

Submission
No 93

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

To whom it may concern,

The Australian Birth Trauma Association define birth trauma as a wound, serious injury or damage. Physical, psychological or a combination of both.

- Birth trauma affects 1 in 3 women
- Postpartum PTSD affects 4-6% of women who give birth
- Less than 3% of vaginal deliveries result in a 3rd or 4th degree tear

I am a new mother who unfortunately fits into all the minority percentages listed above. My trauma has significantly impacted my ability to be the mother I want to be and has also impacted relationships with my family and friends.

So here is my story,

At 4.00 pm on 2022, I began experiencing contractions while at home. I contacted the Maternity Ward of Wagga Wagga Base Hospital (the Maternity Ward) and attended for assessment. Following assessment, it was considered safe for me to continue early labour while at home. At about 7.30 am on 2022 my labour had progressed and I again attended the Maternity Ward. I requested an epidural, which was sourced and received in a timely manner. Although, the anaesthesiologist jokingly stated that she was excellent at hitting the spot first go, she had painfully failed and had to try again. At 5.55 pm on the same date, our beautiful daughter, was born. Following the delivery of my baby, I learnt that I had lost one-thousand ml (1000ml) of blood and that I had suffered a tear, however, the tear was able to be stitched "in place". I noted that at this time the midwifery and nursing staff present became overly uncomfortable. I remained in the birthing suit overnight and experienced significant pain in my bottom.

On 2022 I was advised that both my baby and I were safe to discharge. At this time I was still experiencing significant pain and felt as though some staff were apprehensive about my discharge, however, moved forward with it nonetheless. I surmise that this was in response to a bed shortage.

On 2022 I received a call from the community midwife enquiring about my welfare. I advised her that my breasts were engorged and painful, and that I was uncomfortable and experiencing significant (unbearable) pain to the buttock and vaginal area. I had also observed a significant bruise in the same area. The bruise appeared to be purple, and extended approximately 25cm from my perineum to the top of my right buttock and fanned out approximately 10cm.

On 2022 I had a visit from a community Midwife. She assisted in me in relieving the engorgement and assessed the bruising to my buttock and vaginal area. The midwife advised 'I have been a midwife for a long time, and this is not normal'. She took some photographs of the area and sought the opinion of a doctor. The duty doctor advised to continue ice and pain relief and that if the pain does not improve, I should present at the Maternity Ward.

Later that same day I observed fresh blood on a pad and when toileting.

On 2022 I had a visit from a second community Midwife. She assessed the bruising to my buttock and vaginal area and advised that I needed further assessment and care. The midwife contacted the duty doctor and arranged for me to be assessed. I arrived at the hospital at 2:15 and was assessed approximately 4-5 hours later. A vaginal examination was performed which I found to be excruciatingly painful, I was advised only gas or Panadol was available for my use. The doctor proceeded with the examination, which included discussions of use of a speculum. I remained in hospital overnight with only Panadol on board, to be reassessed the following day.

On 2022 the duty doctor assessed the site and sought an ultrasound, which revealed a 250-300MM hematoma. Shortly after learning of the hematoma, I underwent surgery, which upon waking provided immediate relief.

On the same date a midwife that was involved in my girl's delivery, indicated that I should make a formal complaint. The same midwife indicated Doctor ignored multiple midwives in the room following my baby's birth who indicated that I should have gone directly to theatre and that I had a larger tear than what he had said and did a terrible job in repairing the tear.

On 2022 the Dr who performed my subsequent surgery advised that the hematoma had been removed and that the 3B tear had been repaired. The doctor confirmed that original doctor had missed the tear or failed to recognise the severity of the tear.

While I acknowledge that Wagga Wagga Base hospital is a regional hospital and that health services have been weathering the brunt of the Covid-19 pandemic for two years now, it is reasonable to expect that a doctor performing obstetrics and gynaecological duties within such a practice location, would be skilled in the recognition and management of postpartum tearing.

I obtained my medical records from the hospital, and sure enough the pain that I was experiencing was not properly documented. Disappointingly, I had expressed the severity of the pain I was experiencing in my buttock and vaginal area numerous times, merely to have it dismissed in one sentence, "You've just had a baby". The dismissal of patient concerns and lack of communication is a serious issue.

My husband and I attended every prenatal class we could, but we were never prepared or educated on the true effects of perineal tears and birth trauma. I really struggled with my faecal urgency and incontinence as a result of my tear. This led to me wearing adult diapers, not wanting to leave the house, and restricting my dietary intake. I struggled to manage caring for my baby, whilst cleaning myself up after an accident. After every accident I was so ashamed, I honestly couldn't see myself returning to work with such lack of control.

Both my husband and I have worked incredibly hard to get to where we are financially, and it is something that I am truly grateful for. In the first 12 months postpartum, I have attended multiple appointments with varying health professionals, including specialists. The cost of all of these add up significantly, and we have spent thousands of dollars on health care in the last year aiding to my recovery. Some however, do not have the ability to do so.

Almost unanimously, all the health professionals I have seen have indicated any future births are to be undertaken via caesarean. I have even seen a colorectal specialist, who conducted OASI testing inclusive of an endoanal ultrasound. This confirmed that I have damage that will likely only mildly improve, or will remain as it is.

I will forever live with the mental and physical pain sustained from my birth trauma.

This is unacceptable this day and age, something has to change.