

Submission  
No 539

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

On 17th February 2021 I gave birth to my second child at [REDACTED] Public hospital.

During my early postpartum I felt dismissed and invalidated upon seeking help in the [REDACTED] hospital Emergency department after returned complications from my birth arose the day after my discharge.

To understand what had happened I will explain the complication first and then lead into my experience in the Emergency department.

After a long labour, I opted for an epidural which did not go as planned. Upon inserting the needle to begin the epidural process, I suffered a post dural puncture headache. This is also known as an epidural headache or lumbar puncture headache. The anaesthetist was unable to continue with the epidural procedure so I birthed without one as hoped. The pain in my head and neck region worsened quickly in the hours following the birth of my child and this post dural puncture headache was picked up by the nursing staff in the birthing suite promptly. I began my postpartum journey in agony and requiring endone and panadol around the clock. The following day (18.2.21) I received a blood patch procedure which immediately erased my symptoms and I felt sensationally better before being discharged the next day. The staff had all been immensely caring towards me. I understand this complication was an unfortunate side effect that epidurals risk and I accept that it was dealt with appropriately. My negative experience was to come from the way I was treated upon readmittance.

Over my first night at home, the symptoms reappeared and I contacted the birthing suite as instructed being newly postpartum after this complication. They advised me to come on in so I did (19.2.21). My husband and newborn child accompanied me. The midwife on duty attempted to find an anaesthetist who could see me but was unable to locate someone quickly who was not already attending a birth. He advised that he could take me downstairs to Emergency seeing as he could not admit me into the hospital in his position. He wheeled me down in a wheelchair as I was unsteady on my feet while I covered my face with a t-shirt to block out the lights that were causing me extreme discomfort in my head. My husband and baby stayed upstairs in the birthing suite visiting room given it was in the middle of covid and to await where I would be.

Upon getting downstairs, a lead staff member of the Emergency spoke with the midwife. This staff member over spoke the midwife after he tried explaining my case. That staff member abruptly asked me if I could walk to which I replied yes I can but it's quite difficult. The staff member said you'll be ok, up you get, go to the triage and wait. At this point I heard the midwife attempt to speak to this staff member again but sounded like he was sidelined. The midwife assisted me to walk to the triage while I was crying. He helped share my details to the admin before apologising to me about not being able to get me in asap and he would return to my husband and let him know. I felt his helplessness and sympathy in this situation before he left. I then saw the triage nurse and explained my situation, my symptoms and

having only been discharged yesterday. I was crying in pain and begging for some help. I could not open my eyes but a slither due to the lights hurting my head even more.

The triage nurse checked me over and said to return to the waiting area which shocked me. I asked how long will I wait for some help to which she replied at least 2 hours. I burst out crying, confused and astonished as why I wasn't receiving help like I had just 2 days prior for the same ailment. I then said how I'd need to breastfeed my baby, is there somewhere more private I can do so seeing as she was just 3 days old and the wait room was full amid covid times. The nurse said no there isn't. I was inconsolable at this point. I didn't know what to think or do.

I shuffled to a chair in the wait area, feeling unheard, dismissed and confused. I felt lost and alone. Looking at my phone was difficult but I rang my husband and said I'd been told to wait.

My husband and newborn baby were escorted down to the emergency department with the assisting midwife. Immediately upon seeing a newborn in the Emergency waiting area, we were all ushered into a dark private room within the emergency department. I was able to breastfeed my baby with the help of my husband. I now felt safe. I felt seen. I could not stop crying with overwhelm.

The attending nurses were immensely apologetic for hearing I'd not been attended to immediately. The following doctors, anaesthetists and neurologists who saw me were immensely apologetic. None of these kind employees were the 2 who I'd initially seen on visiting the ER, yet they were understanding, validating and above all considerate of my situation. They wanted to help and they did so professionally.

I was admitted to a private room where my husband and baby were able to stay with me 24/7, to support me with breastfeeding and movement when needed. I spent the next 3 nights and 4 days laid in a dark room where the nurses had blacked out the window with sheets. I was taking Endone and paracetamol at maximum doses to attempt to ease my suffering while waiting for a repeat blood patch. Each day I was told that the shuffling of space and anaesthetists was not aligning for a timeslot to have my procedure performed. This was not ideal, but I was waiting patiently and trying not to relive my emergency experience.

I cried a lot. I required my husband's unwavering support for every basic function from eating to toileting to holding my child so I could breastfeed while keeping my symptoms as manageable as possible.

The 2nd blood patch procedure worked and I wanted to be discharged as soon as I possibly could that afternoon.

I knew I needed to address this and made a complaint to the [REDACTED] Emergency Department within 2 weeks of this instance. It needed to be fresh and it needed to be addressed, despite being incredibly difficult for me to face.

I promptly received return correspondence from a hospital manager (ER manager I believe) who said she was following up this matter with the staff members involved. Through tears I remember telling her that all I want is to not have anyone else feel this way when they are postpartum seeking help. It helped to know action was being taken but it wasn't the healing settlement of my thoughts and feelings towards that moment.

My aim still is for change so that no one else ever has to go through the experience I did.

In hindsight, I question whether I suffered a connection for my baby during those early days. I hold guilt over the beginning of my baby's first week of life spent breastfed with those drugs in my system and away from her home. I have felt trepidation upon needing emergency help for my children on instances when we needed to attend [REDACTED] ER. It does make me relive the interactions I experienced that day. I never used the word trauma before but writing this still makes me cry 2.5 years later, which has made me rethink.

If I could recommend a change it would be to firstly, always take postpartum concerns and complications seriously when seeking help. For medical staff to listen undoubtedly and see upon discharge records when making an informed decision. The lack of empathy, understanding and professional conduct in context to disregarding the helping midwives communication and ignorance in not viewing my discharge notes is unacceptable and shameful.

Secondly, providing Midwifery Group Practises further more for pregnant mothers in having the continuity of care through pregnancy, birth and postpartum. In all 3 pregnancies I had applied for the MGP as soon as I had a confirmed pregnancy all to be unsuccessful in gaining a place. I only knew about student midwives during my recent third pregnancy to which I sought support from a wonderful student midwife. I absolutely cherished this opportunity to form a supportive and trusting bond with a midwife who held my birth space during labour and who knew about my previous experiences. This should be available to all birthing mothers who seek a personalised experience as preference for their pregnancy, birth and postpartum journey. The MGP must be a model of care available to all.