

Submission
No 449

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

BIRTH ENQUIRY / SUBMISSION

My pregnancy of my second son was only 18 months following my first.

My first birth was a spontaneous and natural vaginal birth without pain relief. The interventions I required included syntocinon towards the end of the labour to help contractions and an episiotomy to aid the final push. Despite a long labour and my son requiring suction and a few hours in the special care nursery, it was a positive experience above all.

My second son's birth was different and left me feeling lost, confused, numb, misunderstood, not listened too and belittled – resulting in a very difficult recovery and adjustment in my postpartum phase. This has further impacted my ability to cope with being a mother of two and has resulted in self doubt, lack of confidence, social withdrawal and a degree of resentment towards my experience and the people present in my birth. My mental health has felt less resilient and stable with ruminating thoughts, loss of sleep and worry for the future. At times I felt hopeless and feelings of self harm. I do acknowledge that being a mother of two can evoke these feelings given the increase in demand and stress, however the pain and trauma felt in my physical body and emotional anguish has significantly impacted and triggered emotional outbursts and feeling of instability since. Therapy and body treatments have assisted with release of tension and pain which is gradually subsiding 13 months post.

My birth trauma story starts with the pregnancy, where I experienced intense and persistent pelvic and hip pain, restricting movement and ability mobilise, access the community, socialise and engage in exercise to maintain hip range and endurance. My OBG mentioned from the morphology scan that my son was tracking in the high 90th percentiles for his head circumference and therefore ensuring the pregnancy didn't go over the due date was important. Talk of a home birth was no longer mentioned or supported by my OBG.

My labour presented with several 'false' starts with early signs of labour starting a week before hand, with rise and fall of hormonal shifts and woken in the night with large 'rushes' of sensation towards my cervix leaving me feeling uncertain when labour did not proceed. As a result, I opted for a stretch and sweep at approximately 39 weeks and 3 days, where I measured at 4cm dilated. Later that night at home my water broke around 10pm and contractions commenced and grew intense with 10 minutes in frequency. We notified the hospital and presented at ED around 12:30am.

Upon arrival to the birthing suite I was greeted by the midwife who made a comment about whether I was going to be loud with an unsavoury comment. Once settled, contractures continued to increase intensity rapidly. I used the birthing pool to progress the labour with support from my husband without pain relief. The midwife attended occasionally to check the babies HR but failed to provide much reassurance or information, guidance throughout the whole labour. Please note, this was the same case in my first child birth, having the same midwife coincidentally. The OBG arrived not before too long and monitored our progress. The

birthing team expected the baby to arrive given the frequency and intensity of the contractures. The OBG suggested I could roll onto my back in the water to aid his accessibility to deliver the baby, I did so momentarily when I felt this position was unsupportive to the birth.

Still in the water I experienced a sharp and hard sensation which I had not felt in my first son's birth. I continued to persevere thinking I must be transitioning, surrendering and opening up to whatever was install. In that moment something told me to get out of the birthing pool, and so I did. I got onto the bed and attempted to push in supine and on all fours, without much traction achieved. The pain escalated astronomically with sharp lightning bolt pain from my pelvis up to my spine, causing back muscle spasms and difficulty to hold any posture for optimum birthing position.

I all of a sudden demanded an epidural, explaining to my husband and the medical team that something wasn't right. Asking for investigation or examination to further provide information to why my unborn son was "stuck", causing unexplained pain and uncertainty. The OBG explained that "everyone wants an epidural before they transition" and that I was about to give birth and to persevere. So I did continue to push despite any change or progress felt in my body. I am unsure how long this went on for, until I requested the OBG to examine once again. The OBG finally did and said that he needed to peel my cervix around my son's head. He looked at the midwife with a smirk and they made humour of me not yet being fully dilated, encouraging me to continue to push. I felt incredibly unsupported in this moment, without validation and instead humiliated in a moment of vulnerability with excruciating pain that did not explain the results of the vaginal examination.

The labour continued for a period of time which is hard to orientate time given the out of body experience. The back spasms continued and my screams grew, which finally led to the OBG to complete an US at approximately 5am, revealing my son's eyes were facing up, explaining that he was now posterior. The OBG explained that I would now require an epidural to safely proceed with the birth, and the anaesthetist would be called and I would need to wait half an hours before I could receive the spinal block/ epidural. At this point I felt a sense of relief to now have explanation to why the birth was not progressing and why my pain symptoms were so surreal and so far from anything I had experienced from my first son's birth. I took to the shower for some water relief and to escape the room and staff.

My body was trembling with back spasms I was unable to stand or hold posture, my legs were giving way requiring my husband to support me. The sun was rising by the time the anaesthetist arrived and completed the procedure during ongoing intense contractions. The midwife's lack of support, contact or basic presence continued, with him leaving the room during my epidural. My husband provided nursing aid at this time to take my blood pressure in the midwifes absence and to the disappointment of the Anaesthetist.

The contractions continued causing ongoing spasms throughout my body until the epidural took effect. In that time I was left naked with staffing changes, 2-3 failed canula's in my wrist and my husband had to bring to the staffs attention that my urinary catheter was bleeding, needing 2-3 attempts. The OBG returned stating that he had several other births also occurring. He seemed short and somewhat gruff in his responses to me when needing information repeated or explained in other ways. I felt exhausted and in heightened distress at this stage. The OBG attempted to turn my son, but this was not too effective, so he progressed to vacuum extraction. After 3 attempts my son dislodged from my pelvis and travelled inwards, when I explained that "he has gone up". The OBG then confirmed this with a vaginal examination. He then explained that a C-section was the only way, as he refused to use forceps. He reassured me that my son's heart rate was only disturbed during the vacuum attempts, but the heart rate had normalised. We were able to transfer to the theatre almost momentarily which felt surreal, but necessary at this point in time. My son was born via C section at 10:36am with no complications. He arrived crying and despite a laceration on his scalp from the vacuum, appeared to be a healthy baby. And so he is today which I am forever grateful to science for a safe birth.

My request for maternity and birthing care for future improvement in service delivery is as followed:

1. At least 1 woman staff member to be present during all births, as a male OBG and male midwife in addition to my husband caused a masculine imbalance during the most vulnerable moment of my life as a woman. This truly feels like womens business and that the health care system should consider more traditional methods to support the mother during this rite of passage.
2. Improved communication and interpersonal skills by the staff, ensuring heart rate monitoring results to be shared at time of checks, respect and sensitivity to be provided throughout shift despite fatigue. Mindfully not giving inappropriate remarks and humiliating comments at a time of desperation.
3. Improved client centredness with regard to listening to cries for help or request for examination of baby with US, instead of delaying this simple and easy investigation that may have changed the course of the labour or provided options to turn the baby before encouraging more pushing for several hours.
4. Improved in natal and postnatal care of pelvic pain which may supported my ability to engage in exercise and maintain more endurance and pelvic positioning in preparation for birth.
5. Postpartum depression screens to be used to pick-up at-risk mothers. Despite talking to so many health professionals, no body offered this to me until last week when seeing the Tresillian nurses 13 months postpartum.
6. Mother and baby attachment training for mothers who are mentally at risk to support eye contact and bonding for babies developmental benefits.