

Submission
No 713

INQUIRY INTO BIRTH TRAUMA

Name: Mrs Georgia Condie

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Partially
Confidential

My name is Georgia Condie. I am 28 years old and live in Sydney NSW. The birth of my first child in April 2023 was traumatic. I received care through Midwifery Group Practice (MGP) at Hospital. My pregnancy was low risk and uneventful. I desired a physiological birth as much as possible.

My midwife was a great support and advocate for me and I felt safe in her care during pregnancy and labour. The limitations of the MGP program meant that I did not have a known midwife present for all of my labour. My known midwife was with me for some of my labour, but I was handed over to a delivery ward midwife when her shift hours maxed out, and there was no one else from MGP on shift that day.

I was 9cm dilated when handed over to a delivery ward midwife. I had never met her and she was a stranger. I didn't feel like she made much effort to get to know me.

After 12 hours labouring in hospital I was 9cm dilated and a doctor was called for review. I had never met this doctor and felt she was quite abrupt. She did not provide evidence-based, unbiased information for me to make an informed decision. She was very pushy and told me I needed to have an epidural which I did not want or alternatively go for a c-section.

I felt that I had to take the epidural or I wasn't going to have any chance at a natural birth. I did not feel empowered as I had in every moment before this. I did not feel that I was safe and I did not feel that I could have time to consider my options. It was clear to me at this point the doctor's desire was for me to go for the c-section. I felt coerced to take this intervention without time to consider alternatives.

I was given the epidural and left to lie on the bed. I was feeling defeated, deflated and was not offered any support in this. The lights were turned up bright and someone said 'these don't need to be dim any more'. It felt like everything I had wanted was over.

A short time after the epidural, my baby's heart rate dipped (likely following epidural). With some manipulation it stabilised, but the doctor came back and said that we needed to go for a c-section urgently and she would give me no more time. I felt confused as things had stabilised. I asked if I could talk with my husband about it and she told me it was urgent and there was no time because my baby was so distressed. I do not feel that I gave informed consent for this procedure as the risks were not explained, and I was shoved a form to sign with no time to think.

There was then an urgent rush and the room filled with people. I was rushed to the operating theatre alone, and left without my husband who was putting on scrubs. After this initial great urgency, I was left lying alone on a bed outside theatre for an hour. There was no-one monitoring my baby, who I had been told was very distressed. There was no communication with me at all. I did not know what was going on and I felt afraid for my baby.

I was eventually taken into the operating room and I have never felt so alone or unseen. The staff in theatre were having a conversation about plans for a day off. It was all supposed to be urgent and yet there was space for a casual conversation. I was left to feel as if I wasn't there and what was happening to me was not at all significant to these people. There was tension amongst some staff and I heard passive aggressive comments made between them.

The porter who had transported me to surgery stood in the corner of the operating theatre watching everything including whilst I was lying naked having my pubic hair shaved. My own husband was left to stand outside during this time. My husband had been a great support partner and had been by my side at every point up to this. It was distressing to be separated. I was crying and felt no one was there to care for me.

I was feeling very unwell during surgery with dizziness and shaking. I found out days later I had lost 1L of blood. I felt like no one took care to include me in the c-section at all which has left me feeling as if I was not included in the birth of my child. I never saw my placenta which was important to me.

During the end of surgery I heard people saying things like 'is she okay?' and 'are we waiting for her to come back?'. I later found out the doctor had become unwell and needed to have a lie down. No one told me what was going on. This was distressing.

I felt there was tension between the midwife and doctor in the operating theatre. The midwife asked the doctor to do a vaginal examination before going ahead with the surgery. The doctor did so but was very abrupt and aggressive in her reply. In recovery I asked the midwife about what happened during surgery with the doctor leaving, the midwife said the doctor shouldn't be doing night shifts any more (The doctor was visibly pregnant). These comments felt out of line.

The doctor came to the ward to debrief with two other doctors I hadn't met three hours after surgery. At this point I hadn't slept for 4 days. There was also a midwife there helping me to feed the baby. The doctor became quite impatient and felt quite passive aggressive 'maybe I'll come back another time'.

She returned the following morning, before my husband was allowed to return to the ward. I was in a shared room and hadn't slept much that night either because the other baby in the room was very upset.

This was my only opportunity to talk to her about what had happened and decisions that were made. There was no privacy due to the shared room. I was still in a state of shock and absolutely exhausted. She told me that the reason for my c-section was that I had not progressed in labour. I was shocked and confused as I had agreed to go for the c-section as she had told me my baby was distressed. I tried to query this but she wasn't interesting in answering questions. It felt that she changed the story to suit her. I would never have agreed to a c-section based on failure to progress alone and I was not given the opportunity to discuss this. My discharge notes however

stated fetal distress as the main reason for c-section. I have never been given a clear explanation for why I needed the c-section which has left me confused.

I was very teary on the ward and I felt that no one cared enough to talk to me how I was feeling. During midwife home visits from the MGP team, I felt that they weren't able to talk about what happened because they weren't at the birth.

8 weeks after the birth I went back to the hospital for a debrief meeting. This felt to be a pointless exercise as it was obvious the consultant doctor had not reviewed the notes and made no attempt to answer the questions I had sent in ahead of time. He made comments such as "I have been delivering babies since before you were born" and "A woman like you who needs things to go your way, I'd tell you to have an elective c-section next time.". I have been unable to talk with the doctor or midwife who were present at the birth.

This experience has negatively impacted my bond with my baby. I feel that I am mentally still recovering. After a beautiful labouring experience I feel like I wasn't present at birth if my child and I felt that people did not treat me with respect and dignity. It has taken many months for me to feel a connection to my baby. I still have nightmares and find myself lying awake at night wondering why things happened the way they did and what I could have done to change things. This experience has negatively impacted my mental wellbeing and left me feeling distressed. I wish that I could have been stronger to advocate for myself.

If the doctor had stopped along the way to communicate and give space for me to understand, then the same events could have happened and it would not have been traumatic. It felt that she failed to consider me and my wishes at the birth of my child.

From my experience, my recommendations to the inquiry are:

- I would like to see MGP programs expanded so that all women have access to these services and have a known midwife present for their pregnancy, labour and birth. Even within the program, I still missed out on this.

- I would like to see debriefing done in a useful and timely way when things don't go to plan there is opportunity to talk at a time the women feels right.

- Shared rooms on postnatal wards should be phased out. Women should not be left alone with their baby under these circumstances, especially after a traumatic birth.

- I would like to see education for all birth workers on these issues and retraining where care providers have failed in these areas.

- I would like to see legislation in place around informed consent.