

Submission
No 560

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

My name is _____, I live in _____ NSW, I'm 30 years old and I have a 2-year-old son. I am making this submission as I have suffered birth trauma as a result of my experience at _____ Hospital and would like to see change.

I believe that there are many small cuts that led to the large, gaping wound that is my birth trauma – here is my story.

At around 36 weeks gestation I had been sent for an extra ultrasound at the request of _____ Hospital – they were concerned that my baby was now measuring on the smaller side. I had been diagnosed with gestational diabetes at 28 weeks gestation and fought tooth and nail to manage it through diet. As a result, I lost weight, and therefore my baby was also not growing the same way it had before, albeit, still growing at a steady rate. I was summoned to the hospital on Wednesday 7 April 2021 for an appointment with a doctor. The first thing the doctor said to me was: "You need an induction." This information took me by surprise; I certainly didn't want an induction and I also knew of the 'cascade of interventions' which I was actively trying to avoid. I burst into tears, unable to control my emotions. I was devastated by the news that the doctors – the 'professionals' – said that I needed to be induced. Upon seeing me in tears, the doctor quickly said: "Why are you crying? Inductions aren't that bad." He left the room, grabbed me some tissues and returned. I then asked: "Why do I need an induction?", to which he replied (something along the lines of): "it's just safer" and "mother's don't die in childbirth anymore – baby's do." I was given a pamphlet about inductions, temporarily booked in for an induction on the Monday (four days before my calculated due date). All of this happened in a blur. I had been sideswiped by a truckload of negative information with no other options.

I was asked to return to the hospital on the Friday to see another doctor, have an internal examination and get hooked up to the CTG to monitor the baby. This time my husband was able to join me and support me in asking more questions. We were told that: "The baby's abdomen has measured smaller than expected and that if left, the baby's organs and brains would begin to shut down". Once again, the notion of our unborn child dying was mentioned. We were beside ourselves. We had come so far; of course we didn't want our baby to die! There were no other options presented and that was that. We felt pressured and coerced into making such a life-altering decision. We were told to return to the hospital on the Sunday afternoon so that they could insert a Foley's catheter in preparation for the induction of labour on Monday.

On Sunday 11 April 2021, I arrived at _____ Hospital for the insertion of the Foley's catheter. We were 'forgotten' for 2 hours, as I sat hooked-up to the CTG machine. My husband was eventually able to track-down a nurse and we were told: "just go in here" – no admission process, just put in the first empty room.

After the doctor had prepared everything and my legs were in stirrups, he said: "the head doctor has looked over your file and scans. You don't actually need an induction, but we're going to do it because you're here."

Here I was, thinking that my baby would die if I didn't have this procedure done, only to be told that wasn't actually the case. I froze. I didn't know how to respond, and so the procedure went ahead.

After a painful 12 hours, the Foley's catheter was removed, the midwives came in to break my waters/rupture of membranes. This was an incredibly uncomfortable and rough experience, as it took multiple nurses each having a turn to 'get the job done'. I was hooked up to the Syntocinon and was told: "stay active, move around, you'll have this baby by the end of my shift." Contrary to this advice from the midwife, I was told I needed to be hooked up to the CTG in order to monitor the baby. My husband and I pushed the nurses to find the wireless machine so I could freely move and find comfortable positions.

After only a short time, I was told that I needed to be hooked up to the wired CTG machine, as the wireless one was not providing them with the information they needed. There I was, immobile, inactive and on my back. A total contradiction to everything I knew about an active and physiological labour. This position was the most uncomfortable, yet I was stuck there.

As the day progressed, the Syntocinon drip was constantly adjusted – up, down, up down, more, less, more, less. I was in excruciating pain and every time a midwife came in they insisted that internal vaginal examinations were necessary. Although I consented, I winced and pushed through, often screaming from the pain. One midwife said to the other: "she (me) really doesn't like these". These offhanded comments cut me deeper and deeper.

It was around this point in the day where I was finally admitted into hospital, almost 24 hours after arriving. None of the nurses up until this point had noticed or said anything. Neglected; another emotion to add to the growing list.

It came to a point in the afternoon where I could no longer manage the pain on my own. I was unable to move due to the finicky CTG machine and needed some relief. I asked for the gas to help manage my breathing and take the edge off the pain. I don't remember much of the next few hours of that day as I was completely and utterly in a daze, slumped in my bed. I became almost entirely non-communicative and midwives continued to perform vaginal examinations, supposedly with my 'consent', which amounted to no more than a grunt whenever I was addressed. I could barely open my eyes as I was hallucinating. This was particularly difficult for my husband to watch, as he kept trying to be my 'voice', but was constantly ignored. He had to interrupt and push his way into conversations about what was happening to me – as my support person, he was dismissed over and over.

Hours had passed, the gas had sent me into a spin and the pain was getting worse. My labour was 'not progressing', so I opted for the epidural to help me get through. While waiting for the anaesthetist, one midwife said to the other: "She (me) should have gotten the epidural hours ago". Another deep cut, etched in my memory forever.

The anaesthetist was kind and incredibly informative which made me feel much better. With the epidural in and the Syntocinon turned off (I was told it could only be used for 12 hours), staff became concerned that the baby's head was swelling and that his heart rate was dropping. We agreed to a fetal scalp electrode to help monitor the baby – although we were given no information about what we had just agreed to. The conversations were rushed and snap decisions needed to be made. A shift change saw another doctor come in and after yet another internal examination, she declared that an emergency caesarean was needed. Words we wished we didn't need to hear, but now our seemingly only option. We were eventually wheeled down to the theatre and I was prepared for surgery.

My baby was born at 11:36pm on Monday 12 April 2022. "It's a boy" we were told, yet I felt nothing. My baby was alive, but left behind was a shell, a body that needed to be stitched up. My son was immediately taken away from us, over to where the nurses perform their checks. I would later find out that he had scored a 9 on the APGAR test, he was totally fine, yet he was not with me. No skin-to-skin. Absolutely zero contact. He was taken off to the nursery so they could monitor his breathing and my husband followed. I did not get to see or hold my baby for two hours after his birth. What should have been the most magical bonding experience never happened. Over two years later and this is what still upsets me the most.

The morning after his birth, the same doctor who had said: "Why are you crying? Inductions aren't that bad" was there to talk to me about contraceptives. I promptly asked him to leave the room. The remainder of our stay in [REDACTED] Hospital was fine. The midwives were supportive and answered all questions. They helped with breastfeeding and showed us how to bath our baby. Finally, we were allowed to go home.

What would I like to see changed? Many things.

- Extra support and continuity of care for all women, particularly those with gestational diabetes (or any other condition during pregnancy).

I saw and spoke to so many different doctors and midwives that I didn't feel like I could trust anyone. There were no relationships formed and I didn't know who or what to believe. Easier access to programs like the MGP would be helpful to those going through more complex pregnancies.

- Caesarean births

I would like to see skin-to-skin contact available for all babies born via caesarean section, as well as options such as maternally-assisted caesareans.

- Bedside manner and use of language/terminology.

What hurt (and continues to hurt) me the most were the wording choices of staff. Being told our baby would die if I didn't get an induction; commenting on my choices of pain relief and responses to treatment. All are unnecessary and unhelpful.

- The role of inductions

The rate of inductions continues to rise, yet infant mortality rates stay the same. The very reason many people get pressured and coerced into an induction is not actually improving any outcomes.

- Informed consent

People need to be given all possible information before making life-altering decisions. The information needs to be readily available and accessible.

My birth trauma has affected me in ways that I still cannot fully comprehend – I have been forever changed by this horrible experience. I hope in many people sharing their stories of birth trauma that we can see fundamental change, so others do not have to suffer in the way that I have.

Thank you for your time.