

Submission
No 210

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am a 34 year old mother of three beautiful boys, aged 5, 3 and 16 months. I reside in the Illawarra region of NSW. I also suffer with faecal incontinence following my births, and I don't believe this needed to be my story.

Early in my first pregnancy, I applied for continuity of care through the midwifery group practice at _____ Hospital. I was not accepted into the program. To secure continuity of care, I opted for private obstetric cover instead.

At 37 weeks pregnant, I was informed by my obstetrician that I would need a vaginal examination, which I consented to. I was given little to no information about what this examination entailed. I was surprised to find myself in significant pain while a 'stretch and sweep' was performed, a procedure I was not familiar with at this time. I left the appointment bleeding with no sanitary items offered. I had to go straight home to change out of my white pants before I could continue on with my day.

A couple of days later, I found myself in the delivery suite of _____ Hospital preparing for an induction. Sometime later as I became fully dilated, I was directed to start pushing my baby out. This is the point at which, upon reflection, I feel that birthing decisions were being made by the medical team around me without adequate information being passed on to myself or my husband. After just half an hour of pushing, and within minutes of the obstetrician arriving, we were informed that my baby was "stuck and having trouble rounding the bend", and a ventouse delivery was advised. In hindsight, I have a lot of questions around the necessity of such a procedure at this point, and certainly was not made aware of the risks involved. However, being a first-time mother and a compliant patient, I agreed in good faith to an episiotomy and the use of vacuum instrumentation. My very average-sized 3.41kg beautiful baby was birthed at the oddly convenient time of 5:48pm. The obstetrician sutured my perineum in the delivery suite, but there was no discussion as to the extent or nature of my injury.

Following transfer to the ward, my post-partum care is not what I would consider adequate for establishing a new mother on a successful path to recovery. It took two to three days before I overheard in a nurse's handover in the corridor outside my room that I had sustained a third-degree tear. I learned that I had torn to my external anal sphincter by googling it myself. I did not know at this point, that third degree tears are recommended to be repaired in an operating theatre, which was not of course my experience. It took four days for me to have my first bowel motion post birth, and I was not offered anything to assist this process, which in hindsight I find remarkable given the nature of my injury. Nurses on the ward seemed so busy, that several times they forgot to get me the Panadol that had been promised to me, to the point I was in tears. I couldn't even sit without the aid of an air-filled cushion, yet I had to fight to receive simple pain relief. There was certainly no personalised physiotherapy or related care provided to talk me through my injury or to stress the importance of correct movement and exercise to protect my continence...that information was printed in one of the many generic handbooks lumped on you alongside your newborn baby. Furthermore, my obstetrician did not discuss with me in the hospital, or at my 6-week check-up, what a third

degree tear could mean for my continence, the importance of following it up with a women's health physiotherapist, or the impact it could have on future births.

I left the hospital believing I was facing a recovery like any other woman. I thought it was normal to waddle my way through a 200m walk at two weeks postpartum, because I was told gentle walking was great in the early weeks. I was not at all understanding of the severity of my injury, and that it was not in fact common. In the months that followed, I became aware that I was facing some issues around faecal incontinence. I have invested considerable time and money ever since visiting physiotherapists, colorectal surgeons, urogynecologists, anal rectal physiological testing labs, debriefing services, etc – and expect I will continue to for the rest of my life. However, with a near-complete right levator avulsion (pelvic floor muscle almost completely detached from bone) in combination with a poorly repaired third-degree tear, options for symptom improvement are limited.

Though I am mostly able to manage my symptoms presently, my condition never leaves me, it is something I need to plan for every day. Without delving into prolapse and other conditions I find myself also needing to adapt to, my first birth was life changing in ways that I had never considered. I planned on coming out of my birth with a baby, not faecal incontinence. I'll never truly know what should have been done differently. However, I wholeheartedly believe this outcome could have been avoided with better information, collaboration and with encouragement in the delivery suite, rather than jumping straight to the next medical intervention when the urgency to do so just wasn't there.

I have since vaginally birthed two more beautiful sons, under private obstetric care with another care provider. It has taken considerable strength for me to opt for vaginal births. It was not until I was 30 weeks pregnant with my second baby that I was informed that it was not advisable for a symptomatic person following a third-degree tear to have a vaginal birth. I find it incredible that this knowledge had not been shared with me at any point earlier, only to crush my dreams of birth redemption into my third trimester. However, following some research, a lot of opinions and soul searching, I decided it was time to take my birth back into my own hands, and I declined the caesarean, twice over.

Though I took my births into my own hands in a far bigger way for my second and third children, with drastically better outcomes, I was still subjected to some of the pitfalls of the hospital system that really let birthing women down. Though I felt stronger to advocate for myself in particularly my third birth, it saddens me that I felt that I had to. The emotional toll to block out medical noise and to just trust in my body and intuition was huge, I would consider it all-consuming. The most exhausting part of requesting a vaginal birth was explaining why I wanted it – I never really understood why I should need to do this? My obstetrician, (though he tried in his defence), just could not grasp that almost primal desire to want to birth your own creation. I was even once told to not worry, the caesarean scar is below your bikini line - as though that was the prevailing factor making me reluctant to take that path!

Symptomatically, I have deteriorated a little as warned following these subsequent deliveries, but I do not for a second regret my decision. For the additional hardships I have endured to live these experiences, my eyes have been opened wide to just how incredible birth is when you are empowered to do it as intended. I feel privileged to be one of a seemingly increasingly few who know how uplifting birth can and should be.

And in conclusion, I attempted once more on my third baby to gain access into the midwifery group practice at _____ Hospital. Despite arguably being at my most vulnerable and needing that continuity of care most I was, yet again, unsuccessful.