

Submission
No 99

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

My daughter was born in a regional/rural NSW public hospital in December 2012. We admitted using our private hospital cover. Going into my pregnancy, I had no firm plans on managing the birth. I just wanted the baby arriving safely and felt confident in my body's ability to complete this natural process, knowing it would be painful but endurable, but open to any pain medication required as the safe delivery was all I cared about. During the birthing classes run by the hospital midwives however, a strong sense of shame was instilled in those who might ask for an epidural. We were told the body was designed to deliver naturally, that we were risking our baby's health by use of medication, and that it would be highly inconvenient as the anaesthetist doctors lives on farms, so by the time we ask for one, we probably would have delivered naturally before they arrived anyway.

My delivery was far more excruciating than I imagined. I have post-graduate psychology qualifications and work in the field so was well practised in diaphragmatic breathing, visualisation, meditation, etc. I soaked in warm baths. I implemented all these strategies, but the pain was well beyond what could be managed individually. It felt like my spine was being torn from my body with a hook. I used gas until I was at the point of feeling like I would drown, with the world spinning around me. Eventually, feeling like an absolute failure I timidly requested an epidural. As soon as it was administered I felt immediate relief from both the excruciating pain and guilt as it became clear the suffering had been unnecessary. As I understand it, the equipment available at that time provided a spinal block epidural had to be given in blocks that lasted for 3 hrs. An initial dose and top-up dose 3 hrs later were given, and as this second dose wore off the pain began to intensify again. When I asked for a top up, it was denied by the new midwife who just began her shift. I couldn't understand why when the dose had been perfect - I could feel every contraction but with a reduced level of pain. I was able to get up and walk around - the only thing keeping me strapped to the bed were the cords from the machines used to monitor the heart-beat (wireless ones were apparently available, but the batteries were not charged so they were not used). The midwife said that it was too late to top up as the baby would be arriving imminently. I conceded that I had never experienced an imminent arrival, but that I did not have any sensations that suggested to me that the baby was anywhere near the point that I might consider pushing. Approximately hourly, my husband or sister would again ask that the epidural be topped up. After 4 hrs, they instead ask that my doctor be phoned. The midwife delayed and delayed until eventually at the 6 hr mark (since the epidural wore off, approximately 16 hrs into labour) I insisted she stop lying to us and call our doctor or we would as we had his personal mobile number. Up until this point we had been nothing but polite and respectful (another sister is a nurse and we value their work so highly). I had not yelled or screamed or caused any fuss whatsoever throughout. I am very mild in nature and knew that my heightened distress would only reduce my pain tolerance so maintained calm and focussed on my body until I was at the point where I felt my life and therefore my child's life was now compromised. At this point with much eye rolling she said that she would need to take some observations first to be able to report to the doctor, during which, she confused my heart rate with that of the baby. Easily done, I have a high heart rate, but that which is too low for a baby. At this point in an absolute panic she said she needed to break my waters to attach electrodes to the baby's head to get a clear reading. This took place, intensifying the pain. But still no doctor was called. I believe she decided the waters would bring on the delivery, which it didn't. At this point I felt my body slipping. Death seemed imminent and I told my sister I needed them to cut me open to save the baby because I was dying so they needed to do whatever it took to save the baby. With this my sister demanded that the midwife phone the doctor immediately. With dissatisfaction and being watched over until she did, the phone call was made. The doctor arrived minutes later (coming from home). He immediately apologised that the epidural had not been topped up and stated a simple phone call to him for approval is all it would have taken.

Again, I stated, "you need to get the baby out, cut me open or the baby is going to die too". The doctor was incredibly reassuring, prepared forceps, but with 4 pushes, pushing with all I had to save my baby's

life, she was delivered. I found speaking very difficult at this point, but was astounded she was here and we were both alive. The doctor compassionately did all of the afterbirth procedures and when all was complete went about his ward rounds. My husband went home to sleep and my sister stayed to assist me to shower. Still unable to use many words or focus my vision I sat on the shower seat. Moments into the shower I heard my sister speaking reassuringly to me as she held me from hitting the ground while kicking the emergency button with her foot. My memory from here is only in snippets of consciousness as I drifted in and out. The two things bringing me back was longing to check my baby was OK and my sister reassuringly calling my name. Every snippet of the staff I had was in stark contrast. They were yelling, screaming, two midwives were sitting on the bathroom floor on the opposite side of the room crying. Because a crash cart was called for the NUM came from the emergency department, immediately bringing calm to the room. The key thing he did in was using my name and speaking directly to me. This allowed me something to focus on and brought me back to consciousness each time I lost it again. It seems something so very basic, yet something the midwifery staff did not seem trained to do. My doctor returned as quickly as possible, trying to gain the medical data, at which point the midwife admitted that she did not know how many drips had been administered as she had failed to record them. It came down to my sister trying to go back through the very long past 24 hrs to give this information.

As I maintained consciousness I was placed on the ward. My doctor came to debrief with me, acknowledging the trauma experienced apologising for the mismanaged care and stating that he would be lodging a report with the hospital himself around the culture of guilt built around pain management within the midwifery unit. This meant a lot to feel heard and understood. Later that day I was asked by a midwife when I would try for baby number 2. I was lost for words at the contrast.

I was started on iron and vitamin c in the hospital. I visited my doctor for a 1 week follow-up still being incredibly weak. At this point, blood tests revealed the extent of my blood loss. It was evident in hindsight that a blood transfusion should have been administered following the birth, and again an apology that this had been missed in-part due to the misreporting of the amount of fluid administered.

I was not able to walk without holding onto a railing or wall for approximately 2 weeks. I felt uneasy carrying my baby for even longer, as I was weak and worried I may drop her. This instilled a deep sense of vulnerability, failure and dependence on top of the trauma from the birth. As the weeks and months progressed, with my knowledge around mental illness, I very quickly recognised the signs and symptoms of PTSD. I had frequent nightmares and preoccupations with the birth event, reliving it over and over again. Blaming myself for not speaking up sooner or louder, for not getting cranky and demanding I be treated humanely, let alone with the care I deserved; for believing the lies - believing that epidurals were harmful, selfish, not available to me. For risking my child's life by believing the doctor had been called when he hadn't. Why didn't we ring him ourselves? With this insight and my skill base I was able to go through the motions of working to improve my thought processes and manage the symptoms. Things improved by about 80% but I still couldn't shake the last of my trauma and so I sought professional help from a wonderful psychologist who helped me to unpack the last of my trauma. It took 12 months for me to overcome it. But the PTSD in my husband and sister was also evident. This experience had damaged us all. This experience changed the mother I was in those first 12 months and no doubt impacted on my child's attachment. It certainly impacted on the level of joy we felt for a whole year. And it very nearly cost our lives.

Whilst the epidural was working effectively, I dilated at the textbook 1cm/hr. Without the epidural, however, dilation completely halted. I believe this is because my body was in too much pain to cope.

This was an exact contrast to what the midwives had spruiked at antenatal classes that "epidural can slow down or stop your contractions". I knew at EVERY stage where my body was up to. The midwife may have delivered 1000 babies before but she had never delivered THIS baby from THIS body and that is what was so wrong. I told her on numerous occasions that I was not having the sensations she was describing but she would smirk and wink at my sister to insinuate that it was my pain haze talking but she new better and was going to win the bet. This culture is what is appalling. That any professional can profess to know more about a woman's body than the woman in that body. The culture of shame instilled around appropriate pain management for the procedure that is known to be among the most painful of all experiences. The PTSD we all developed was not from the pain experienced but by the treatment of this midwife, which I believe stemmed from the culture within the hospital and profession.

I always planned to birth two children. However, it took me years to ever contemplate trying again for fear of leaving my first without a mother. With the reassurance of my doctor and referral to a private hospital in Sydney, we hesitantly went through with a second pregnancy, with reassurance that the doctor specialised in births following previous haemorrhage and agreement that there would be no hesitation for a c-section if requested at any point during the delivery. And importantly that the epidural would be on a dial that I had complete control over. This birth experience could not have been any different. After self managing labour for approximately 14 hours at home, we presented to the hospital when it was felt further pain management was needed. As per the first time I was only 3cm dilated upon admission. An epidural was immediately requested with no hesitation from the staff. It was far stronger than the first one, making me bed-ridden and unable to feel any contractions bar a little tightening and my legs felt weighed down, unable to move them independently. But dilation progressed perfectly at the 1cm/hour. This was followed by more steady pushing, resulting in the birth of my son approximately 8 hrs later. THIS is how every birth should be - with the respect given that she knows her body best and is the one who gets to decide how her body is treated, medicated and is the best informant on progress. With the understanding that there is a point at which the body is in so much pain that oxytocin supply is interrupted and halts dilation progression. That her requests around her medical care and treatment are followed in a timely manner. That she be communicated with honestly and respectfully. That she not be denied access to appropriate pain management. Lives and mental well-being depends on it.

Before my experience, I had no idea that women in Australia still died in birth. I thought this was only something that happened in developing countries. I was shocked to find out that on average, 24 Australian women die from complications of childbirth every year. It shook me to think just how close I came to being one of these statistics. And yet the mental health toll of birth trauma is something beyond that which is ever represented accurately. The number of women who have shared their traumatic birth stories with me far outweighs those who had a positive experience. And it is never about the level of pain or the duration of labour or the size or position of the baby. But the trauma is always about the treatment of the medical staff with whom they place the trust of their and their infant's life.

I would like to sincerely thank the NUM and our doctor who I truly believe I owe my life to. I won't name them without their permission, but I would like to thank them, along with all of the staff at the private hospital who treated me as the expert of my own body. This is not about public and private. I write this because every woman deserves the right to autonomy over her own body and access to manage the pain experience as she sees fit with truthful, unbiased presentation of the risks and benefits. I pray that this inquiry leads to solutions to ensure every hospital can deliver this. Perhaps it is education? Perhaps it is staffing levels? Perhaps it is access to the right equipment? Perhaps it is

leadership? I wish you all the best and know that hundreds of thousands of families will benefit physically and emotionally from the outcomes of this inquiry if they are put into action.