

Submission
No 753

INQUIRY INTO BIRTH TRAUMA

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Date Received: 10 August 2023

Partially
Confidential

My name is Kate Webber, and I am a 32-year-old wife, mum, personal trainer and business owner living in the Shire.

I am writing this submission to the inquiry off the back of my own experience of birth trauma, in the hopes that other mothers will not be subject to the same experiences.

I will address terms of reference a) the experience and prevalence of birth trauma; b) (iii) the availability of, and systemic barriers to, trauma-informed care being provided during pregnancy, during birth and following birth; c) the physical, emotional, psychological, and economic impacts of birth trauma; d) exacerbating factors in delivering and accessing maternity care that impact on birth trauma for people in regional NSW; and i) any legislative, policy or other reforms likely to prevent birth trauma.

My experience of birth trauma

I had a textbook, normal pregnancy, with no complications, and when contractions began at 40 weeks I went into my local hospital a happy, healthy 29-year-old woman, ready physically and mentally to birth my daughter.

I had engaged a private obstetrician, who I believed would be present at my birth, however when I arrived at the hospital I was assigned a locum obstetrician who I had never met before.

There was no attempt made to build rapport with me, and I lost confidence in the obstetric expertise available at the hospital. I felt confused, powerless, and scared.

After 22 hours of labour in the hospital I had only dilated 3cm, and was told I could continue with an epidural and oxycontin drip, or have a cesarean. After discussing the options with my husband, we chose the cesarean.

Approximately 1 hour after making the call to have a caesarean section I was wheeled to theatre where I was given an effective spinal block.

After my abdomen was closed the obstetrician told me I had had a minor bleed and lost about a litre of blood, and that this was all ok. My husband and baby were taken to the ward and I was told I would meet them after 20 minutes after recovery.

Once in recovery I began to dip in and out of consciousness. I remember hearing the anaesthetist and the anaesthetic nurse discussing how my cesarean was conducted; I later asked about this in a debriefing and was told my uterus was outside my body for longer than they considered normal.

The anaesthetic team had growing concerns over my condition in recovery, and believed I was bleeding internally, however, those concerns were not shared by the obstetrician who had operated on me.

After a heated discussion the obstetrician agreed to open me back up.

I was really scared at this time because I was losing consciousness and had lost confidence in the surgeon (and therefore the system that could save my life if I was in fact bleeding).

At some point before the second surgery the obstetrician brought a document over to me, explaining that it was some sort of waiver so that if required she could give me a hysterectomy.

I said I didn't want a hysterectomy, and this terrified me. The anaesthetist interrupted and told her I wasn't in any state to be giving that sort of consent.

The obstetrician then took the document to my husband and got him to sign. Later just before going into theatre the obstetrician presented the document to me again and asked me to sign.

Although I did sign this consent document, I don't really feel like I had a choice and I have no idea what this document said as I wasn't well enough to be able to read it or give consent.

To this day, it horrifies me that the obstetrician conducted herself in this way.

When the results came back from my CT there was a rush to get me into theatre as I was "actively bleeding". I was given a general anaesthetic.

I later woke up in intensive care in _____ Hospital, with no idea where I was, or what had happened to my baby.

I was told "your baby isn't here". I thought that meant my baby had died, before I was told that I was in _____ and my baby was travelling from _____

The moment of waking, not knowing if my baby was alive or where I was, will be forever etched in my memory as one of the worst moments of my life.

Over the day, the team in the _____ ICU tried to answer my questions about what happened, but they said my notes were unclear.

I learnt that I was airlifted to _____ hospital and had several blood transfusions on the way to the ICU; I had potentially lost more than three litres of blood.

_____ doctors told me that _____ had underestimated the blood loss, with a documented 1.5L but it had been crossed out and changed to 2L.

_____ estimates from the amount of blood I was given and my test results in the days that followed that it was closer to 3.5L.

I spent the next nine days in hospital with my husband and baby, in pain, and often unable to tend to my baby when she cried.

This broke me emotionally.

When we went home, I struggled to make sense of what had happened to me.

With the support of my midwife we organised a formal debrief.

I went prepared with questions for everyone that was present at my surgery, but when I arrived none of the team who cared for me during my birth were there.

The midwifery manager, and the obstetrician I had seen during my pregnancy, seemed surprised by how much I recalled, and the degree of detailed information I was seeking.

They couldn't tell me much that I didn't already know.

How could they? They weren't there, they could only read from the notes.

I left the debrief frustrated and with even more questions than when I walked in. I really wanted more details about my injury; about what went wrong during my surgery, and how they fixed it.

I struggled mentally for weeks after the debriefing, wondering if I would ever get any answers.

I sent my questions, and who I wanted answers from, to the midwife unit manager, in the hopes she might be able to help.

After months of chasing, I was able to have a debrief with the anaesthetists who cared for me; I finally got some of the answers I was seeking.

I was able to have an open discussion with them, and no one was skirting around the truth.

They shared information with me generously and openly, giving me a better understanding of what happened to me.

Their kindness both on the day my daughter was born, and during the debriefing was incredible, and I got great comfort and relief from this meeting.

But I was still not able to speak to the obstetrician who performed the surgery – I was told as they are a locum, the hospital cannot make them attend a debriefing.

I made a formal complaint to the Health Care Complaints Commission to try and get a resolution; although my complaint was forwarded to the Australian Health Practitioner Regulatory Agency, no action has been taken to require the obstetrician to meet with me.

This process of chasing a debriefing, something which I was told I was entitled to, has caused me more distress than can be expressed.

Physical, emotional, psychological and economic impacts

I have cried, been angry and grieved for precious time lost with my baby, not only immediately after the birth and during my recovery, but due to the pain of trying to move forward without all the facts.

I left hospital as a shell of a human being, completely emotionally broken.

I believe not understanding what happened to me has at times slowed my physical recovery process, and caused significant secondary trauma.

In GP appointments, when I have not been able to see my usual doctor, I have filled them in on my recent medical history.

They often say; "so you're the bleeder".

I understand that my case has been assessed and discussed among local clinicians to assist in improving services, but this is how I have been referred to more than once; like there was something wrong with my body that caused this.

I was unable to return to work for months after the birth, due to a long and challenging physical recovery.

As a business owner, this came at a significant cost.

I am still regularly seeing a physiotherapist to manage ongoing bouts of crippling pain.

Barriers to trauma-informed care and exacerbating factors in delivering maternity care in regional Australia

I am deeply concerned about the access to safe and sustainable maternity services for families in the _____ especially as we have already lost maternity services over the years.

Even after paying for a private obstetrician, I was still treated by a locum doctor. My obstetrician's hospital availability was not communicated to me, and this caused significant distress in an already stressful time.

I am concerned about the quality, safety, and accountability of obstetric locum services. If locum obstetricians are not held to the same standards of accountability as local doctors, how can we have confidence that they will use best practice? How can mothers who have been traumatized get closure when their care provider has no obligation to speak to them?

I am also concerned about the failure to comply with policy regarding consent processes, open disclosure, and documentation in my birth, and whether this is common practice for locum doctors.

Legislative, policy or other reforms likely to prevent birth trauma

I believe applying the same standards of accountability to locum doctors would improve the standard of care provided, as well as reducing the incidence of secondary trauma.

A designated, straightforward pathway for women seeking a debrief following their birth to make contact with their care team would also help reduce secondary trauma and support women who have experienced a traumatic birth to move forward as new mums as early as possible.

Women must be listened to, so they don't have to experience a second layer of trauma by reliving their birth experience over and over again, desperately seeking answers.

Fully-funded Women's Health Physiotherapy appointments for women who experience physical birth trauma could help reduce and manage ongoing complications.

Being in the care of a specialised physiotherapist after a traumatic birth could also help women who have sustained birthing injuries receive an earlier diagnosis and potentially reduce ongoing pain, encouraging both physical and mental healing.

This is a service many women are unable to afford, especially while caring for a newborn.

Additionally, funded Women's Health Physiotherapy appointments pre-natally could reduce the incidence of birth trauma related to pelvic floor disfunction.

I am prepared to be a witness at a public hearing.

Sincerely, Kate Merja Webber.