Submission No 885

## INQUIRY INTO BIRTH TRAUMA

Name:Name suppressedDate Received:14 August 2023

## Partially Confidential

Here is my story:

I had my first birth atHospital with the Midwifery Group Practice (MGP) in April2012. My second pregnancy, which was also managed via the MGP atHospital,ended with my second son being stillborn (35weeks+3days) in April 2014.Hospital

My first birth was classed as 27 hours or pre-labour and 17 hours of labour. My cervix did not completely dilate on one side and after many hours of labour I was given a epidural. My son ended up getting stuck in the birth canal and I was rushed in for an emergency c-section. I did not get spend initial moments with my son and it was only hours later that I was reunited. My son ended up spending approximately 7 days in the neonatal intensive care unit (NICU) at Hospital due to some apnoea issues.

Approx 16 months later I became pregnant for second time and this baby was due on 14 May 2014. The pregnancy was tracking along well without any major issues. Some brown discharge occurred in December 2013 and was reviewed by a medical officer and midwife at Hospital. An ultrasound was performed, and the brown discharge was assumed as old blood and not identified as any risk. A further ultrasound was scheduled for 36 weeks.

At 34 weeks+1 (05/04/2014) I called a midwife with the MGP reporting abdominal pain and tightness that felt unusual. I attended the clinic for further assessment. Paracetamol provided little to no relief. A brief review was provided by an obstetrician on duty. A fetal heartbeat trace was recorded, and I was told there was no issue. I was given a prescription for Panadeine Forte and told I was fine to return home.

This pain continued and proceeded to intensify. I used heat and Panadeine Forte as recommended but I was still in a lot is discomfort. I was unable to sleep lying down as this made my pain worse. On 09/04/2014 (34+6 weeks gestation) I called the MGP midwife on duty and told them of my symptoms, I felt that my concerns were dismissed as an anxious mother, and it was suggested that discomfort and pain at this stage of pregnancy was common.

This abdominal pain continued and on 11/04/2014 I called the midwife with the MGP again this time incredibly distressed with the pain I was experiencing, as I had one previous fullterm pregnancy and had not experienced anything like this in my previous pregnancy. I was told by the midwife that I could come into the birthing unit at Hospital for assessment. I went into Hospital. I was met by the midwife at the birthing unit and another fetal heartbeat trace was recorded. Again, I was reassured that even though I was in a significant amount of pain that my baby was fine. I was also reviewed by the on-duty Obstetrician. I felt this review by the Obstetrician was brief and I was not really listened to. I was given a prescription for Endone to manage the pain I was experiencing and booked in for a follow up appointment in five days' time. Over the next 36 hours I continued to experience extreme amounts of pain, however I had presented multiple times at Hospital (on 5<sup>th</sup> April, 9<sup>th</sup> April and 11<sup>th</sup> April) and had been told to go home and manage the pain and there was nothing to worry about.

On 13 April 2014 at 3.30am I was sitting on my lounge (as I was unable to sleep laying down). My husband (who is a firefighter) was at work. Due to my condition and having a toddler, my mother-in-law was staying at our house. I experienced a greater wave of pain which I was unable to endure, I could barely speak through the pain but I managed to call out to my mother in law who was asleep in a spare bedroom and I asked her to call an ambulance.

I remember an ambulance arriving at my house but have no recollection for the following thirty hours, when I woke up in the intensive care unit (ICU) at Hospital. I immediately asked after my baby and was told that he was stillborn.

During this time that I have no recollection, I was told that a second intensive care ambulance was required to attend my house due to my deteriorating condition. On arrival at the hospital, I had a Glascow Coma Scale (GCS) score of 3 out of 15, which is lowest score possible (no eye opening, no verbal response and no motor response).

My mother-in-law called my husband at work in Sydney, and he went directly to Hospital. On arrival, he was told that our son was stillborn, and I was still in surgery with my condition 'uncertain'. In the time in the operating theatre, my son was stillborn and a uterus rupture was repaired with suturing. However, after persistent bleeding from the suture lines (due to losing my ability to clot due to a large volume of blood loss) the doctors proceeded to perform a hysterectomy in an attempt to stop the bleeding. I received a massive blood transfusion. It is estimated that I lost between four and five litres of blood. I then spent one week in ICU in Hospital. I was incredibly distraught and traumatised by the loss of my son. I also lost the ability to have any further pregnancies due to the hysterectomy.

My family and I were left with so many questions:

- 1. How common is placenta accreta and when does this condition usually arise?
- 2. What are the symptoms?
- 3. Should any of my symptoms have indicated that an ultrasound or other, further investigations were warranted?
- 4. Are these investigations able to detect placenta accreta? If so, how is it treated? If detected:
  - a. Is it possible that the baby would have survived?
  - b. Would I have retained my childbearing capabilities?
- 5. Was the use/prescription of Endone in this case an indication that I was suffering an unusually high level of pain?
- 6. Was the level of pain an indication that I should have been kept in hospital?
- 7. Is it normal to prescribe Endone to heavily pregnant women, especially those who have been pregnant before and not suffered similar symptoms?

- 8. Is it possible that the use of Endone in this case masked more serious warning signs?
- 9. Was the treatment that I received appropriate?

A clinical incident review was conducted on this incident by staff at Hospital (in July 2014). However, my husband and I were not informed of this investigation or given any feedback from the process. It was only approximately two and a half years later when I was talking to a colleague (who works in this area of the local health district) did I find out about the review. With my questioning we were then offered a meeting with the head of Obstetrics and a copy of the report.

I feel as though there were many issues with the care that I received. I presented multiple times to Hospital and there was no mention or consideration given as to me being admitted or further investigations to the cause of my pain. I felt as though the pain was just written off as musculoskeletal pain however this did not seem right to me. I still wonder whether the recommendation and prescription of Endone may have masked any further symptoms in the 30 hours leading up the critical event and rupture of the uterus. If I had been admitted as an in-patient, would this event have had better outcomes for both my baby and myself. I needed four months off from work to recover. I was broken, both physically and psychologically.

After hearing from medical professionals and reading notes from the investigation it appears to be a miracle that I survived following this major trauma. My family and I are still traumatised by this event and the loss of our son. I felt like I did all the right things throughout my pregnancy and my concerns were not listened to adequately. As a result, we are continuing to live with the trauma associated with losing our son (who would have also been a brother, a grandson and a nephew).

Thank you for reading my story and I would be willing to attend in person and give evidence at a hearing.