

Submission
No 657

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I have lived and worked in ████████ NSW for the last 7 and a half years and have had two births through the public hospital at ████████ Hospital since 2020.

In 2020 I fell pregnant with my first child, and was lucky enough to be able to access publicly funded continuity of care through my pregnancy with experienced midwives through the ████████ Midwifery Group Practice at ████████ Hospital, despite some impacts due to the onset and development of the COVID-19 pandemic.

At 37 weeks, I was diagnosed with pre-eclampsia and was booked in for an induction for 10 days later. During this time I was encouraged to have 3 ineffective and painful 'stretch and sweeps' in an attempt to induce labour prior to the induction. During the induction process I experienced several instances where I was not asked for consent or my clear wishes were ignored. My plan had been for an active labour with as minimal intervention as possible, and had discussed this still being my preference during my induced labour with my group practice midwife.

By the time the scheduled date of the induction arrived I was given a vaginal examination prior to the planned insertion of a Foley's catheter. During the examination it was found I was already 3cm dilated, so the obstetrician chose to use Cervidil tape to augment the dilation. I stayed overnight at the hospital, and the next morning I returned to the delivery suite for the induction. When I was examined again, it was found that I had progressed to 4cm. I then had my waters broken manually, and then was quickly hooked up to a Syntocinon drip. The attending midwife started the dose of Syntocinon higher than the normal initial dose because I was already dilated.

I immediately began to feel very intense contractions and I laboured for just over an hour before delivering my daughter. I initially retreated to the bathroom to labour on the toilet, but was asked to come out from there by the attending midwife as the CTG monitor was slipping. I then requested to labour on the floor on hands and knees, but this request was denied as floor mats had recently been used by another woman and were still being cleaned. I wasn't given the option of labouring on towels or similar until the mats were available, and instead was instructed to get onto the bed. In this elevated position I felt incredibly unstable so was moved onto my back and my feet placed in stirrups. I then began to push, and delivered my daughter while sustaining a 3c perineal tear. Soon after I felt a stab in my thigh as the midwife injected me with Syntocinon to begin the active management delivery of the placenta. I was not informed that this was going to happen or asked if I was ready to begin.

A doctor was called in to assess the tear. The cleaning and assessment of the tear was incredibly uncomfortable and confronting and was the only time in the process that I requested pain relief (gas). I was informed of the tear and told I had the options of going to theatre for surgical repair under general anaesthetic or having it repaired in the room under local anaesthetic. I repeatedly asked to be taken to theatre, but was told that it was actually now just going to be done in delivery room under local anaesthetic because one of the obstetricians had a 10 minute window where they could do it now and there was no time to go to theatre.

During this whole process there were several points where I was not asked to consent to procedures before they were done to me, or was coerced into decisions that suited practitioners but were not what I had wanted.

In hindsight, I was treated as if all the interventions that can be involved in an induction of labour were necessary, rather than tools to assist where required in that process. Upon discovering that I was already dilated I believe I should have been given the option to wait and see if I went into spontaneous labour in the next day or two, as my blood pressure and blood test results indicated that I had been continually stable during the 10 days since I was diagnosed with pre-eclampsia. I also believe that I should have been given the option to wait 4 hours after my waters were broken manually to see if that encouraged contractions. It was inappropriate and unnecessary to immediately hook me up to the Syntocinon drip, and particularly to turn it up to a dose above the minimum from the outset.

My wishes were then ignored during labour regarding position and I was not supported to have the active labour that I desired. I believe that ending up on my back in stirrups, combined with the multiple interventions during induction to 'get things going' contributed to the severe perineal injury that I sustained.

I was then denied surgical repair under anaesthetic as I had requested, and instead was subjected to a painful, confronting and ultimately traumatic repair under local anaesthetic. Not only was I coerced into accepting this approach to suit the schedule of the obstetrician rather than my wishes, I went on to experience perineal nerve pain and painful spasms for 12 months following the birth.

Following the birth I experienced significant anxiety and required urgent psychological assessment and treatment. The nature of my birth experience contributed significantly to my post partum anxiety, inhibited my ability to bond with my daughter in the first few months of her life and left me ruminating on particular events (particularly those where I was not listened to) for the best part of 12 months. I was also in consistent physical pain and required many sessions with a women's pelvic floor physiotherapist over the subsequent 2 years. The financial burden of continually needing to see these specialists has been significant.

12 weeks ago I gave birth to my second child. I'm pleased to say it was a much more positive experience this time. Again I was cared for by midwives from the [REDACTED] Midwifery Group Practice. I am incredibly grateful that I could access publicly funded continuity of care during my first and second pregnancies, and very much appreciate the care of these professionals. However, due to my experiences in my first pregnancy and birth I found myself compelled to do a large amount of research to be able to make informed choices and advocate for myself effectively in the hospital system. It seems to be how the system is set up, but if you want to be able to make informed choices you basically have to do a mini degree in midwifery to be able to arm yourself adequately with this knowledge. That is a big ask for any woman, and would be much more challenging for birthing people with less scientific literacy and resources than I have to seek advice and support from allied health professionals.

Unfortunately I sustained another 3c tear with my second birth, but I'm happy to say that this time my wishes were 100% listened to by both midwives and doctors. I was taken to theatre

for a surgical repair and received excellent emotional and medical support and follow up from the midwives in the ■ MGP. 12 weeks on I am feeling much less pain than I was 12 months after the birth of my first.

Birthing people need to be listened to and their wishes and preferences need to be seriously respected and considered during pregnancy, birth and post partum. I have been privileged to access midwifery continuity of care - something that I strongly believe all birthing people should have access to for emotional and physical wellbeing during this transformational period. At the same time, I have experienced the limitations of birthing in a hospital context where preferences and best interest of the birthing person are often not prioritised.

Thank you for the opportunity to make a submission into this important inquiry.