

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

To whom it may concern,

The story aired on The Project concerning birth trauma and abuse

has spurred me to discuss my episode of poor maternal health care and consequential medication - resistant depression, all stemming from the traumatic labour and birth of my first daughter.

In 2003 I was working as a critical care RN. My husband and I decided to have our child at the hospital that I worked in. I was in shared ante natal care, between my GP and the midwives clinic at my hospital. I had a fairly uneventful pregnancy, but had discovered that my child was in a posterior position, meaning that the baby was indeed head down, but facing the wrong way. Ideally a baby getting into position in last stages of the third trimester should be with their back and bottom to the front. My child's back and bottom were facing to the back of my body and causing a great deal of pain to my lower back. This was information I was given after my last ultrasound, I mistakenly thought that this information would be available to treating midwives in the hospital.

I tried to book my husband and myself in to the hospital for ante natal birth education when I was around 30 weeks. The midwife on the phone was very amused and told me I was too late and should have booked in during my first trimester. This information was not given to me during my shared care appointments, I had no knowledge of the timing of my care and was unaware that I should have booked in for education so early. As an RN during training, I had attended two births, so I thought that I was probably more prepared than others and left it at that.

I was 41 weeks pregnant when the midwives at the hospital decided it was time to induce labour. I was due between the 7th to 11th December, and still hadn't gone into spontaneous labour by the 16th. It was arranged that I would be admitted the following morning for induction. My labour began at 0900 the following morning and I called the hospital to inform them that I had had a "show". The midwives agreed that I should stay at home for early labour and come in that evening for assessment.

At this stage of labour, I had been having regular contractions that were 5 minutes apart. They were not too painful. The night RN put my husband, mother, sister and myself into a room and said I should sleep. I was not given a physical examination despite nearly 12 hours of regular mild contractions. I was not able to keep food down at this point, so I hadn't eaten much.

The morning midwife began by tracing contractions on and off. No information was passed to me or my support team. During this time I had found relief in the shower. Hot water eased the ache in my back and made contractions better. This midwife would come in, angrily order me out of the shower and told me to get on the bed so she could do her work. I still had not been physically examined to ascertain dilation. This midwife was abrupt and had an angry and dismissive demeanour. She did not realise I was staff at this facility, nor was she aware that my mother and sister were both RN's. Although we were not midwives, we understand the clinical presentation of a labouring patient and are very aware she was not treating a first time mother and labouring patient appropriately.

That afternoon I was finally physically examined, around 18 hours after the onset of labour symptoms. We were informed that I was poorly dilating, only around 3 cm at the time. This midwife was the first professional to discuss my progress with me and my team. She initiated induction and

broke my waters. I had meconium stained liquor, meaning that the child had had an internal bowel movement that can indicate foetal distress. This midwife initiated foetal monitoring via a clip on the babies head. The contractions were immense at this point and I was unable to leave the bed to have a shower. I was offered an epidural which I agreed to. I had not eaten for over 20 hours.

I ended up having two epidurals that both failed. They wore off after an hour, meaning the catheter was not inserted or aligned properly. I am aware this can happen and is a risk, so I accepted that the gas was the only option. As I had had no ante natal education, I had no idea what a birth plan was and had not properly considered analgesic options. I took whatever was on offer.

I was left overnight again with not a lot of medical support, occasional contraction tracing and foetal monitoring. The baby was doing well, so I was left to continue with little support. I was happy the baby was well, but I was not doing well at the time. I was entering over 24 hours of labour with very little physical progress. My support team were distressed and were given little information about labour progression. I was nearly insensible from no sleep or food for a long time.

I had the same morning midwife again this day who was angry I hadn't delivered. She stated that she thought I'd be gone by now, what was I doing still here? As a nurse I appreciate the difference between light hearted banter and someone who is annoyed. She didn't want to care for me that shift at all. I was too much trouble and work. At this stage, my mother and sister approached the nurses station and began to discuss options for delivery as I had been in labour for around 30 hours. This midwife laughed at my mum and sister, stating that I was a first timer and that these things take time. Nothing was wrong. They tried to point out my distress and exhaustion which was ignored.

After 12 hours of support, my mum and sister had to leave to go to their own jobs and my husband and I were left alone for the day with intermittent monitoring. No one would speak to my husband about this immense length of delivery, other than to say that my contractions at home had been practice ones and that actual delivery hadn't commenced until I was induced.

I felt I was in and out of consciousness. I remember an IV was infusing as I hadn't eaten or drunk anything for days. Finally I was examined by an O+G Dr late that evening. I remember trying to sit up and begging him to get this baby out. He did an internal examination and stated that I had been at 7cm dilatation for too long, he couldn't deliver this baby with forceps and to prep for an emergency LSCS which occurred on the 19th December at 0251 hrs. I was given a spinal anaesthetic and had to be fluid resuscitated as my SBP was 80.

I knew that I was mentally unwell very soon after the anaesthetic wore off. I had trouble bonding to my daughter. I had had very little sleep, I had had no pain relief for days and had had very little professional support during the delivery process. I had not eaten. My daughter did not latch properly to breastfeed and my nipples bled and became infected. I was told to not use a shield, but felt I couldn't get her to latch without one. I had no lactation consulting or post natal education. I felt as if I had been run over by a bus. I was bewildered and felt that I had nearly died.

In the following weeks, my daughter failed to thrive. I would pump for over an hour and make around 20ml milk from both breasts. I had mastitis on and off. The child and baby health nurse sent us to a

cottage for assessment. She gained 80g from that one supervised feed and we were sent home. I persisted for months trying to feed, but my breast milk wouldn't increase despite everything I tried. I finally put her on formula at 5 months and she gradually caught up weight wise to the other babies in our class. Still with all my training, I felt defective and a total failure. I have had persistent depression for the last 20 years.

My care during labour, especially from the morning midwife had been callous and cruel. She had seen me in the nursery the day after my caesarian and had tried to hug me and apologise, but I could barely look at her. My family had asked for an assessment for a possible caesarian around 24 hours prior to the emergency LSCS and she had laughed them off, not realising that they were nurses themselves. The NUM of ante natal saw me and asked how I was. I told her that I had depression, that I had no feelings of closeness or happiness with our new born, she left with no further comment to me or my husband.

Years later at another hospital that I was working at, I had a counselling session with their maternity educator. I told her what had happened to me and my daughter. I was nearly 48 hrs in labour, I was incredibly distressed during labour, epidurals were ineffective, I didn't know about birth planning. One out of three of my midwives was totally inept, dismissive and nasty. She then informed me that the entire team should have been aware that my baby was in a posterior position from my last ultrasound and that it is very common for the baby to be a caesarian birth because they are unable to dilate a cervix properly placed as they are. I was devastated that they had left us for so long to labour ineffectively, knowing that she was in a posterior lie.

My daughter has had subsequent health challenges as a child that have lingered into adulthood. She didn't thrive for the first 5 months. She developed oesophageal reflux which in turn caused chronic insomnia, tonsillitis and ear infection. She did not take to school and had difficulty learning. I have had her assessed by paediatricians, ENT specialists, psychologists and sleep study physicians. A question they all asked during initial assessment was did you have a traumatic birth? I can only assume that many of her and my subsequent medical issues can be directly linked to this event.

A midwife told me once a successful birth is when both mother and child are alive. I disagree with this statement.