

Submission
No 368

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 14 August 2023

Partially
Confidential

I am a registered midwife working in a tertiary hospital in NSW and this is my witness of a very particular birth trauma story that has affected both the woman and myself.

I cant attest to how this mother must feel about the events in this story, so this submission is more from a healthcare perspective.

Some backstory:

I came on an afternoon shift (1330-2200hrs) and I was looking after a mother who was aiming for a VBAC (vaginal birth after caesarean section). She really wanted this VBAC as her caesarean section with her first baby was very traumatic where she describes feeling out of control, not listened to and where her cries for help with pain were not acknowledged. For this VBAC she had taken a lot of birth classes, education and most importantly changed her mindset with her partner on how to cope with preparing for her body in labour, especially the pain of contractions. She had also made the informed decision with her partner, her MAPS (Midwifery Antenatal and Postnatal continuity of care) midwife and the doctors to have a scheduled induction of labour. On this journey she had met an obstetrician in her antenatal appointment who was very rude and manipulative, despite not supporting her decision he would say that her scar was going to rupture and her baby was going to die with a VBAC let alone an induction. She left that appointment with her partner very shaken.

The actual story:

On my arrival to take care of her, this woman was in early labour but had decided she wanted to be augmented with synthetic syntocinon. The morning consultant (a woman) listened to her and was happy to undergo this procedure. She was very good with her communication stating that we would place limits, giving my woman lots of encouragement and communicated clearly to ensure everyone would understand. I continued to support these needs with the medication going and in close monitor and consent from the woman.

At around 1700hrs is when the morning consultant would finish work and handover to the night consultant. This night consultant happened to be the same man that tried to manipulate that woman in the clinic into deferring the VBAC. On hearing that a VBAC woman was induced on our birth unit, he immediately rung me up (our birth room had a personal phone) and demanded that 'I will come in at 2000hrs and examine her myself and that I (as the midwife) should not attempt to examine before that time' with huge emphasis on my actions.

This decision was not aligning to hospital policy which states 'an internal examination should be conducted every 4 hours unless necessary'. There was no necessity in examining her that early but I knew, and after discussion with my birth unit in charge midwife that this doctor didnt want to give this woman time because he wanted to examine her and declare her 'failure to progress and take her off to have a caesarean section'. We also believed that his tactic of not wanting me to examine her as he just wanted to make some number up to support his narrative. Whilst I said OK to the doctors words, this discussion made me feel very

uneasy sending shivers and tremors down my body. I didn't feel right to bring what I was thinking up with my lady as it would scare her and I told her that the night doctor wanted to examine her. Soon after, my woman then got an epidural block which was one of her preferences and she lay down on the bed to rest.

During the epidural insertion process another midwife who was supporting me mentioned that my lady might be transitioning (getting to the point in her labour where she might be ready to have a baby) and suggested I should examine her to check. I felt so terrified when she made that comment as I wanted to check for myself but I was also scared that the night consultant could walk in at any minute and tell me off or try get me fired (I didn't know at the time and I didn't want to get into trouble). I walked out to my team leader expressing my concern and unsure of what to do. I was encouraged to examine to 'assess for progress given significant behavioural change'. I explained this to my lady and she gave consent for me to attend the examination. She was unchanged from the last VE (vaginal examination) at approximately 2 hours ago, I explained the findings to her but told her the doctors would make the decision for how to proceed next. I then proceeded to turn up the IV Syntocinon levels with support of my in charge midwife as the woman's contractions had been subsiding. I was weighing the risks and benefits using my clinical judgement to best support her wishes.

After I did that VE, I was shaking and I must have looked visibly upset as my woman started to sense something was not right and she enquired more into it and especially who the male doctor was going to be. I expressed to her the night shift consultant was not a fan of VBACs (to put it lightly) and she asked me to tell her who it was and describe him which I did - she had the feeling it was the same man who she had seen in the clinic.

At 1950hrs, the same night shift consultant and the night shift registrar rocked up at the door and introduced himself. My woman and her partner saw him and she immediately gave him the cold shoulder, refusing to turn around to see him properly. The consultant saw that I had turned up the IV Syntocinon from previously and he yelled at me saying "how dare you turn the syntocinon up, it is NOT supposed to be up that high, turn it off completely" (as opposed to turn it back down). I proceeded to do the same and I gave my woman a look and we looked at each other the same way anticipating what would happen. The doctor then proceeded to say that she had been in labour too long for a VBAC with the risk of uterine rupture and that he would examine her. He also said to her face that 'I would expect her to be at 9cm dilated and anything less than that would warrant a caesarean section.' My woman knew what she was because I had previously examined her - however she said nothing of sorts that anyone had examined her and gave consent for the night shift doctor to do the same. Sure enough it was decided that she would go for a caesarean section. She ended up having an emergency caesarean section of a life male infant at approx 2130hrs.

It was disgusting watching the same consultant later walk up to her in the OT whilst she lay waiting to be closed up, touch his hand on her arm without consent whilst she was immobile from the spinal anaesthetic and tell her that the surgery went well.

I was so angry and upset on the way home, I couldn't sleep that night crying in distress thinking how I was powerless to advocate and how medical staff can just bully women and staff like that and make decisions that only benefit themselves in the short term. I ended up calling 'sick' into work - taking unpaid leave as I hadn't accrued that much leave yet. I didn't care that I wasn't paid, I couldn't face going to work with what I still needed to process. I can't imagine what that woman is going through knowing full well her birth was stolen from her by this very man. It's so unfair beyond absolute belief.

- Side note: I also know he wanted to come in at 2000hrs because the night shift registrar was junior requiring a consultant present in room to carry out procedures. I suspect that he wanted to 'get this over and done with' so that he could go home and sleep at an appropriate time rather than be woken up overnight for it. I can never prove this but to any midwives reading - you know who you are and if you are working in this kind of environment - an unspoken truth where medical staff prioritise their 'need for convenience' (as an apt way to put it) over proper clinical judgements and evidence based care but somehow fabricate their decisions as 'being within policy'.

It's sad that these attitudes still prevail and are so stinking transparent that midwives and other health staff from time to time will make side comments like 'blank will just caesar her because that's what they love doing' or 'blanks just coming in now so they can go home and sleep'. This behaviour runs rampant and it is time we need to nip it in the bud.