

Submission
No 559

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

During my first pregnancy and postpartum we had the shock of our lives where our care was pretty much non-existent. We are serviced by the [REDACTED] health region which does cover a very large rural area and live only one hour away from a birthing hospital in the [REDACTED]. Given our relative proximity, we did not think that we would have issues accessing care, especially as I was travelling to the clinics at the hospital.

Our antenatal care was very sporadic through a midwives clinic. I never saw the same midwife twice, got some conflicting advice and was not seen with any regularity, even in the final weeks of pregnancy. I was highly unprepared and poorly monitored. The saving grace that was offered to me was the student midwife. We were her first pregnancy that she was following and she was very motivated to attend all appointments that happened to occur.

During our birth experience we once again at the hospital had a different midwife. She was attending to two other women during the labour and so we were left for long periods with just the student midwife who was not meant to help us. Once again, thank goodness she was there as she could get us assistance from the labour ward midwife when my husband and I had no idea what to do, what was going on or when help was really needed. While my labour positively progressed and I was able to deliver my baby with the support of my husband, the student and the midwife, it was the care immediately post birth that has had the greatest impact on me personally.

Two things happened that impacted the chain of events that lead to a grief process for myself. Firstly, I experienced a third degree tear and secondly there were concerns for my baby's breathing.

My tear physically has not had a significant impact and has healed very well with minimal scarring and no lasting impact. The emotional and psychological toll it took was in my separation from my baby. It took over an hour for the stitching to be completed. I was then left on a bed laying in my own afterbirth and blood for over an hour until the student midwife was able to return to me and assist me in getting cleaned up. It was then another two hours before I was assisted to go and see my baby. I required the assistance as I was so physically depleted and in pain from the stitches, to which I had no pain relief, that I was not able to stand or walk.

Furthermore during this period I had a manual management of my placental birth. During my labour I was asked to consent to assistance to birth the placenta. Not understanding what this meant I was under the impression that this would be an injection of syntocinon only. What then proceeded was an injection, minutes after the baby was taken away, forceful pulling on the umbilical cord and very heavy pumping of my stomach. After my stitching was completed I received periodic heavy pumping of my stomach with no pain relief or cleanup of the additional blood that I was laying in. I was not provided with information about what the process was going to be, just informed things needed to be done to my body.

The reason I did not have my baby was due to concerns for his breathing. After his birth, I was able to hold him for less than five minutes as this was the time taken for his umbilical cord to stop pulsating. He was immediately taken to a team of paediatricians and removed to attend the NICU. My husband and I were not provided with information about why there were concerns, what needed to be done to intervene, timeframes, expectations of outcomes and possible risks. Once again I was not supported to see the baby for four hours while my husband went in a panic between myself in the aforementioned state and our new baby who was hooked up to tubes and in a humidicrib with no explanation. We have since completed our own independent research into our baby's presentation and understood what treatment was provided and why.

We were not offered a birth debriefing or informed after the event of what interventions were completed to both myself or our baby. Independent investigations on our own part have needed to be completed.

Following our hospital discharge we were then informed by the postpartum care team that despite them servicing our area, they did not consider us to be of significant enough need to warrant them completing any monitoring. I was required to make several follow up phone calls to obtain one appointment in which the two ladies who attended decided that they did not need to complete a thorough check of myself or my baby due to us attending appointments with the gp. I had attended appointments with the gp as the postpartum care team had informed me on multiple occasions that they would not be able to complete care for me. While my gp is an outstanding doctor, he has informed me on a couple of occasions that he does not have a significant understanding of postpartum care and on some occasions has informed me that I have more knowledge than himself on a topic. This is inclusive of my experience of mastitis. I felt very let down by the complete dismissal by the postpartum team who did attend my area one day a week. This experience was exacerbated by my lack of informal support network which to my knowledge was clearly documented in my antenatal care and during my hospital stay.

I am currently drawing to the conclusion of my second pregnancy and am not inspired with much confidence as to my care or the care of my baby moving forwards. In my most recent antenatal appointment, the registrar completing the consult did not complete any medical checks of myself or the baby. Favouring instead to attempt to book me in for a cesarean and failing that, book me in for an induction. I have had to strongly advocate for the right to more investigations and sound medical evidence to inform the pathway of baby's delivery. The experience has left me concerned for the hospital's agenda for my birth/delivery as I do not have a medical reason to receive birth intervention.