Submission No 697

## INQUIRY INTO BIRTH TRAUMA

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## Partially Confidential

My name is Sonia, and I am writing to the Committee on behalf of myself and a close friend. Our babies were born 5 weeks apart, to the day, and I was present at the birth of her son as an additional labour support due to her husband's mental health challenges.

During pregnancy we are taught that there are a select number of mammals that can stall, or stop, their labour if they feel unsafe. We are taught that this includes humans. We are also taught that the best place to labour is at home, in our safe space. Midwives hold this knowledge as sacred, and yet seem to be bound by rules that prevent them from making labour a safe space.

My friend and I both journeyed our pregnancies with hypertension and gestational diabetes, hers more severe than mine. We were both recommended induction, a process neither of us wanted. We did everything we could to encourage spontaneous labour. We both did multiple rounds of acupuncture, stretch and sweeps, walking, bouncing, anything to encourage our bodies to go before term. We both held the knowledge that often induction fails and women are whisked away to an emergency caesarean. When I found out I had GDM I was told by a midwife that I wouldn't be allowed to go past term. My Endocrinologist encouraged me to push back on this as he believed I was perfectly safe to progress naturally, unless my condition got out of hand.

In the last 6 weeks of my pregnancy I was closely monitored for preeclampsia due to my slightly elevated blood pressure. Not once did I have protein in my urine and yet I was deemed too risky to deliver without induction. There was talk of transferring me to another hospital, even though I was well managed. While the midwives understood I was desperate to allow my body the chance to progress in its own time, I had a Dr. try and get me to go in early just because it suited their schedule. Each step along the way wore me down, having to justify myself and my birth experience.

My friend went in for her induction, alone. She did all she could to endure the night and early morning. I arrived at midday the following day. She'd done so well and was weary. We worked as a team, the three of us and the midwives, to allow her to move and progress through labour. But she was weary, and the syntocinon caused her contractions to come hard and fast with little rest in between long before she was fully dilated. Her husband encouraged an epidural, and she agreed. She drifted in and out of consciousness on the gas and air in the meantime. An anaesthetist was called and eventually he arrived. His manner was outstanding and he worked with her through unending contraction after contraction. Finally, rest.

Once she was finally dilated and ready to push she progressed for I believe half an hour, when suddenly the registrar walked in wearing his regular street clothes. Immediately we felt he was unprofessional and domineering. This man did not understand informed consent, no matter the urgency. He wanted to assess her ability to push as he decided she was taking too long. He then said that it would be an assisted delivery and either vacuum or forceps. At no point was there any discussion or explanation, other than when I spoke up on her behalf and asked her if she was comfortable. He stated it was not her choice regarding the method and instead he would decide. Forceps was the method chosen, and after a time he suddenly announced he would do an episiotomy and cut before she or her husband had a moment to

process. He indicated no urgency in regards to the baby's safety. If he had done so she would have been less traumatized. Baby was quickly delivered and whisked aside for care and assessment while she lay sobbing. The Dr took an extremely long time to stitch and we now understand that she began to tear so he made the decision to cut. Again, if he had simply stated in the assisted delivery conversation that he may make that decision her trauma would have been reduced.

After he was born her aftercare was almost nonexistent. She was left without her antidepressants for days. She had trouble breastfeeding and was given inadequate (if any) support. Her wound became infected. It would heal, repair, and split open. Once home she could barely move. Weeks passed and she knew she needed care from the hospital but was absolutely terrified of being cared for by the same doctor. This is not ok.

Five weeks later, after desperately trying to bring on my own labour, I checked in for my induction. I hoped I'd progressed enough on my own to not need chemical assistance, but I was barely 1cm at that point. I was given the cervidil suppository and left to my own devices for the evening. My roommate had the same method and I could hear she was having a rougher night than I. In the morning I was checked and had not progressed enough, while my roommate was sent to the birthing suite. I was checked again at midday, this time by a doctor. She did not perform the check properly and removed the suppository. Due to the nature of this kind of induction I was left with nothing. They could not replace it. I heard a midwife yell at her, and I broke down. I sobbed with a midwife who told me I could withdraw my consent at any time but I didn't know what to do. I was already tired and overwhelmed. I walked around the hospital grounds with my husband hoping to do something to help my labour establish on its own. In the evening the decided to attempt the balloon catheter overnight, but as much as they tried they could not insert it past by baby's head. Instead they performed one more stretch and sweep, provided me with an exercise ball for the evening and wished me well for the night.

Day 2 I had dilated enough to have my waters broken. I had hoped to have some time to try and establish on my own but they immediately hooked me up to the drip. But by bit they pumped up the strength. Having been present at my friend's labour weeks earlier I knew that the amount they were pushing was well beyond what she had. I begged for a break as I sat in the shower barely able to breathe and they refused firmly telling me it had to keep going, but not once did my body have a chance to try on its own. I reached breaking point and screamed. I couldn't stand, but I didn't want to leave the shower. I had requested sterile water injections for pain management but not once were they offered. I broke down and asked to be checked, knowing that it was somewhere around midday (having started sometime before 7) and if I was only halfway dilated I had no chance of lasting at that rate without assistance. I was only 5-6cm, and although I desperately wanted to avoid it I requested an epidural. As we waited for the epidural my carpel tunnel syndrome flared to the point my hands completely froze in a claw pose. No one informed me the risk of this complication with induction. I was terrified, immobile on the bed, begging for something while I waited. Gas an air wasn't doing enough and I could no longer hold the device in my hands. My husband was terrified. I begged for morphine and I begged to die. I later learned my husband had to leave the room, unable to watch me in such agony. He thought I was going to die. I remember through a drugged haze

cutting the midwife off as she talked through the morphine dialogue and told her to just do it. A student midwife held my hand and applied heat packs to help ease the swelling. Slowly the morphine took effect and I came to, and the heat worked enough to gain movement again.

After some time the anaesthetist arrived. He was wonderful, with outstanding bedside manner and worked with me through contractions. It was a perfectly effective epidural. I was able to feel sensation without pain, evenly applied. Finally I was able to rest. My midwife assisted me in the best positioning with props to allow gravity to assist labour while I was able to sleep. By then I was 7cm. This young midwife was wonderful and supportive and listened as I updated her. She worked with me and when I mentioned certain sensations she trusted what I was feeling. I indicated I felt I was fully dilated and she trusted me and checked. Sure enough it was time. After a quick conference with the registrar it was decided I would have an hour of passive descent. She propped me again with a combination of tilting the bed and a peanut ball.

Her name was **Sector**. She coached me and encouraged me as I pushed, telling me I was doing perfectly. She listened with I said I didn't want to be in stirrups, and instead she held one leg and my husband the other. As baby continued her descent and was almost out I said I felt her squirming and pushing. She could see it too and said she'd never seen that before. We soon found out why. My baby had the cord wrapped around her neck twice. It later was found the CTG was picking up my heart rate, not hers. The paediatrician who was on standby due to my GDM and hypertension rushed in with a mass of midwives as she landed on my chest briefly before being whisked away. I heard them speaking about her condition. About her colour. My husband sobbed, thinking she was dead. My heart told me she was ok. I lay there delivering my placenta while I prayed she would breathe, calling out to her to cry.

No one told me her apgar at birth. They told me she was ok. She was in my arms and I held her close. No one told me I was close to losing her. I didn't know until I nervously checked the blue book over a month after she was born. 3. Her score was 3. She was in respiratory distress and no one said anything. I realised that squirming I felt was her struggling to hang on to life, trying to escape her noose.

My friend is now so traumatised, and without adequate mental health support, that she doesn't think she could ever have another baby. I would like to, but I intend on hiring a doula to help fight for me when I am most vulnerable. I have spent months coming to terms with what happened. It is external professionals who have helped me appreciate that my experience was in fact traumatic. I have flashbacks from time to time. We held each other through our postpartum experience because no one else did.

We did not feel safe. We felt we had no options. We were let down constantly by lack of communication, coercion, and doctors so jaded by what they do every day that they forget about the individual lives that are forever changed by their experience for better or worse. It should not have been up to me to guide my friend through the birth of her child while we were in a hospital.