

Submission
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INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

I'm an American labour and delivery registered nurse. I came to this country in Feb of 2022. Upon entering the country, I was informed that there was a young woman living across from my family that required assistance. She was pregnant with her first child, had fled a domestic violence situation, and had no one to support or educate her through this process. Having supported hundreds of families and individuals through labour and delivery, I was keen to provide education and support to this young woman if that is what she desired.

We were introduced and she emphatically stated her desire that have me be her doula/birth partner. When we met she was already 36 weeks pregnant. We began prenatal education and wrote a flexible birth plan. I was also excited because it was my first opportunity to see how the Australian birth system worked. I had been planning to finish my master's degree in midwifery here once my partner visa had finalised.

The night she went into early labour her back of waters broke. Her contraction were quite spaced out, about 20 minutes or more, so she was encouraged to try to sleep. After a couple hours rest, a fire alarm went off in our building, scaring her, and stalling her labour. The following morning her contractions were even more spaced out and she called the labour ward. The midwife she spoke to told her she had to come in within 24 hours after her waters broke to be induced and have antibiotics. We tried many natural ways of encouraging contractions, but nothing seemed to work.

We arrived at the birthing unit at 10 pm. This young woman was given a saline lock for antibiotics and her baby was monitored using CTG. She was told that she would be the first to be induced in the morning. Additionally she had to stay in the "pre-labour" room which consisted of a single fold out chair, the monitors and a stretcher style bed for her to sleep on.

Coming from a trauma background, she didn't want to be separated from me, as I had become her safe person. Neither of us slept that night. She was still painfully contracting every twenty minutes. She was checked on twice in the night by midwives. Both times were to adjust the CTG monitors and to give her antibiotics. She wasn't even offered water while in this room.

The following morning at 6 am, she was moved to a birth suite. The midwife assured her that she was the first to be induced. Once arriving in the room, she was given more antibiotics and told that breakfast would come and the induction process would begin. That was the last we saw of any midwives that day. Every six hours I went out to the nurse's station to remind who ever was there that she was due for her antibiotics. I would ask if there were meals available to her. I was told food would come later, every time I asked. In between supporting this young woman through painful, drawn out contractions, I would go fetch her meals from the cafeteria downstairs and bring her water and juice. Nothing was given to her by medical staff for over 24 hours, except for the antibiotics that I had to push for.

By evening, we were told that the staff had gone on strike and that they might be able to start her induction that night.

As a medical professional, I was appalled by her treatment thus far. But I was attempting to remain hopeful for both our sakes. Once her induction began, we had been at the hospital for over 36 hours. This young woman was exhausted from no sleep the previous night. Once the

pitocin was started, it immediately slammed her into contractions that were occurring every 2 minutes and lasting at least a minute in length. She was suffering and unable to cope. After many hours of this she received a vaginal exam, without consent, and found to be 3 cm. She asked for an epidural, hoping to rest. An anaesthetist was called and arrived some hours later. The first attempt at an epidural failed. She received no relief and a consultant was called to perform a second one. It took a couple hours for the consultant to arrive. During this time, the young woman begged to have the pitocin turned off. She was also crying out for a c-section to end her agony.

I have witnessed hundreds of babies come into this world. Never had I seen someone treated in such a way. After the second attempt of an epidural, the consultant did an epidural puncture and she had a pool of blood being held back by the clear tegaderm dressing over the site. Again, she had no pain relief.

She was told the pitocin had to be turned back on to get the baby out. She went right back into the one contraction every two minutes lasting more than a minute pattern she had before. She began pleading for a c-section again. An OBGYN came into the room. She stood over the young woman lying in bed and shouted at her that she was too young for a c-section and that they had to keep the medicine going because it was the only way to get the baby out. She then turned and left. I was absolutely shocked. How could anyone yell at a young person, crying in pain, confused, and suffering? Where was her compassion? Her professionalism?

After the OBGYN left I pulled aside the midwife. I asked her to kindly ask the OBGYN to come back into the room and listen to this young woman's concerns. Allow her to talk, and respond to her in empathy. The midwife reluctantly left the room to have a conversation with the OBGYN.

During her entire labour her blood pressure had been elevated. She had +2 edema in both lower extremities and swollen hands and face. Every time the blood pressure was taken, I asked what was being done about it. They said they would just watch and wait. But the pressure never went below 140/90 and she remained swollen.

An hour later the OBGYN came back to the room and stood over this young woman silently with her arms crossed. I encouraged the young woman to speak, as she was feeling scared. She then pleading with the doctor to have a c-section because of the pain and that she was exhausted. We are now over 50 hours into this labour.

The OB stood there and then said that she wouldn't be performing a c-section on her because her baby was tolerating labour just fine. Then she turned and left the room. This young woman was inconsolable.

A few hours later another epidural was performed. This one seemed to be working and she was able to sleep. I laid down to rest also. Within two hours she was wide awake crying out in pain. Whatever the anaesthetist had done had worn off. Some time later she was given another unconsented vaginal exam and found to be ten cm. She was told she had to wait for more staff before she could push.

The same OBGYN that had yelled at her entered the room and stood in the corner to observe. Even though she had the urge to push, she was only allowed to push until staff arrived.

She was instructed to perform closed glottis pushing, also known as purple pushing. Her baby was born within 20 minutes. Exhausted, and traumatised, she could barely hold her daughter and feared for her safety. This was a reaction to her not feeling safe and being traumatised throughout her entire experience. I left a couple hours after delivery. I had hoped that she would be cared for by the postpartum staff better than the labour staff. I also had five kids to get home to, and I had been gone for over 60 hours with this courageous momma.

She was released 24 hours later. She still had high blood pressure, she was still swollen, and she had not had the breastfeeding support that she needed. I was shocked to see her back at our apartment complex. She was so swollen, unable to wear shoes and her face was very moon shaped. She told me the midwives said to have a local GP check her blood pressure in the following days.

As a nursing professional, this seemed to me like negligence and someone choosing to pass on the “problem of her elevated blood pressure” to someone else. To me, she was obviously preeclamptic and needed to be treated as such.

Taking her to the GP the following day, her blood pressure was found to be over 150’s over 90’s. She was given a couple medications and told to come back later for another check.

Three days later, this young woman called me and said she was feeling quite unwell. I took my equipment with me to take her blood pressure and went to visit her. She was laying on her right side on the couch, her baby in the bassinet beside her. She could barely open her eyes and her speech was slurred. I checked her blood pressure and found it to be 180/100. I immediately called 000.

On the phone she began to deteriorate further. She developed left sided paralysis and was confused. Once the ambulance arrived, the paramedics took her blood pressure and it was now 200/110. I rode with her in the back and my husband took care of her baby.

Arriving at trauma center, I asked if the stroke team had been called. She received prompt and excellent care by the many team members working to bring her back from the brink of death. She remained in ICU for several days, and she was diagnosed with severe eclampsia. She was unable to have her baby with her until they transferred her to the maternity ward some days later.

As a care provider, I am unable to express how inhumane and traumatic this experience was for this incredible first time mother. I feel traumatised as well. I had thought working as a midwife in this country would be different. But as I do more research, I have found that if I was to be a homebirth private practicing midwife, I have to put 5,000 into this system first. I can’t even fathom working in this broken system for one shift, let alone 5,000 hours.

Now I am looking at oncology nursing or palliative care, because this system has me absolutely baffled. I hope and pray that change comes and that this inquiry does a deep cultural shift within the fabric of the birth world.