Submission No 21

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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1 a). My experience

My Name is and I am a Registered Nurse living and working Sydney NSW.

My submission is in regard to my own experience with Birth Trauma in 2017. As both a patient and as a Registered Nurse, giving birth in the organisation that I work for.

In February 2017 I was admitted as a patient in the public health system to be induced for the birth of my first child at 41+3days. This is where the trauma began. My care was under the 'shared care/midwifery group practice model'.

After I was given the induction agent Cervadil I was left alone for extended periods with little to no update on progress. Late in the evening when I started to experience pain, I was examined by a Doctor. She performed a check of my cervix with no explanation, causing extreme pain. I was told to be quiet and remain still. In the early hours of the morning my midwife returned, examined me and then proceeded to take me to the birthing suite.

Over the course of the next few hours I was in extreme pain, my waters were then broken by the midwife. Eight or so hours into my labour I then asked for an epidural. After the epidural I began vomiting uncontrollably and felt very unwell. I was left alone for extended periods with no explanation as to how my labour was progressing.

I was periodically examined by various Doctors with no introduction or update on progress. Again after each examination I was left alone and told that I would be re-assessed in the next 2hrs. At around 18hrs in I asked for a top up of my epidural and the anaesthetist on call was a colleague of mine. He topped up my epidural made sure I was ok. Before he left my room he made a comment that has stayed with me to this day. He stated ' I hope that I don't see you later on for a caesarean', at this stage I was told my labour was progressing and no mention of any intervention including caesarean had been mentioned.

At 20+hours in labour I was told that I was 10cm dilated and it was time to deliver the baby. I proceeded to push for over an hour or so with no result. Then at around 22hours in the Doctor briefly explained that he would use a 'vacuum' to get the Baby out. He stated the vacuum would be used one or two times and that as a result the baby may have some bruising on their head.

This is a critical point in my story as the following was not explained:

I was not told why the vacuum was needed, what the risks were to me or the baby in using the vacuum, if there were any other options to assist in delivery, that an episiotomy may need to be performed and what were the options if the vacuum was not successful.

The vacuum (ventouse) was used for a total of six (6) attempts and then the emergency buzzer was hit a flood of medical staff entered, my episiotomy was made larger and high Simpson forceps were used to deliver my son.

b) Causes and factors

Factors that contributed to my traumatic birth

1. I was not advised at any stage that my son was in a posterior position and this is associated with obstructed labour, difficulty delivering vaginally
2. My son was macrosomic (over 4kg) this too carries risk that was not discussed prior to labour or induction.

3. I was not informed that my son was in distress (as per the CTG monitoring that was attached) and that interventions may be required to deliver him safely
4. There was no INFORMED CONSENT in regards to the invasive methods used (forceps and ventouse)
5. The staff were severely under resourced for the amount of women in the birthing suite at that time. My original midwife had been on duty for over 16hrs prior to handing my care over to another midwife who I had never met before (lack of continuity of care)
6. I was not followed up past the 6 weeks check up and a lot of injuries and conditions were not diagnosed at this stage. I was left to seek assistance privately on my own.

c) Physical, emotional, psychological, economic impacts

I have been left with permanent and life changing injuries as a result of my traumatic birth including pelvic organ prolapse of bladder, bowel and uterus, urinary retention (was unable to urinate without the aid of a catheter for over 6 months post birth), bilateral avulsion, pudendal neuralgia and faecal incontinence. Psychologically I have been diagnosed with PTSD and depersonalisation disorder.

I have spent tens of thousands on specialist appointments, medication, physiotherapy and surgeries. I have had over nine (9) surgeries including an Hysterectomy and sacrocoloplexy in 2021. I am unable to work full time and have extended periods of sick leave based on my chronic pain conditions. It has affected my career as a nurse greatly, I have had to give up promotions and roles with a higher salary because of my physical limitations.

I have lost friendships; it has had an impact on my marriage and the relationship with my children.

d) exacerbating factors in delivering and accessing maternity care

I believe that in my situation that staff and resources played a major role in contributing to my traumatic birth. It was clear that there were not enough midwives, Registered nurses and Doctors on staff to deal with the high patient load.

e) the role and importance of "informed choice" in maternity care

When it came to use of the interventions used in my care i.e. ventouse and forceps there was no informed consent. As a Registered Nurse with a background in Operating theatres I am well versed to what constitutes a valid and informed consent. This did not occur in my experience as a patient. Labour and delivery were not discussed in detail during the course of my antenatal care.

(f) barriers to the provision of "continuity of care" in maternity care

As previously mentioned the hospital was very under resourced considering the patient load it was caring for. It is my belief that the Midwifery practice model was a contributing factor as it became apparent that the midwives involved in this care model may have over committed to the number of patients that they were caring for.

As my birth and subsequent injuries were considered a ‘complex case’ it was clear that this required extra resources and treatment that the hospital was unable to provide.

(g) the information available to patients regarding maternity care options prior to and during

their care

This was lacking in my case. I was given multiple printed resources but with no context. These materials were not referred to at any point of my admission or care.

(h) whether current legal and regulatory settings are sufficient to protect women from

experiencing birth trauma

Short answer NO. After my experience I sought legal advice and put in a formal complaint with the HCCC. I was informed that the hospital was 'Actively trying to reduce the caesarean rate' in line with NSW policy – "Towards Normal birth PD2010_045.pdf" (a policy that has since been rescinded and is attached to my submission) and as such a vaginal birth with interventions was their chosen method of treatment without any informed consent from me.

(i) any legislative, policy or other reforms likely to prevent birth trauma, and

Birth trauma to be formally recognised. Consumer representatives to be consulted in new policy reform. New policy to be drafted to replace PD2010_045.pdf Towards Normal Birth. At this stage all that is present is an information bulletin Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW (attached)

(j) any other related matter.

Please see links attached for more information on my story as well as the rescinded policy PD2010_045.pdf Towards Normal Birth.