

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
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NSW Select Committee on Birth Trauma
Submitted via online portal

Dear Ms Emma Hurst,

Thank you for the opportunity to make a written submission to the NSW Select Committee on Birth Trauma. The below is a written account of my traumatic birth experience at the Hospital in Sydney in January 2015. My experience is relevant to committee terms of reference 1a, b and c.

In brief, I suffered mental and physical injuries due to suboptimal care practices and (what I would consider to be) obstetric violence. The most significant of which was subjecting me to an episiotomy without my consent and refusing my request for pain relief (see page 2). As detailed below, a number of other poor practices in the delivery suite and the postnatal ward also contributed to my overall traumatic experience at the hospital.

The mental and physical impacts of my birth trauma are significant and permanent. They have forever changed my life. In the short term, I suffered depressed mood, anxiety and symptoms of PTSD. Longer term, I live with the deep sadness of never being able to run with my kids or play sport with my friends. I feel betrayed by my body. I worry for how my pelvic floor health will deteriorate in my old age and the indignity that it will bring. I have lost faith in the public health system and its ability to care for birthing parents when they are at their most vulnerable. Mine is an experience that is all too common, and one that I wish upon no one.

I am happy for my submission to be made public but ask that my name be redacted or changed when published in written form. If it would assist the inquiry, I am happy to appear before the committee as a witness.

The below detailed submission is extracted from a formal complaint I made to in 2016. It includes recommendations I made to where relevant.

Detailed submission:

I gave birth to my first child at on 2015. The experience was a traumatic one. I have been in the care of a psychologist and a physiotherapist in my recovery from the mental and physical injuries I suffered as a result of the birth. I live with extensive pelvic floor damage leading to a stage two rectocele prolapse. The effects of this pelvic floor injury to my mental health have been profound and life-changing. Since my traumatic birth experience I've suffered depressed mood, anxiety and symptoms on the spectrum of Post Traumatic Stress Disorder (PTSD). With thanks to psychological therapy in 2016, I have recovered from the PTSD symptoms but my physical injuries are permanent.

My physical injuries have changed my life forever. Before my first pregnancy I was very physically active. Every week I did spin classes, weights training, boxing classes and aerobics. I ran 10km two or three times every week. Thanks to my pelvic floor injury, I am unable to do most forms of exercise without risking further prolapse. Running used to bring me joy, but I will never run again. It pains me to never be able to play soccer or tennis with my kids, or to model healthy behaviours by joining a netball team or taking up rock-climbing. My inability to exercise has compounded my mental health challenges and has been the source of deep sadness and disappointment.

I will detail my traumatic birth experience in full below but in short, I feel my trust in was broken due to a lack of care and regard for me, as the mother. I feel the care I received in the delivery suite

was heavily focused on the natural delivery of my baby, at the expense of my health and safety. Ultimately, I feel my safety, and the safety of my daughter, were put at risk by a desire to achieve a natural (vaginal) birth outcome.

As a result, I have lost faith not only in the hospital, but also in the public health system in general. For the birth of my second child in 2016 I elected to be cared for by a private obstetrician. Unfortunately, I lost confidence that I would receive balanced, well-managed care from a team of midwives; care that would not be influenced by an ideological preference for natural birth outcomes without adequate regard for a mother's wellbeing.

Some of my complaints about could be described as administrative, while some are criticisms of the conduct of specific individuals involved. Others are criticisms of the systemic culture I observed.

Antenatal clinic

My daughter's birth weight was 4.39kgs. While I understand the accurate prediction of a baby's birth weight is difficult, I wonder if an ultrasound in the final weeks of my pregnancy would have indicated I was at risk of delivering a large baby. As a public patient I was not offered said ultrasound. Had I have had such information, and was made aware of the risks associated with delivering a large baby, I would have at least considered options for a scheduled caesarean section to mitigate these risks.

At no stage during my antenatal clinic visits was I made aware that natural labour carries a risk of pelvic floor injury to mothers. I had never heard of a rectocele prolapse until I was about to suffer from one. I believe my ignorance contributed to the shock and emotional pain I suffered in the immediate aftermath of this injury.

- *Recommendation: provide detailed information on risks to pelvic floor health (beyond the mere confirmation that mothers are doing pelvic floor exercises) to the antenatal clinic program.*

Delivery Suite

When I was admitted to the delivery suite, I explained to the midwife that I had no specific birth plan. My preference was to have as natural an experience as possible – ie, a vaginal delivery with minimal pain relief – but I would defer to the midwife's judgment as to if and when intervention was required. I said I was not opposed to having a caesarean if it was necessary, but I would prefer to avoid that outcome, where possible. Implicit in this statement – and, in hindsight, something I should have made explicit – was my expectation that if at any point my safety was at risk, the midwives would intervene as appropriate. A major contributor to my anxiety and PTSD was my feeling this trust was broken.

I was not offered a debrief of my birth experience so I can only draw on my own recollections and the minimal information provided in the discharge report.

- *Recommendation: detailed, face-to-face debriefing sessions be offered to all mothers in the post-natal ward, as I believe such an opportunity would have greatly contributed to my mental recovery.*

As I recall, I believe the early stages of my labour were progressing well; my cervix dilated from 1-7cms in good time. However, I recall it taking several hours for my cervix to dilate the final 5mm to 10cm. I remember midwives using their hands to try to stretch my cervix over the baby's head during contractions; an unpleasant and painful experience, though not unbearable. My private obstetrician later commented he was surprised to learn was still using this technique in 2015, as it was considered an out-of-date practice elsewhere.

My clinical records show I was pushing in active labour for over two hours before my daughter was born. My physiotherapist believed it was likely during this stage I suffered my pelvic floor injury. Although I have not undergone tests to confirm this, my physiotherapist suspects I have torn the muscle off the pelvic bone.

I recall that in the final moments before my daughter was born, the midwife advised me she would need to perform an episiotomy. I distinctly recall our dialogue during this exchange, as it was a profound moment to which I have returned many times in my recollections of this experience. I asked the midwife whether she would give me a local anaesthetic; she replied "well, doesn't it hurt anyway?" I said I supposed it did, and she replied "well, would it make a difference?". Without waiting for me to give consent, she then went ahead and performed the

procedure during the next contraction, without pain relief. I distinctly remember the additional pain being significant and I can still hear the sounds of my own screams, ringing in my ears, as I recall this moment.

In their first response to my formal complaint, _____ said there was a gap in the knowledge of the individual midwife, who believed pain relief was not required when performing episiotomies. I did not accept this explanation. I have spoken with a number of midwives, with various years of experience, and all have confirmed it was within their training to routinely give a local anaesthetic to accompany an episiotomy. They said that to refuse to do so would be outside of their hospital's protocols, unless it was a dire emergency. From a personal point of view, each midwife said it was as inconceivable to them as it is to me that the midwives in charge of my care did not anticipate the excruciating pain they would subject me to by performing the procedure without pain relief. They each said they were 'shocked' and/or 'horrified' on hearing my account of my experience.

In their second response to my complaint, _____ said they had since updated their guidelines and had educated midwives on the requirement to offer local anaesthetic when performing episiotomies.

It wasn't until I was discharged from hospital that I discovered the mention of 'shoulder dystocia' in my discharge report. Again, a debrief would have been appropriate and appreciated, in which the midwives should have explained what 'shoulder dystocia' means in the context of my daughter's birth, including when it became apparent and how it was managed.

Soon after giving birth, I was informed I was having difficulty expelling the placenta and that the midwives had administered a drip. Despite my physical exhaustion, I was told to continue pushing. I remember a doctor appearing at my bedside, explaining to the midwife they had decided to take me to theatre for a manual extraction. Although their exchange was cordial, it was clearly tense as the midwife requested I be given a further forty minutes with the help of the medication.

I was then taken to theatre for the manual extraction. Unfortunately the spinal block did not work (possibly due to the major nerve damage my physiotherapist later identified in my pelvic region) and I was put under general anaesthetic for the procedure. I have no complaints as to the conduct of the doctor, anaesthetist or theatre nurses.

I have since been told that while I was in theatre, my husband was instructed to sit in the corner of the delivery suite, remove his shirt, hold our newborn baby to his chest and await the return of the midwives. He estimates a further forty minutes passed before anyone returned. He has since clarified to me that although midwives and other staff came in and out of the room at intervals to clean the suite, no one came to him to check on our daughter or to inform him of my progress. He said he was quite concerned for my wellbeing as he was not clear on whether this was an emergency situation or whether the procedure was routine. At a few points he wondered if I would return from theatre alive.

- *My husband experienced a trauma of his own, which could have been easily avoided if midwives provided him with comfort and information on my progress.*

Recovery Unit

When I regained consciousness in the recovery unit, I remember my legs were shaking uncontrollably and my feet were numb. I felt an overwhelming urge to squeeze my toes, but could not reach my feet. I recall asking two separate nurses, on two separate occasions, if they would please squeeze my toes for me, as to do so would be of great comfort. Both nurses refused, providing no further explanation, and walked away. I recall feeling belittled and humiliated as a result of these exchanges. I then remember weeping from that moment right until I was wheeled into the post-natal ward.

- *Recommendation: when mothers are showing observable signs of distress and trauma, offer mental health first-aid and/or refer for additional assistance from a mental health nurse or counsellor.*

Post-natal ward

It is my impression that it was near to shift changeover time for the midwives when I arrived in the post-natal ward. I remember feeling unclear as to who was caring for me, as midwives busily rushed in and out of the room. I did not receive an orientation briefing, and I was unclear as to what was

expected of me. For example, on day two or three it became apparent I was expected to notify the midwives whenever I fed or changed my daughter, although this was never explicitly explained.

On either day two or day three of my stay (I cannot recall the exact timing) I did not feed my daughter for a period of six or seven hours. This was because she did not wake up and I did not think to wake her for a feed. A midwife noticed this on my chart and spoke to me harshly when she said "I told you that you had to feed her X times per day". I replied that no one had told me I needed to wake her for a feed, but the midwife was adamant she had. To her credit, a few hours later the same midwife returned and apologised, saying that she realised she had not in fact advised me as to when I should be feeding my daughter.

In the three days following her birth, my daughter lost just short of 10% of her body weight. I felt tremendous guilt, shame and inadequacy as a mother; I felt I had deprived her of nourishment and had failed her. I feel the above exchange with the midwife definitely contributed to these feelings.

- *Recommendation: I suggest more care be taken in the orientation process to ensure the expectations on mothers around breastfeeding are made clear.*

Throughout my stay in the post-natal ward, several midwives entered my room and asked to see my daughter, as they had "heard she was really big". Several of the midwives then commented that they were pleased to see such a large baby had been delivered naturally and without pain relief. One midwife said she would like to "parade her in front of all the obstetricians" to prove it could be done.

I was not overly offended at the time and had allowed them into the room when asked, but I now question the professionalism of this conduct. Firstly, it suggests there is an 'Us versus Them' culture between midwives and obstetricians. Secondly, the overly positive feedback contributed to my feelings of shame when I had negative thoughts about my birth experience. My birth experience was traumatic, terrifying and painful, and I felt ashamed I didn't agree with the midwives that the birth was a resounding victory for proponents of natural births. And finally, as is now clear, the midwives were, in fact, wrong. It was not a resounding victory. The birth was not without consequence and my physical and mental injuries are significant.

- *Recommendation: midwives be further educated as to the risks of physical and mental injuries to mothers who deliver large babies, with the reminder that such injuries may not become apparent for days, weeks or even months following the birth. Also, that they be reminded that their conduct can contribute to the mental health effects of a mother who has experienced a traumatic birth.*

I hope the above detailed submission assists the committee in understanding the lived experience of birth trauma in NSW. If it would assist the inquiry, I am happy to appear as a witness and answer any questions the committee might have.

Yours sincerely,