

Submission
No 293

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I was induced due to having GD (well managed). My baby was not engaged and cervix was not 'favourable' at the time of induction. Induction was done by cervidil tape, followed by break of waters and syntocinon drip.

I was not aware that cervidil can cause swelling of the vagina, causing extreme discomfort prior to the beginning of labour.

Labour was constantly being labelled 'not quick enough', because I was 'too happy', so my syntocinon was continuously being increased over a 3-4hr period where it was then maxed out at the highest 'safe' dosage. After hours of extreme back pain, and an inability to go to the toilet (and having gas literally forced on me by a midwife), I opted for an epidural that was done around 7pm.

At 9/930pm the obstetrician was called in due to 'Fetal distress'. After being examined, I was 10 cm dilated but my baby hadn't descended and was actually trying to turn posterior in attempt to descend.

I believe (from memory) that they turned him back a couple of times.

The discussion about birthing options was given to me, offered an attempt of forceps/kiwi cup prior to caesarian. I chose to talk to the surgeon about the likelihood of success with a kiwi cup prior to caesarian if needed, and I denied the forcep option (and told them no to an episiotomy during the consent phase).

We were given a 50/50 chance of birthing with the Kiwi cup, this failed and my son was born at 12.05 am via caesarian.

I was denied the opportunity for immediate skin on skin in theatre, as it was "against hospital protocols". There is significant evidence as to why immediate skin on skin is important, and how it can regulate a babies temperature and BSLs.

When I requested delayed cord clamping until the cord was white I was told it was a possibility for only a minute.

In recovery, I had extreme shakes (what I have now learnt is a side effect of Fentanyl), and could barely hold my son while trying to breastfeed him.

Due to GD, they automatically do BSLs on your baby and he failed (just). This caused pressure to feed him/establish breastfeeding, while recovering from surgery and a very intense prior 18 hours.

The second BSL test my son passed and the third one he was on the 'borderline' of a pass. The Ob wanted to continue with a feeding routine (this included formula top up and not being able to feed on demand) initially for 24 hours. When the next night came, the midwives had

talked to the new Ob on and he was happy to extend out the times between feeding. Apparently, due to 'hospital procedures' this resets the 24 hour period - we found this out the next day when the Ob shift had changed and we were told they needed to continue testing. My son was being fed via a tube as well as breastfeeding. His BSLs were fine throughout all of the BSL tests that were done for more than 50 hours post birth. In the end, we had to advocate for the testing to stop and requested to leave hospital.

The midwives were also very confused the next day as to a particular blood test that was run on my child, that normally isn't run. I have not yet paid to have my hospital's record released to see what this test was, nor did my partner or I consent to it being done. At the time we were so overwhelmed and tired we didn't push it.

As a first time mum, I felt pressure to be induced and that by refusing to be induced at 40 weeks I was putting my child at risk.

I don't believe my baby or my body was ready to be in labour or give birth.

Our local hospital is strictly low risk, and I believe that throughout pregnancy and labour/birthing there was so much pressure for my 'risks' to pop up and that I would be transferred to hospital.

My experience makes me want to opt out of the hospital / medical system for any future babies.

Issues:

- two midwives rostered on at night. Meaning when someone is in labour (or multiple people) there is not enough support for new parents on the floor and in the birthing suit.
- being told 'it's hospital protocols' and being made to feel like you have to do what they say.
- very few midwives will advocate for you against the Ob (we were lucky to have one on night 3 who didn't agree with what was going on and supported us to advocate for ourselves)
- communication between OBs and midwives
- midwives were having to clean birthing suits due to cleaning staff going on strike frequently
- limiting their already huge workload
- hospital maintenance is required. We had a toilet that didn't stop running.

A shower head that was broken and fell on me when showering for the first time post c-section. We ended up using a bandage to 'fix' it while we were there.

And no air conditioning - we would put the mattress that was in the room for my partner to sleep on on the window wedged with a seat and I had my pram fan clipped to the table.

- food was horrible, and not suited for women who have GD.

Pros:

- most of the midwives were really nice.
- you get a room to yourself (should be standard in all hospitals anyway for birth).