

## INQUIRY INTO BIRTH TRAUMA

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Partially  
Confidential

Sydney 1981. Public patient Hospital hoping to deliver my first baby naturally in the Birth Centre. Eight months gestation, slightly high blood pressure detected at a regular outpatients checkup by the doctor on duty who was also the Registrar. He recommended hospitalization for observation and monitoring for pre-eclampsia. I complied. I stayed in hospital for about a week during which time my blood pressure was stable with a diastolic reading of low nineties and I had none of the other symptoms of pre-eclampsia, such as protein in the urine or edema. Based on my own understanding and advice from other medical practitioners including nurses and doctors I decided that I should go home. However the registrar who admitted me would not release me. After careful consideration I decided to sign myself out of hospital and continue to monitor my blood pressure at home. I left a letter to the registrar explaining this and that I took full responsibility.

The next time I entered the hospital I was in labour and nearly fully dilated after managing the labour at home for as long as possible as advised by my childbirth educator. In retrospect, and having had two subsequent labours, I realise I did really well to achieve this as the back pain was extreme. However I was determined, like so many women, to give birth naturally without pain relief, as I was convinced through my reading, that one intervention lead to another.

On arrival I was examined and told I was no longer eligible for the birth centre as the baby was in the posterior position. The labour ward was extremely crowded and I was placed on a narrow bed outside the delivery room for a while before eventually being transferred into a labour room. Contractions were coming thick and fast and the pain was severe. Soon after, the doctor in attendance, the same doctor who had previously refused to allow me to leave hospital three weeks earlier, walked in wearing his white coat and white gumboots, spattered with someone else's blood and barked epidural and mid forceps delivery. Still determined to have a natural childbirth I refused both and he turned and stormed out of the room like a spoilt child.

With the assistance of a midwife that I had met on previous Birth Centre visits, and in whom I trusted, I persevered for a while trying different positions hoping to move the labour forward. I dont remember how much longer that was but I was in extreme pain with each contraction and my energy was wearing out. Eventually she and I decided together to agree to the epidural which would probably result in a forceps delivery. There was no sign of fetal distress.

The anesthetist administered the epidural and at last I had some pain relief. My feet were placed in stirrups and very soon after the Registrar returned, obviously still irritated, I'm guessing by my previous challenges to his authority. Then without consultation or waiting for the epidural to take full effect, he performed the episiotomy and mid forceps delivery which was so excruciating that I screamed and passed out. I have since discovered that with the correct management and dose, such a procedure is not painful. The next thing I remember is my baby being placed in my arms and my poor husband sobbing beside me, not from joy but having witnessed what I believe was punishment for daring to challenge authority.

Not exactly the peaceful natural childbirth we had envisioned. I was in hospital for ten days recovering and couldn't sit down for seven of those. I lay on my side on a narrow bed to feed

my baby before replacing her in the crib beside me. No matter how tired I was, I would not let the nurses take her to the nursery. My trust in the hospital system had been completely severed.

During my postnatal ten day stay various members of staff came to visit me to apologise for the way I was treated by the Registrar in the delivery room including the Anesthetist. Apparently, what was meant to happen was for the dose to be checked and tweaked to ensure it was adequate before going ahead with the procedure. However the Registrar had not bothered with this step and had gone ahead when the dose had not been adequate. The anesthetist apologized for what I had experienced. I was also visited by a midwife who had been in attendance, who also apologised, encouraging me to formally complain.

However I was young, in pain, learning to breastfeed and generally daunted by my new role of motherhood and decided to focus on the task at hand and do the best job I could for my new baby. Her Dad and I made a pact that even though our beautiful baby was born in trauma we would raise her in love.

Life carried on until two years later when, at six months pregnant with my second child, I suffered from what, I now realise, was post traumatic stress. I became panicky and convinced that I could not go through another delivery. A friend put me in touch with a home birth midwife with whom I consulted for reassurance. She patiently managed to convince me that I was still capable of giving birth naturally. It was this reassurance, in contrast to the lack thereof that I received from the obstetrician I had been seeing, that convinced me to change my plans from a hospital to a homebirth. It boiled down to trust. I had lost trust in the hospital system and my own body but found trust in the homebirth midwife simply because she took the time to genuinely listen and reassure me. There is a big message here in the type of care that is needed for expectant mothers and a challenge for the hospital system which is no doubt short on time and medically focussed.

A smoothhome delivery, despite another posterior presentation, healed me from the trauma of that first delivery. And a subsequent home delivery even more so, when that first baby at the age of seven, could witness the peaceful home delivery of her little sister. She went on thirty years later to deliver her first child at home. I was fortunate to be present when my second daughter gave birth to her first child who was also a posterior presentation. Despite bravely enduring a long and painful labour in Hospital Birthing Centre, she also ended up with an epidural and forceps delivery. However I witnessed how it was managed calmly and humanely by sensitive staff without traumatic impact.

So that is my story. Birth by nature is risky, unpredictable and painful but it doesn't have to be traumatic if time is taken to manage it with respect and consultation rather than power and cruelty.