

Submission
No 571

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I gave birth to my daughter on July 22 2020 at the [REDACTED] Sydney. I'm writing this submission because I sustained physical trauma giving birth, trauma which I believe could have been avoided had I been listened to in the week preceding my labour. Additionally, I also believe that staff shortages and a lack of adequate resources on the day I gave birth exacerbated the trauma and pain I experienced.

When I first discovered my pregnancy, I only weighed 43.5 kilos. I am a very petite woman and have sat at this weight level for most of my adult life. As my pregnancy progressed and I entered the 39th week, I voiced concern to my assigned midwife about my ability to undergo a natural birth. I was told not to worry, and that my "baby would be the right size for me." I didn't feel that this comment adequately addressed my primary concern: that my baby's size in proportion to my own would mean that she would get stuck in the birth canal during labour.

In the early hours of July 22, 2020, my waters broke, and I went to hospital. I was told that the birthing suite was full that day, so I was placed in the antenatal ward of the hospital where I waited for active labour to commence. The only pain relief I was given were two painkillers. I was told that pethidine/morphine could only be administered in the birthing suite.

Around 4pm that afternoon, my husband who had been with me since the early hours of the morning left the hospital to eat a late lunch. At around 4:15pm I entered active labour and being alone, I called for assistance. It took almost 45 minutes for a nurse on the floor to visit my room. By this point the painkillers which had been administered early in the morning had worn off and I was in extreme pain. I was taken to the birthing suite after 5:00pm, and I asked for stronger pain relief. I was told that it was now too late to administer either morphine or the epidural, and that the only means of pain relief available was the nitrous oxide gas (which made me very nauseous).

During labour, my baby's head became stuck in the birth canal, and I was unable to get the head to crown. At 8:00pm, my baby's heart rate slowed, and the midwife called for assistance. I was told that I would be given one final round of contractions to attempt to birth my daughter naturally and that after that, a medical team of obstetricians would intervene. I was told that the possible interventions were:

- A) the use of forceps
- B) an episiotomy
- C) an emergency C-Section.

I was also told that due to the late stage of my labour, I could not be offered anaesthetic/pain relief for any of these procedures.

By this time, I was exhausted and extremely distressed by my predicament. The pain was blinding. I was terrified that I would lose my baby, and I was desperate to birth her as quickly as possible. In the next round of contractions, I found the strength to push out her head. A pop sounded as she emerged. After she had been safely delivered, I was told I had sustained a 3B perineal tear. The obstetrics team told me that I would need to be taken into an operating theatre so that my perineum could be repaired.

The severity of the tear meant that my recovery from the labour was slow. My body was so tired from the events of the birth, that it couldn't produce any milk, and I was unable to adequately breastfeed my child. As a result, my baby became jaundiced. To treat the jaundice, I was told that I needed to consent to formula feeding my child. I was happy to give my consent, but the prevailing narrative was that I was signing the paperwork to acknowledge that I was formula feeding against best medical advice. The dogma surrounding "breast is best" made me feel like a miserable failure as a mother. No one had explained to me that milk production is often disrupted as the body recovers from the trauma of labour, and that this is both common and normal.

In the days following my daughter's birth, my assigned midwife (who hadn't been present at the birth) told me that the injuries from my birth had been classified as traumatic, and I would now be eligible for an elective S-section for any future births.

I understand that I gave birth during a pandemic and that hospital staff and resources were stretched. I also understand that for most women, natural labour is the safest way to birth a child.

I am not making this submission to complain. I am telling my story because I don't want understaffing or a lack of beds for expectant mothers to become the norm in NSW. I don't want other mothers to experience labour without adequate pain relief. And, I want the concerns that expectant mothers have regarding birth and their bodies to be taken seriously. We know our bodies, and access to adequate information about what can go wrong in labour empowers us to make decisions.

On the day I gave birth to my daughter, I felt that I had no choices. A lack of beds/resources meant that any ability to choose how my daughter would be born and how I would manage my pain were taken away. I want a better NSW health system for my daughter and her peers.