

Submission  
No 280

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I gave birth in Melbourne during the pandemic (Feb 2021), although I live in NSW now. I feel compelled to say I feel like I got really phenomenal care at the \_\_\_\_\_ and I don't know if there was any way to have prevented what ultimately happened. It was kind of a confluence of unfortunate circumstances, but it was traumatic and certain aspects could have been improved upon and may be informative for this purpose.

I have a variety of medical conditions and, as a result, I was followed closely throughout my pregnancy and I had detailed birth preferences (not) plan. I have a genetic bleeding disorder, so we knew I couldn't have an epidural or much pain control during labor (Panadol Forte, one injection of morphine, gas, nothing more) and we also knew a C-section was particularly high risk and, consequently, I was really anti-intervention and I did a lot of preparation for having a completely "natural" birth. I was actually really well educated about the options and the real risks and all of it. However, at about 37 weeks, a scan revealed that my daughter had grown a lot and her belly was measuring particularly large compared to her head. Although I knew these later scans are particularly inaccurate in terms of estimating size, when the MFM doctor recommended that I be induced at 39 weeks because "the baby could get her head out but then get stuck at the belly," I agreed. The image in my mind was particularly horrific (stuck at the belly??) and I knew I would definitely be in for some kind of high risk procedure if that happened. The doctor also suggested scheduling the induction to increase the odds that I would give birth during the work week when the staffing would be more robust, in case something did happen (again, there were several things that made me high risk, so we were always in the "abundance of caution" mindset). So, I felt like induction made sense, even though it was literally the second-to-last thing I wanted to do (the last thing was a C-section). (I ended up giving birth on a Saturday morning and he was the delivering doctor; so, that part of the logic failed, but it was part of the initial decision making.)

There wasn't a room for me when I arrived for my scheduled induction, so I was in a triage-ish room overnight while the medicine started to do its magic and while contractions started. The doctor couldn't get the balloon in me (3 awful attempts), so they put in gel straight away (2 doses overall, I think). My waters broke about 30 seconds after the nurses came in to tell me there still wasn't a room but it didn't look like I'd be in active labor for a while and they would hold off on rupturing my membranes until there was a room for me. After my waters broke, it all kind of went black (but they did have a room, miraculously, almost immediately). I was in labor for...a long time. I can't even remember how long, and I don't think the hospital record is accurate, to be honest, I think there was a typo in the "first stage" time. I know I pushed for almost 5 hours (that second stage part of the record stuck out to me).

My daughter kept turning her head to the left and couldn't get through, even though she was all the way down and I was fully dilated. There were multiple attempts to manually turn her head. The vacuum was deemed too high risk because my daughter may have inherited my bleeding disorder. The doctor refused to use forceps without an epidural, so I ended up having a vaginal birth assisted with forceps under general anesthesia. (I was given an option of some kind of "nerve scrambling" procedure, but they weren't sure it would work from a pain management perspective and it sounded horrible, so I opted for the general anesthesia). My daughter was born with an APGAR score of 2 and had to go on CPAP (quickly recovered) and

had bad bruising on her head (she was taken to the SCU). Meanwhile, the anti-bleeding medication they had to use combined with the high dose of oxytocin I was on to keep contractions strong (and because I'd been on it for so long) resulted in my getting severe acute hyponatremia and I was transferred to the complex care unit. Thankfully, the doctors agreed not to send me to ICU since my daughter could see me in CCU and I could keep breastfeeding during that sensitive time when the milk is coming in (this was critical for me, because breastfeeding was the only part that was going right for me and it kept me going). My husband was given a COVID hall pass and was allowed to shuttle our daughter from the SCU to the CCU at all hours of the day and night. I was transferred back to the maternity ward after a couple nights in CCU.

I had severe third degree tears from the prolonged pushing and forceps. I had a catheter for so long I got a UTI (and had a really hard time regaining control of my bladder so I kept getting re-catheterized), then I also got phlebitis in my arm from all the IVs. From check-in for induction to release, I was in the hospital for 9 days. My husband was also traumatized, as he feared I might die. It took us 2 years to even discuss thinking about having another child. I do pelvic floor exercises every day, but I am still recovering and I think I might have prolapse, but unsure (and scared to find out for sure). With everything else that happened, the third degree tears actually got overlooked a lot. I had to remind people all the time to make sure I could get in to see the physios (which I did).

The fact of the matter is, my daughter turned her head to the left (including for months after birth) and refused to remain turned straight-on, so some kind of intervention likely would have happened even if I hadn't been induced. She was a larger-than-expected baby, at 3.946 kg, and the doctor said the placenta was extremely healthy and, without induction, she would have stayed in and been very happy to keep growing for weeks longer. I know that baby size isn't an indication of birth-ability, but I'm a pretty small woman and, knowing how everything ultimately played out, it would have been more complicated if she was bigger. Ultimately, I'm grateful that both my daughter and I are alive because we truly could have died, especially me with the hyponatremia, where there were concerns about heart attack and stroke. Nevertheless, the black-out memory loss type of labor that I experienced from the intensity of it all, and the amount of oxytocin I had in my body by the time I went under general anesthesia (which contributed to the hyponatremia) were probably due to the induction. I was really well educated and I was given options along the way, but I still felt like I shouldn't say no.

I did have an opportunity to debrief with the doctor or maybe the midwife or maybe both, but it was right before I was transferred to CCU for hyponatremia so my brain was addled and it wasn't very effective. I feel like if I had been able to debrief at another time or been given a second debrief, it might have helped. I spent a lot of time going through text chains and hospital records, trying to recreate all the events in an attempt to process it.

Another thing I think could have been better was communication about what was actually going on with me (but, again, my brain was addled). I was told they were monitoring the "ins

and outs” because of the medication I’d had during delivery, but I was never told to limit my “ins.” Then I was asked if I could express any more colostrum for my daughter, because she had gone through everything we had brought in frozen (I expressed colostrum and froze it late in my pregnancy just in case...and hoping to induce labor on my own), so I downed heaps of water trying to get as much expressed as possible for my hungry baby, who I still hadn’t held, which sucked. Anyway, all of that extra water ingestion for a person with what is essentially water poisoning is not ideal, to say the least. Those are things that could have been improved. Also, the phlebitis was preventable. I think, maybe, things fell through the cracks a bit because both my daughter and I were moved around a bit and there was a lot going on. In that sense, it’s understandable that it’s not going to be very smooth, but also those are probably the patients you should be especially careful with, right?

Also, I had a lot of anxiety. I’m not sure if that was hormonal, lockdown after lockdown after lockdown during pregnancy and postpartum, or the trauma from the birth, but it was pretty debilitating at times and I don’t think it was picked up early enough. My daughter was 10 months old and we had moved to NSW before it registered with me that I was experiencing anxiety and sought help. It seems like if you have someone who has been through that kind of experience, they should be flagged and looked after a little more closely. I would have played it off, probably, if I had been asked about it, but in retrospect, it was probably apparent that I was struggling and it wasn’t ever brought up by doctors or midwives or nurses or physios or anyone.