

Submission  
No 826

## INQUIRY INTO BIRTH TRAUMA

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**Date Received:** 4 August 2023

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Partially  
Confidential

I had been a Registered Nurse for 6 years and Registered Midwife for 3 years when I became pregnant in 2017 with my first child.

I presented to the birth unit at \_\_\_\_\_ Hospital in very early labour, but because my baby was in a posterior position I was experiencing a lot of discomfort. I requested morphine and the midwifery team were really supportive with alternative therapies, and I was using sterile water injections, the shower, the TENS machines, different positioning and acupuncture during early labour. I eventually requested an epidural.

A junior anaesthetist came and attended this. As she was prepping for this and washing her hands her senior consultant came in and I could detect her tense up, and start to rush through her procedure whilst having the consultant supervise (having assisted in many epidural setups I am aware of the steps). She seemed overconfident as she placed the epidural, and seemed more eager to prove her competence rather than ensure my comfort. Needless to say, the epidural was a failure and had no effect. I repeatedly requested for more pain relief as my labour continued, and the doctor came back and told me that the epidural was not meant to take 'any pain away'. Finally my requests were heard and the senior consultant came back and reviewed me, and found that the epidural had taken no effect, and proceeded to place a spinal. This finally gave me some time and space to rest.

I remember towards the final 20 minutes of a long labour looking over at my CTG that the trace was starting to look less than reassuring and that the room was starting to fill up with more staff. I told the OBGYN that I still wanted my baby skin to skin and that any resus could be done on my chest (as per the research). Of course the CTG did not indicate that I was going to birth a very flat baby. I reminded the staff that I wanted delayed cord clamping.

I told the obstetrician that I preferred to tear rather than have an episiotomy. Dr \_\_\_\_\_ rolled his eyes at me and said 'Would you rather have a third degree tear then?'

Well thanks to his 'care' I got an episiotomy AND a third degree tear. And I also had to relive the shame of remembering my obstetrician rolling his eyes at me whilst birthing my baby. I must have felt helpless because I don't recall giving consent to an episiotomy.

My baby was born completely vigorous, Apgars 9 and 9, straight to my chest, via a forceps delivery, and I sustained an episiotomy and a third degree tear which took months to recover from. I also had a PPH. I was told afterwards that I was so lucky because any other doctor would have taken me for a caesarean. Wow, what a health system we are part of.

My son had to be admitted to the SCN afterwards for ABO incompatibility jaundice. My milk didn't come in until day 5, which isn't surprising given my traumatic and highly interventional birth. I refused the use of formula again citing the evidence, and instead sourced donated breast milk. As a nurse myself I can sense when other nurses look and speak to me with judgment, yet I knew I had to advocate for my son's long term health.

I had my second child born at home, born during the second week of covid lock downs. I knew that despite my first birth, my body was capable of birthing vaginally and without complications. I had her at home in the bath, and the ambulance arrived just as she was born. They took me to the hospital and I was discharged a few hours later. She had to be admitted to SCN for ABO incompatibility jaundice, at hospital, and this time despite my milk coming in I didn't refuse the use of formula. I was traumatised from my last experience of hospital staff.

One nurse in particular gave me a harsh talking to about the concerns which I found so patronising as I was a parent of two children, and worked in paediatric nursing myself. She then set the humidicrib at such a high temperature that my baby's temperature was 39 degrees. Again, it was a horrible experience. The majority of the staff were very professional, however it felt as if I had been profiled, and there was a lack of respect and dignity. This is not the type of healthcare I deliver.

My traumatic birth prevented me from having another child for nearly 3 years. Despite being able to advocate for myself because of being a health professional, it was emotionally exhausting, and since that time I have had countless conversations with women that have had similar experiences of trauma at the hand of health professionals. For a physiological process that has been happening since the beginning of time, this is simply not ok.

Birth trauma is not just an event, but it has a lasting impact. I lived with a feeling of shame for a long time after my birth, until I realised that it wasn't my body that failed - and that health professionals shouldn't make me feel that way. In my own practice as a nurse, midwife and researcher I treat people with the utmost respect and dignity - understanding that it is a privilege to work with them and serve them. I can only hope that we can transform the system to reflect this.

I have since started a business that teaches women and their families antenatal birth education and self-advocacy because of the imperfect health systems we have to navigate - and I believe that giving families tools and strategies is one way we can empower them to prevent more birth trauma from occurring.