

Submission
No 156

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Submission to parliamentary inquiry into birth trauma

My name is . I am 33 years old and live in , NSW. I have a son who is 2 years 8 months old and a daughter who is 4 weeks old. I suffered birth trauma during the birth of my son at **hospital** on the 2020. I was a part of the **midwifery group practice program and was assigned a midwife.**

In the 3 days before my sons' birth starting on the 2020, I was in early labour which was starting in the afternoon and stopping in the early hours of the morning. I had a stretch and sweep at my last midwife appointment which I consented to. On the evening of the 2020, I spoke to my midwife letting her know contractions were 5 minutes apart and she expected I might come in overnight to have my baby, I went to bed with the Tens machine on still contracting regularly, contractions spaced out to 7 minutes apart and I fell asleep at approx. 3am.

On the 2020 woke suddenly at 5am to a message from my midwife checking in to see how I was doing, I was anxious that labour had stopped again, got up out of bed and did not feel my baby move for approx. 45min, I discussed this with my midwife and she asked if I wanted to come in to the birth unit to get checked as I had never had decreased movements before. I agreed to come in for my peace of mind. At the birth unit, I was checked and 2cm dilated, **CTG was attended and normal**, I was **offered an induction twice and declined each time**, wanted to go home and see what my body would do. I **consented to another stretch and sweep** to help encourage labour to start.

I went home with my husband, only to be **called and asked to come back to the hospital because the obstetrician would like me to have an ultrasound** to check on the placenta and blood flow to baby because of the decreased movements. I went back up for the ultrasound, everything sounded good during the procedure, the strong whooshing sounds were reassuring and the sonographer did not have any concerns. I went home again, to be **called and asked to come back in to the birth suite to be seen by a doctor/the obstetrician**. I came back in, got put back on the **CTG, which was normal, baby's movements were again normal.**

I was **offered an induction which I said no to for the third time that day**, the **obstetrician** then came into the room and **asked us about induction of labour**, I was looking at my midwife and my husband for advice on what to do, I was still 2cm dilated. The **obstetrician then stated that she was concerned about blood perfusion to my baby's brain and stated I think we should induce you**. It was only then that I **verbally agreed to an induction of labour**. The obstetrician wanted to do a balloon catheter that afternoon and keep me in hospital overnight and break my waters in the morning. **I do not recall being given all the risks of an induction to make an informed decision. I felt pressured by the obstetrician and coerced into making this decision thinking that my baby's life was in danger.** It was a Friday afternoon, and it was made out that it was more **convenient** to induce my labour then let me go into labour on my own, **I felt pressured like I was on someone else's time schedule**. I was extremely vulnerable and trusted the doctor's judgement thinking it would be in my best interest. I questioned after the birth if there was a medical reason at all for the induction of my labour. I have **since**

received my medical records and the ultrasound checking perfusion to my baby was completely normal.

I was told about the insertion of the foleys catheter and breaking my waters in the morning, **I was not informed when I consented to induction of labour that I would have to be connected to continuous monitoring for the duration of my labour** and would not be able to move around or use the shower or bath. I had the Foleys catheter inserted and was admitted to the maternity ward overnight, I was having regular contractions, and was given Endone and temazepam to help with the back pain, I was awake all night, with the tens machine on. The foleys catheter fell out at approx. 4am, felt a leak of waters early in the morning, informed the midwives. My MGP midwife arrived early before 8am and I was taken across to the birth suite, breakfast had just arrived and I hadn't had the chance to have a shower, it all **felt very rushed**. I was checked and 4cm dilated, I was connected to the CTG machine. I agreed to have my waters broken, my waters were broken, I had the tens machine on and monitoring. I was already having regular contractions.

The **midwife wanted to start the syntocin drip straight away after breaking my waters**, I asked if I could wait a while to see what my body would do now that my waters had been broken, the **midwife stated NO we have to start the drip now**. I felt the midwife was following policy/procedure but **not allowing me a say in how my labour progressed was disempowering. I felt unheard, not listened to and that all control was taken away from me**. I regret not being stronger and speaking up for myself more.

The back pain became intense with the syntocin infusion, I was not coping with the gas and air, I was trying to find a better position but was getting no relief with the back-to-back contractions and was getting more distressed. **My midwife kept leaving the room**, I felt very alone. I was offered morphine or water injections. I decided on morphine, I changed my mind as the midwife was out of the room, I was demanding an epidural. I was 5cm dilated, the contractions were one on top of each other **I felt completely out of control**. My midwife **did not stay with me or attempt to coach me through a contraction, or offer any words of support, she did not offer to slow down or stop the drip**, so I could catch up, I **felt unsupported**.

The epidural was inserted, I did **give informed verbal consent for the epidural as the anaesthetist explained the risks associated**. The epidural took effect and I got some rest. My husband went to get some lunch. A few hours later I was checked and was 10cm dilated. The midwife said I could have 1 hour of passive decent. I was lying flat on my back for the whole hour. My midwife asked me to do some practice pushes, I noticed on the monitor baby's heart rate was going down while I was pushing but it was coming back up. The midwife left the room again to speak to the doctors. The monitor started alarming that babies heart rate was 70 and it was staying down. I panicked, **couldn't reach my call bell** had to ask my husband to leave me to ask for help, **I felt afraid**. Someone I hadn't met came into the room with a dressing trolley. The midwives put a **fetal scalp electrode on baby's head to monitor his heart rate which I agreed to**. **I do not recall the doctors ever coming to the CTG machine/head. Of the bed to check the trace at all, and I was not repositioned off my back** at all to see if it improved either. **I was not offered a peanut ball or assisted to change positions**. I feel like the doctors had **made the decision that I was going to have an instrumental delivery/episiotomy outside of the room without looking at the CTG machine**. A lot of people were in the room now, a

doctor said **we need to get baby out now because he is distressed**, I remember thinking that I knew it was an emergency, I was **scared that my baby's life was in danger**. I was told baby was low and that they were going to need to use a **vacuum and do an episiotomy**. I remember **saying ok, but also feeling as if I had no say in the matter regardless as I wasn't presented with any other option. I do not recall being told the risks associated with a vacuum delivery e.g., significant tearing/pelvic floor damage**, it was all very rushed.

They had 3 pulls of the vacuum, it came off once. Baby was out after the 2 other pulls with coached pushing. My husband looked terrified, baby was out really fast, in 5 minutes. I started bleeding a lot, they were trying to stop the bleeding, I was **haemorrhaging** but they weren't sure if it was from tearing or the placenta. I was given the injection to deliver the placenta and IV fluids were started. My baby was placed on my chest and initially wasn't crying they were going to take him away, but then he cried. The doctors took a very long time stitching me up in the birth suite, I was told I had **2 vaginal sidewall tears**. Another more **junior doctor took over from the obstetrician stitching me up because during the birth the obstetrician's phone was beeping/ringing, the obstetrician had to leave and be elsewhere**. I remember **feeling like I was in shock** at what had just happened, it happened so fast, it felt like I was outside my own body looking into the things happening to me.

The epidural was turned off as soon as the stitching was finished, but I **was not given any pain relief until I was in severe pain when it wore off**. My experience on the midwifery ward was not pleasant. **One midwife told me to get my own ice packs and to empty my own catheter** when I could barely sit up or pick up my own baby. **No empathy or compassion** to what I had just experienced. I just felt like a number. I also almost fainted in the shower post birth, I was shaking so much and was really dizzy that I ended up on my hands and knees in the shower and had to be helped back to bed. My HB had gone from 136-102 post birth, I looked so pale my lips were white, I had only recently had an admission to hospital for symptomatic iron deficiency anaemia, just avoided a blood transfusion as my Hb was above 100.

Education on the maternity ward was really inconsistent, and I **was told I would be referred to a physiotherapist**. I was **never contacted by anyone**. I had to find my own women's health physio and get a referral from my GP. I was discharged home on the _____ and had to get a script for pain relief from my GP. I feel like my **MGP midwife had very good clinical skills but was also pressured to follow rules/policy, for women to birth within a set timeframe even with an induction, labour is expected to progress within an expected time frame e.g., dilation per hour, instead of just allowing physiological birth to happen**. Women are **forced to be on a time limit/schedule/frame** that suits obstetrician and when things aren't happening fast enough, to quicken up the process without the birthing woman in mind. I feel **let down by the system**, not necessarily by my midwife, although there were aspects of my birth where I felt **unsupported and unlistened to**.

My **physical recovery** from the **instrumental vaginal birth was difficult and slow**, I needed more pain relief from my GP, had to **sit on a donut cushion for approx. 10 months**, my body felt so broken. I remember asking the MGP midwife to keep looking at my episiotomy/vagina because I was in so much pain and everything felt so wrong down there. I **got told by my midwife not to look**. I had **faecal incontinence** for a few weeks and ongoing **faecal urgency**. I had **difficulty urinating** and had to push on my bladder. I had no idea this wasn't normal or expected. I had **ongoing pain** particularly at **the right vaginal wall tear and episiotomy site**,

and ongoing pain in my bottom. I saw my physio at **6 weeks** and she suspected a **right sided levator avulsion** and that the pain in my bottom was an anal fissure.

Physically my birth injuries included **2 second degree vaginal sidewall tears and an episiotomy.** I had **ongoing pain** for months. I had **pain with intercourse** which I had to see a **gynaecologist** for due to the excess granulation tissue at the right sided tear, and how it had healed raised and lumpy. I had to use estrogen cream to help with this. My injuries have **affected intimacy.** I have **no feeling in the right side of my vagina due to nerve damage,** I have difficulty reaching orgasm. And experience **pain during penetration** due to a uterine prolapse. This has **affected my intimate relationship with my husband,** and made me feel so depressed grieving the sex life that I had prior to the birth of my son.

I have been diagnosed with a **grade 1 bladder, grade 1-2 uterine and grade 2 rectocele prolapse.** This has been devastating on my ability to exercise. I was very active prior to my son's birth and enjoyed high intensity interval training and interval running. I can no longer do these types of activities. And have had to modify exercise, so as not to make my prolapse/symptoms worse. I now do Pilates/yoga/walking. I have to wear a pessary for work and exercise. And have had to purchase a pessary/perifit and electric stimulation devices to help strengthen my pelvic floor. I am still seeing a pelvic floor physiotherapist since 6 weeks postpartum.

I work as a registered nurse at the same hospital and it was difficult for me to go back to work at the same hospital that I gave birth at, I have had to do a lot of work with my phycologist around this, and I am triggered often.

Due to ongoing **faecal urgency** and **occasional faecal incontinence,** I underwent **anorectal physiology studies at** **hospital.** The report showed **weakness in my external anal sphincter and scar tissue in my external anal sphincter with pudendal neuropathy** (nerve damage) Which raises the question did I actually sustain a 3rd degree tear? I saw a **urogynaecologist** who **confirmed a partial right sided levator avulsion and prolapses, and pudendal neuropathy.** The urogynaecologist **did not want to confirm if I did or did not have a 3rd degree tear because she knew I would like to make a formal complaint to the hospital I birthed at. It seemed to me she was more concerned with covering for doctors/did not want to be involved in case I decide to pursue legal action due to my birth injuries.**

The trauma from my birth has had a **huge psychological impact on me.** At 4-5 months postpartum I started having **anxiety attacks.** I found I was constantly thinking about the birth, multiple times a day. I had **difficulty sleeping,** I had **nightmares** where I could see my blood across the room. I was feeling flat/numb and felt like I was having **difficulty bonding with my baby.** I was having feelings of **extreme distress when I was reminded of the birth,** or attending doctors appointments. I spoke to my GP and got a script for antidepressants and a referral to a **psychologist.** I had **difficulty breastfeeding** and **low milk supply.**

At 7 months postpartum I started seeing a psychologist. I received a **diagnosis of postpartum anxiety and PTSD after seeing a perinatal psychiatrist** in Sydney as there was no availability in **I am still taking medication and engaging with a psychologist and psychiatrist** 2 years and 8 months since my birth trauma. It took me 14 months to be able to write down

what happened during my birth and how it made me feel, and I am **yet to make a formal complaint to the hospital barriers to this included** the clinical midwifery consultant I initially had a debrief with went on a period of extended leave and I wanted to meet with her again for her to read my story written down to get some feedback, I wasn't sure who to address the complaint to, and wasn't sure if I was psychologically ready to submit it.

My birth experience of my son made me feel angry that I felt coerced into an induction. That I had been lied to when the ultrasound report was normal and there was no concern for decreased blood perfusion to my baby's brain as I was led to believe. I felt let down. I felt ashamed that I was not able to say no and advocate for myself. I blamed myself for the outcome. I felt like I failed myself because it did not feel like I birthed my baby at all but that he was pulled from me in 5 minutes. I did not feel present during the experience as I dissociated. I feel robbed of the beautiful empowering birth experience I could of had. I feel disappointed that after all the education I did around birth that my birth turned out the way it did. I felt alone that other mothers were not having the complications that I was having after birth. I feel sad that the trauma from my son's birth consumed me during the first year of his life and it was difficult to enjoy/celebrate his 1st birthday because it triggered such intense emotions for me.

My birth trauma has had a **large financial impact** as I have had to pay for women health **physiotherapist** appointments as they were **not covered by Medicare**. After seeing one for over a year my GP told me about the **collaborative care plan** to get discounted sessions. I have had to buy a pessary, perfit and electronic stimulation device. I have had to pay for **private psychologist** until I could get into a **psychologist** that was covered by Medicare using a mental health care plan. I have had to pay for a **private psychiatrist** and for **medications**, all of which are still ongoing 2 years and 8 months since my birth trauma/injuries. I had to borrow money off my mother-in-law while I was on maternity leave to be able to afford to see my psychologist. I am still seeing a pelvic floor physiotherapist/psychologist/psychiatrist since my birth trauma in 2020.

I have recently given birth to my daughter by planned c section with a private obstetrician at hospital. As I was **advised by multiple health professionals, physio, gynaecologist, urogynaecologist and obstetrician** that the **risk was too high with another vaginal birth that I could have ended up with permanent faecal incontinence, or worse pelvic floor injury.**

Recommendations

Education/training for doctors regarding informed consent, patients to be given all risks of procedures to be able to make informed decisions

Midwives aware when a patient requests more time that it is the patients right to do so, patients can say no, refuse treatment

Education regarding correct use of ventouse, amount of pulls and from which station to prevent traction nerve injury

Education about repositioning when epidural insitu

Informed consent for assisted deliveries

Offering a further debrief, only asked how I was feeling 1 day after the birth, ? midwife before 6 week check or follow up phone call

Early Referral to physiotherapist after significant/multiple tears, not only 3rd/4th degree

Consistent education postpartum for all mothers regardless of 1st or 3rd births

Better staffing on maternity ward

Trauma informed care

Patient/women centered care, personalised care not suiting staff schedules/time frames for birth

Empathy for new mothers, particularly with birth injuries

More continuity of care models

Increased funding for postpartum care, access to physiotherapists, breastfeeding support and mental health support, subsidised by Medicare and accessible for all