

Submission  
No 678

## INQUIRY INTO BIRTH TRAUMA

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Partially  
Confidential

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I make this submission to the NSW Select Committee on Birth Trauma. My son and I both experienced many layers of birth trauma during his delivery on 14 June 2018. There were also contributing factors throughout my pregnancy. The whole situation resulted in me being treated for post-traumatic stress type symptoms over 18 months after my son's birth.

It began with my booking in appointment at \_\_\_\_\_ Hospital. At this appointment, I very clearly specified that I had a previous lower back injury (including bulging discs and dislocated tailbone) with previous medical advice being that this injury might make it difficult for me to deliver a baby naturally. The midwife completing the paperwork appeared to note that on my record, and asked if I would still try for a natural delivery when the time came. I confirmed that I would like to try but would be guided by the obstetrician. I repeated this information again at my antenatal appointments, and again on the morning of birth.

During the booking in appointment, the midwife made comment on the fact that my husband and I were married – something along the lines of 'We don't get many married ones these days'. And when we reported to the administration desk to provide details for records, the administrative person asked if it was my first child. When I confirmed it was, she said that it was 'so nice to see normal age couples. You're the first mum I've seen today who's not 19 and onto their third'. Extremely inappropriate and didn't set a great tone for the professionalism of the hospital staff.

I was sick throughout my pregnancy and did not gain a huge amount of weight. My measurements were starting to fall behind and I was diagnosed with Intra Uterine Growth Restriction (which was assumed to be from my lack of substantial weight gain). Towards the end of my pregnancy, the midwife who had cared for me throughout at antenatal clinics was concerned that \_\_\_\_\_ growth was falling well behind. I had frequent ultrasounds in the last few weeks, but no issue with the umbilical cord was detected by the technicians during any of these sessions.

I noticed a substantial decrease in \_\_\_\_\_ movements in the 48 hours before his delivery. I attended the hospital for monitoring on 13 June 2018 and was told by the obstetrician on duty that I'd be induced the following morning. A 'stretch and sweep' was completed and I was sent home. None of this was really posed to me as a question – consent was not actively sought. I was simply instructed that I would be having an induction and that a 'stretch and sweep' was required.

When my husband and I attended the hospital at 6.30am on 14 June 2018, one of the very first things I said to the midwife who led me in was my concern regarding my back injury and potential for it to impact delivery. She assured me that an anaesthetist would be sent to see

me to ensure an epidural could occur if a c-section was needed. She reassured my husband that as a first time mum it would 'be hours before anything happens' and told him to go and get a coffee and some food. My husband left, a change of shift then occurred and that midwife left.

I was examined by the obstetrician on duty and it was found that I was already dilated. She advised that there would be no need for any induction medication. My membranes were artificially ruptured at 7am by the obstetrician (again, not really seeking any consent, just telling me that's what would happen).

Labour progressed very rapidly from there, with the heart rate trace often dropping. By the time my husband returned from getting his coffee I was in the active stages of labour. I repeatedly asked for an epidural or some other form of pain relief and was repeatedly denied. The delivery ward was very busy, and the obstetrician on duty did not stay for longer than a few minutes at a time.

As the heart rate trace kept dropping, the midwife called for the obstetrician. The obstetrician told me she was giving me an episiotomy. I did not consent. I couldn't even speak at the time for the pain. My son was delivered using controlled cord traction (vacuum). He was a rather small 2.81kg at delivery at 9.28am. Examination of the cord found a true knot – the explanation for his restricted growth and dropping heart rate during birth.

The following items stick out to me from the delivery:

- \* The midwife consistently ignored my choices and made me move to different positions / locations. I would find a spot labouring (e.g. on hands and knees) and she would make me move because it was 'too hard to see' or some other reason. She repeatedly told me I should 'get angry' and 'force the baby out'. Not exactly reassuring.
- \* At no stage was the option of a c-section offered, despite my repeat flagging of my back issues and the repeatedly dropping heart rate trace of my son. When I asked if one was possible just after my membranes were ruptured, I was told it was 'too late'
- \* The obstetrician on duty (who had ruptured my membranes) was busy delivering another baby. Another obstetrician (I believe a junior/trainee) was called up to the birthing suite from the maternity clinic. She made it very apparent on entry to the room that delivering my baby was interrupting her busy day. The exact words have stuck with me – as she pulled her gumboots on and put on a plastic apron she said 'I have better things to do than be here right now'
- \* A tradesperson was roaming on the patio directly outside the delivery room. With only sunscreen blinds on the windows, he was afforded a clear view of me – naked and in stirrups. When I protested, the midwife began raising the blind to open the door to talk to him, making the invasion of privacy worse
- \* No pain relief, aside from a pudendal block immediately prior to the episiotomy, was offered despite me screaming in pain, shoving my hands under my back so hard I dislodged my

cannula, and begging for pain relief. I initially was offered gas, but this was removed from me by the midwife who told me I 'needed to focus'. Both me and my husband repeatedly stated that the pain was from my back injury, but I was discredited by the obstetrician and told what I was feeling was 'labour pain'. When I cried that I could feel what they were calling 'labour pain' and I wasn't worried about that, I was talking about my back, I was outright ignored

\* The vacuum was not applied only during active contractions as per best practice. The obstetrician was pulling the entire time with urgency to get the baby out, but with no regard for me. She literally ripped the baby out of me

\* The obstetrician, while I still had my legs in stirrups as she stitched the episiotomy cut and tearing she had imposed on me, said casually to me that, because I'd delivered so quickly for a first-time birth, I was 'a natural' and she expected to see me 'in 18 months or so for the next one'

\* Because a true knot is relatively rare, the obstetrician and midwife went and got their colleague to 'have a look'. This resulted in multiple people traipsing in and out of the delivery room following the birth – none of whom asked permission to enter

The following items stick out to me in the days immediately following:

\* The obstetrician who delivered my son, accompanied by an older gentleman, came to my room on 15 June 2018 during 'quiet time' when no visitors are allowed, and my husband was not present. They came while I was alone, vulnerable and in no right mind to respond logically, still in shock from the events of the previous day and sleep-deprived from a newborn. They stood at the foot of my bed and asked me if I understood that what the obstetrician had done during the delivery was 'medically necessary'. I could do nothing but nod – how could I argue in such a circumstance?

\* While I was concerned about the swelling on my son's head from the vacuum delivery, the staff in the maternity ward repeatedly told me it was normal for vacuum babies to be swollen and it was nothing to be worried about.

We were discharged and went home on 17 June 2018, with the swelling on my son's head gradually decreasing. On 27 June 2018 we attended the Emergency Department, as we had found a substantial lump on my son's head – made evident as the overall swelling decreased. My son was sent via air ambulance to [redacted] Hospital and placed in the NICU for several days while tests were run. The lump turned out to be a haematoma sustained from the force used during delivery and required multiple follow-up appointments with the [redacted] Hospital Neurosurgery Clinic. At the final appointment with the Neurosurgery Clinic, Dr. Peter [redacted] stated that the appointments were to check, not just that the haematoma was healing appropriately, but that my son was not showing any signs of neurological impairment as a result of the vacuum delivery. This was a major shock, as no one had previously mentioned any potential for neurological problems. Dr. [redacted] said my son showed no signs of any issues, but that we would need to monitor his development and report to [redacted] Hospital if any issues presented over the next several years. Luckily, so far to date, none have. However, the lump on his skull has calcified – a physical reminder of what he went through.

I was left with substantial internal muscle and ligament damage from the force used by the obstetrician to deliver my son. When I raised my concerns regarding my pelvic pain during outpatient follow-up at my home, it was discounted by the attending midwife simply as regular 'delivery soreness' that would abate. It did not. I ended up attending physiotherapy sessions with a specialist women's health physiotherapist for many months following the birth (at my own cost and own enterprise – no doctor or hospital advised me to seek this care). I had substantial issues including a dislocated sacro-iliac joint. This was attributed to damage sustained to my pelvic ligaments during the birth. I was eventually able to access treatment for the substantially damaged ilio-lumbar ligament in 2021 – again only by my own enterprise, forcing the issue to be referred to appropriate specialists, and at my own cost. I am incredibly fortunate to be in a position to advocate for myself like this, as well as to be able to afford the medical care I required privately. Many others are not and I have great sympathy for their suffering when the public medical system should be caring for and resolving issues for these mothers.

All of the above has left me, and my husband, traumatised. My husband, who previously wanted several children, was reduced to being so helpless and completely ignored despite his best efforts to advocate for me and our baby. Despite obtaining psychological help for the post-traumatic type symptoms, I still have a strong visceral reaction to anything birth-related.

At the urging of my counsellor, I sent a letter to the \_\_\_\_\_ Maternity Unit manager and head obstetrician in February 2020. This letter was ignored for many months until a new Unit manager commenced. To her credit, she found the letter and arranged a meeting between me and the new head of obstetrics for \_\_\_\_\_ Hospital in late 2020. To the new head obstetrician's credit – Dr \_\_\_\_\_ – he talked me through the whole process and assured me that the unit would take learnings from my experience. That was somewhat comforting to think that speaking up might help another mother not suffer as I did. It is why I am also making this submission – if any small changes can be made to ensure that birthing mothers are not subjected to such trauma it is worth it.

There are substantial improvements that can be made to help:

- \* Better rostering/resourcing to ensure adequate availability of obstetricians and addressing fatigue levels in midwives
- \* Providing post-natal pelvic care to birthing mothers
- \* Compassion education for all providers
- \* Shifting the clinical paradigm from safe delivery of the baby, to safe delivery for baby AND mother