of midwives, who I genuinely think did their best in impossible conditions. I had a seemingly endless stream of inconsiderate and disruptive roommates, some of whom were post-op themselves and undergoing hourly checks through the night. Amongst my roommates' streams of visitors, medical checks, screaming and abusive phone calls and their squalling, hungry babies, my newborn and I had precious little chance to rest or recuperate.

This kind of experience is obviously not the fault of the staff, but it is a consequence of the kind of under resourcing that leaves patients such as myself to recover in conditions that make it near impossible.

I'd like to conclude my story with saying that I am thankful that the system ultimately delivered a child that is healthy and strong. I'm thankful that I was able to birth in a country where I have access to a hospital and medical professionals. I'm thankful that physically, my surgery was performed well and that my recovery has been fast. However, I strongly feel that

Hospital failed me and my support people in a way that robbed me off the potential for a positive story. It has robbed me of my psychological resilience, my trust in the system, and possibly robbed me off the chance to ever have a natural birthing experience.

I do want to say that there are some great people on the team at _____ who are doing their best to be compassionate carers in the face of poor conditions and poor policies. Some of my friends have had difficult, yet positive experiences birthing in your unit. They had midwives who told them from the outset that they would do their very best to follow their birth plans. They had staff who told them: "You're SO healthy!", "You're doing great," ""You've got this."

I had staff who railroaded my doula and my husband, disregarded my mental wellbeing and treated me in such a manner as to exacerbate my fear and distress. There is no doubt in my mind that this compounded any complications, ultimately easing the path to a cascade of interventions that left me heavily drugged up, on the operating table, fully anaesthetized and unable to meet my son until hours after his birth.

It's impossible to say whether or not my son's birth could have been achieved more easily if certain things had been done differently. There are plenty of ifs and buts. But what I do know is that at crucial times I was treated in a manner not only detrimental to my mental wellbeing, but which is also pretty much guaranteed to stall any woman's healthy laboring process.

I've worked in active war zones in Lebanon, Afghanistan and in a Syrian refugee camp, so I'm familiar with PTSD and its causes. I consider myself psychologically resilient, yet I've never suffered trauma the way I suffered during the birth of my son. I think the approach to my care was a recipe for a poor psychological outcome – and what's worse, it's one that seems to be systemically accepted as the norm at your hospital. I hope to see the day when this approach changes for the better.

Laboring women are not birthing machines. We are not processes. We do not follow schedules. It is not natural to expect a first time mother to labor and push out a child in a day, and on time. We certainly don't operate to office hours and we should NEVER be put in a

situation where we are expected to, either due to a lack of resourcing, an outdated approach to birthing or hospital policy.

The pressure to birth within 40 weeks and 10 days in my opinion needs to be reviewed and updated. I feel I made the right choice to let my son have his time in utero. His incredible good health gives me some solace that I made the right choices in the end. However, I will forever wonder if my own experience could have been much more positive if I had not ended up on the medical juggernaut after bowing to medical pressure to induce. That we will never know.

I hope that this complaint may spark some constructive discussion within your team and that it adds to the rising call for better birthing practices, resourcing and policies in the

I'm disappointed, even angry about what happened to me. However, I'm happy to be contacted to discuss this matter further if it would help to ensure that other women have better experiences than mine. I'm also happy to lend my voice to those calling for better conditions within your unit, as I'm aware that poor policies and poor resourcing often go hand in hand.

If even one woman might have a better birthing experience because of my feedback, then at least I've been able to turn this experience into something more positive.

Best regards,