

Submission  
No 129

## INQUIRY INTO BIRTH TRAUMA

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Partially  
Confidential

## **NSW Parliamentary Inquiry into Birth Trauma**

### ***Preface***

I, Melinda McLennan am an individual, detailing my experience with birth trauma. I am a 32-year-old female living in the \_\_\_\_\_ Local Health District. I have one child who is 2.5 years old and my submission relates to her birth.

My birth trauma relates to a traumatic labour & birth due to coercion and NOT giving written or informed consent for Induction of Labour. This led to a failed induction and Emergency C Section.

NOTE: I am willing to give evidence at the hearing if required.

### ***Addressing Terms of Reference***

1a, 1c, 1e, 1g, 1h, 1i

### ***Pregnancy, Labour, Birth***

I attended a planned 'post-dates' appointment at 41 weeks and 2 days. I remember this so vividly because I recall saying to the midwife that I could happily plod along for another 2 weeks. Although I felt slow and a little tired, I was healthy, content and had big trust in my body to birth whenever it was ready. Due to being 'overdue,' I was required to be seen by the doctor on the birthing suite, who decided to perform an informal bedside ultrasound. The Electronic Fetal Monitoring (EFM) was **normal**, and the ultrasound **estimated** the fluid around my baby (amniotic fluid index AFI) to be very low. I stated that I wanted to trust my body and wait for labour to start on its own. I felt very healthy and that my baby was moving well. The doctor was very 'authoritarian' stating matter of factly that I required an induction of labour because of placental insufficiency, and it should be started immediately, either that afternoon or the following morning. I was being told this as if I had a broken leg and just needed a cast put on. The Dr said this to me with ZERO eye contact or consultation, there was no explanation as to the risks of low AFI, consideration of my wishes or the fact that I felt well, had a trouble free and relaxed pregnancy, with a nicely growing baby.

The Dr left the room, and I sat there in disbelief. I communicated this to the midwife, who also expressed her shock to me and that she was unaware that would be the outcome of the Dr visit. I left that appointment at 41 weeks and 2 days with an INCREDIBLE sense of anxiety. I walked in, happy, healthy and stress free and walked out anxious that my baby was lying in low fluid and an induction was imminent. I decided to request a formal ultrasound to check on our baby. The midwife was able to schedule this for the following afternoon and said to me "I am not supposed to say this to you, but I think you are making the right decision in requesting a formal ultrasound."

The following afternoon, my Midwifery Group Practice (MGP) midwife and a doctor called me at home to discuss the ultrasound results. The midwife spoke to me first. She said to me "I heard you requested a formal ultrasound." The tone in which she said this, down graded my

choice to do this and made me feel as though seeking this second opinion was **wrong**. She then stated that a doctor will want/need to speak to me to discuss the results and further plan for me and my baby's care (as it was routine and protocol).

The amniotic fluid from the formal ultrasound was **normal**, which renders the previous Dr's bedside ultrasound and need for imminent induction, incorrect. I was told that the estimated fetal weight was 4.25kg and an induction of labour was now recommended because of postdates with a large baby. I knew, without a shadow of a doubt that I DID NOT have a large baby. I knew my body and baby well and this was not possible (our baby ended up being 3.45kg). I was told, the longer she stays inside, the increased chances of getting bigger and needing Caesarean section if the baby is too large or the possibility of tearing. The doctor told me about all the things that could go wrong, that would mean admission to the nursery or dying. She was so forceful, there were no two sides. It was not a balanced conversation of the positives and negatives. My doula and I had spoken about the BRAIN acronym (Benefits, risks, alternatives, intuition, nothing) and I was trying to direct the conversation in a way to elicit my options, but I felt as if they were forcing my hand to get an induction. I said to the Dr, "I feel as though you are trying to force my hand to get an induction." To which she abruptly replied, "No we are not."

At 41 weeks and 5 days, I woke up at 4am with an incredible anxiety attack. I had been in this 'dance' for a couple of days, moving between trusting in my body, intuition, and baby to being anxious after conversations and pressures from the medical system. Doubt set in and I started to question whether I was wrong. Whether waiting for my body to do its thing was damaging to my baby. I started to worry so much that I presented to the hospital at 5am to check on my baby. Initial monitoring was a bit tricky as our baby was sleeping, so additional monitoring time was recommended. Towards the end of that period her heart rate dropped off the monitor. The male doctor on the ward came in and spoke to me. He did not seem too alarmed and stated that the baby may have just leant on her cord. They said they would monitor me and the baby for a further hour and if there are any more concerns it might be wise to break my waters. This male doctor was very kind, calm and gentle. At the conclusion of that hour, a midwife (who I had not met before) began to discuss inducing me. At that same moment, the baby's heart rate dropped again. The midwife slammed the emergency button, and a large number of midwives ran into the room. After a few minutes, they found the baby's heart rate and she had stabilised. My level of anxiety throughout the early morning and this monitoring period was clearly linked to the stress my baby experienced and her decelerations. At points, I was vigorously shaking due to the nerves of what I was experiencing. This obviously affected my breathing, heart rate and subsequently hers.

During my monitoring period I did have a small contraction. It was the first one I had. I was somewhat relieved as I thought this would look favourably to the midwifery team and that I could be left to labour. I agreed to the breaking of my waters as I could feel my body gearing up to labour and I felt as this would gently assist me. I DID NOT realise and WAS NOT TOLD that the breaking of my waters WOULD mean I have to follow through with an induction of labour (At no point was I asked to sign and provide written consent for the induction. See appendix 1).

Shortly after the breaking of my waters, I saw my midwife setting up fluid bags and the

syntocinon drip. Up until that moment, I was unaware she was soon to hook me up to get induced. I asked her if this was her intention and held off the process by saying I wanted to see how my body responds to having my waters broken. I was starting to get contractions and felt comfortable and confident at the current pace. I cannot say how much time passed but my midwife came over to me and suggested hooking up the drip. I pushed back and said I wasn't ready. Some more time passed, and the question was posed to me again. I was feeling fine, my baby was doing well but I got the feeling that I just didn't know what was best for me and I had no information to make different decisions. The 'dance' of moving between my intuition and the pressure from the medical professionals shifted me into great depths of doubt. I reluctantly agreed to the syntocinon drip, although my gut was vehemently saying no., I am small in size, sensitive and respond quickly to the smallest of medication doses. I knew deep down that this was not right for me.

The syntocinon drip was started at 15 and the contractions were ok. I was doing well, in my zone and finding the flow of contractions. Once again, I was feeling the pressure to up the drip to 30. This time I didn't advocate for myself as I felt as though I had been worn down and that my voice had limited capacity. I felt vulnerable, as all labouring women are, and felt taken advantage of. I felt as though the midwife was watching the clock and wanted to speed up the process so she could be home by 5pm.

Within 20 mins, I had a constant contraction that didn't go away, overlaid with waves of additional contractions. The contractions were out of control. Our daughters heart rate was skyrocketing and then plummeting extremely low. By the time her heart rate had stabilised another contraction came. My midwife pressed the emergency button, and another large group of midwives and a doctor ran in. I had a cervical examination by the female doctor, and I was only 3-4cm dilated. A male doctor came in and told me that an emergency Caesarean section was the best option as the baby would continue to go in distress. I went into shock. I struggled to sign the consent form and took a long time to respond to medical staff.

Everything in theatre was so bright, white and stimulating. It was so overwhelming. My husband was outside on his own for 30minutes and was extremely anxious until he was allowed to meet me in the OR. I started shaking, almost like I was having convulsions, I just couldn't stop. Being in theatre was extremely intense. It seemed to take no time for my daughter to be born and forever to be sewn up and in recovery. When my daughter was born and shown over the drape, I instantly cried but I felt disconnected. I knew that was our daughter but at the same time, couldn't comprehend how. I believe this to be so, because at no point was my labour natural. My labouring was based on synthetic oxytocin and was artificially produced. At no point was my body able to complete the processes it needed to and in its own time. I know my body and mind were confused as to how it played out and how quick it was. Our daughter cried, which was a great sign and she was taken to the resus bay for her APGAR score. Her crying shook me to my core, and I was anxious. I continued to shake in theatre, vomited and passed out from the stress and anxiety of it all. I came too and just had to lay there as I was sewn up. It seemed like an eternity. More than enough time for me to freeze and sit in the trauma I was enduring.

### ***Cascade of interventions (issues) and consequences***

#### Cascade of Interventions:

NOTE: These interventions began on a healthy, nearly 42-week pregnancy. Baby presented with a good fetal heart rate and normal fluid levels (confirmed after a formal ultrasound).

- \* Informal bedside ultrasound with forceful recommendation of IMMEDIATE induction because of low fluid
- \* Formal ultrasound to confirm fluid levels (which were in normal range)
- \* CTG monitoring/IV fluids
- \* Artificial rupture of membranes
- \* Coerced induction of labour
- \* Coerced rise in syntoncin drip levels
- \* Vaginal exam to estimate dilation when fetal heart rate dropped as a result from syntocin drip
- \* C section due to fetal distress

My pre-labour, labour and birth medical records are riddled with notes that state repeatedly; plans for artificial rupture of membranes, syntoncin and induction of labour. There are even notes that question the consent I had given. These say that I had a cannula inserted for a 'possible induction of labour' to notes saying my caseload midwife was called in to 'attend for an induction of labour.' I clearly remember at these points saying that I wanted to wait until my support team arrived to **make a decision**, not that once they arrived, I would commence the induction process.

It is clear that the Dr who completed the bedside ultrasound and incorrectly estimated my fluid levels set the tone for the remainder of my pregnancy, labour and birth. It was planned from then on in, that an induction of labour was THEIR plan. My current healthy state, limited concerns for my baby & trust in body and baby was rated much lower than their medical plan.

The 'dance' and 'shifting' from calm to anxious in the lead up to our daughter's birth took its toll. Passing out during theatre was my body's way of saying 'enough is enough' and unfortunately from that moment on my body entered a severe case of fight or flight. I entered the post-partum period on exponential alertness and anxiousness, one that did not serve me well. I suffered severe depression and anxiety for 4 months, which led to the beginning on Postpartum Psychosis, where I finally got help.

I was discharged from hospital less than 48hrs after this experience, my milk hadn't come in and NO ONE asked how I was coping mentally after the events which had played out before discharge. I was however, spoken to about contraception. Once I was home, I felt like I was in a time warp. I struggled to grasp onto reality and the passing of time. Most of my care was over the phone. I was tired and when my milk came in, I had an oversupply. In the first few months I was in constant pain and had mastitis the whole time. I had no energy and no strength. I didn't feel like I got good support. I told my Midwifery Group Practice (MGP) midwife how I was feeling and that I felt as though I was struggling to grasp onto reality. She said that it could be post-natal depression and if it continues, I should seek GP support. On at least two of her phone conversations with me I was in tears and crying. Each time we spoke I

felt like she just wanted to discharge me, she asked me each time, like she was not invested in me. I was persistent and stayed on the caseload for a month until I could no longer push back on her prompts to discharge me. In total, contact was made on 7 occasions. Contact was predominately text messages, voicemails, and phone calls with TWO being a home visit. One with my main midwife and one with another team member. My main MGP midwife did offer to come out on two occasions, but I did turn her down and opt for a phone call. I think deep down I know we were not aligned, that she wasn't the right midwife for me. She had played part in my birth trauma, and it made me nervous to accept her offer to come out because I knew I wouldn't get the support I needed.

I suffered for months with PTSD from my birth, intrusive thoughts, highly anxious, wired and depressive behaviours, delusions and the beginning of Postpartum psychosis. I had enlisted the help of a GP, psychologist (Mental Health Care Plan), was a client of Tresillian's, made frequent calls to the Australian Breastfeeding Association, Beyond Blue, Gidget and PANDA. It all came crashing down when I had made 5-6 hospital ED visits within one week. It took 5-6 hospital ED attempts to get the help I needed after pleading with the medical systems and perinatal support services for help for 4 months.

My healing process has involved investing time in and giving power back to my intuition. It was forcefully taken from me, when I was made to believe I didn't know what was best for me and my baby and was 'ordered' to do an induction of labour. Taking away my power led to severe doubt and connection in my mothering ability. I was unable to trust my choices and mothering ability because I was reminded that I didn't know what was best when it came to my birth. I was always looking to others for reassurance because I was made to do that during the birthing process. It has been 2.5 years since I gave birth, and I am STILL dealing with PTSD, anxiety and depression based on the cascades of interventions and events during pre labour, labour, birth and the post-partum period. I am SICK and TIRED of the lingering effects of my birth trauma. I am in constant therapy. I work hard every day to adjust my support levels and employ strategies to manage PTSD flash backs.

Prior to having our child, I worked full time. I have now relinquished my position and do a couple of hours a week contracting in a completely different industry. I recognise that due to the mental healing I am still doing, I do not have the capacity to work full time or even in a constant part time capacity. I often become overwhelmed by PTSD symptoms, anxiety, and depression. This, mixed in with parenting a toddler and general life is enough for my mind to tackle. Adding in regular and constant work with additional expectations, markers and responsibilities has the high potential for a huge decline in my mental health. I would go to say, this scenario would be significantly different had I not endured the cascade of interventions, birth trauma and extremely poor set up for my post-partum period.

### ***Recommendations:***

\*Review of policies and procedures around informed consent in the antenatal, labour and birth periods. These Policies MUST be looked at with a lens of being BALANCED and a view that honor women, their wishes, intuition (BRAIN – Benefits, Risks, alternatives, intuition, nothing).

\*Mandatory training of clinicians on informed consent and basic human rights. How to treat women respectfully during high stress scenarios.

\*Recording and reporting of birth trauma in each NSW Local Health District. Collecting a data set that highlights the link between birth trauma and perinatal mood disorders. This data can then be linked to the ever-increasing need for services such as Tresillian, Mother and Baby Unit's, PANDA, Karitane, Gidget, which would provide significant evidence towards increased funding towards these services

\*NSW government investment into antenatal and perinatal services to meet the demands of women's mental health needs.

\*At least one REGIONAL Mother/Parent and Baby Unit in NSW

\*Bolstering mental health supportive services in regional, rural and remote NSW

## Appendices:

### 1.

Procedure:	Type of consent required:
<b>Tests (antenatal)</b> Examples include: Blood, CTG, Ultrasounds	<ul style="list-style-type: none"> <li>Do not require written consent.</li> <li>Oral consent (or informed refusal) to be recorded in Health Record.</li> </ul>
<b>Spontaneous vaginal birth</b>	<ul style="list-style-type: none"> <li>Does not require written consent.</li> </ul>
<b>Planned Interventions</b> Examples include: <ul style="list-style-type: none"> <li>Elective caesarean section</li> <li>Vaginal Birth After Caesarean</li> <li>Induction of labour</li> <li>Planned vaginal twin birth</li> <li>Planned vaginal breech</li> <li>External Cephalic Version</li> <li>Termination of Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Written consent required for all planned interventions prior to procedure to be recorded using the <i>Consent to Medical Treatment/Procedure (Adult with Capacity) Form</i>.</li> <li>Consent should be confirmed on the day of the procedure and documented in the Health Record.</li> </ul>
<b>Unplanned Interventions</b> <b>Performed in operating theatre:</b> Examples include: <ul style="list-style-type: none"> <li>Emergency caesarean</li> <li>Trial of instrumental birth</li> <li>Repair of severe perineal trauma</li> <li>Manual removal of placenta</li> <li>Insertion of Bakri Balloon or other postpartum haemorrhage procedures</li> </ul>	<ul style="list-style-type: none"> <li>Written consent, where practicable in the circumstances and where time allows, should be recorded using the <i>Consent to Medical Treatment/Procedure (Adult with Capacity) Form</i> prior to intervention.</li> <li>Written consent is not required in an emergency to save a life, however a woman's implied or oral consent should be recorded in the Health Record.</li> </ul>
<b>Performed in Birth Unit:</b> Examples include: <ul style="list-style-type: none"> <li>Instrumental births</li> <li>Epidural block</li> <li>Perineal repairs (third/fourth degree)</li> <li>Manual removal of placenta</li> </ul>	<ul style="list-style-type: none"> <li>Written consent, where practicable in the circumstances and where time allows, should be recorded using the <i>Consent to Medical Treatment/Procedure (Adult with Capacity) Form</i> prior to intervention.</li> <li>Written consent is not required in an emergency to save a life, however a woman's implied or oral consent should be recorded in the Health Record.</li> <li>For perineal repair without external anal sphincter involvement that is performed under local anaesthesia, written consent is not required.</li> <li>Verbal consent is required and must be recorded in the Health Record for episiotomy; perineal repair without external anal sphincter involvement; all vaginal examinations; artificial rupture of membranes; application of fetal scalp electrode; and fetal scalp sampling.</li> </ul>

\* For more information about consent and refusal of treatment see section 9.14 of the Consent Manual.