Submission No 895

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Introduction

My name is and I am a solicitor specialising in medical negligence, child birth educator (as of this year) and, most importantly, a mother to a 7-month-old son born in December 2022.

While I ultimately had an empowering birth experience, I believe that this was largely in spite of the NSW public hospital system.

There were multiple occasions in which I received substandard care which left me feeling hurt, angry and anxious. I want to speak to some examples which are particularly relevant to this Inquiry to add my support to the calls for much needed change:

A. Failure to obtain informed consent, and pressures to undertake interventions.
B. Substandard treatment of a second-degree tear.

A. Interventions

Induction

Failure to obtain informed consent

I want to preface this section by noting that I am not anti-intervention. I respect that there are times when interventions are used for legitimate medical reasons, with informed consent and in empowering ways.

I first saw an obstetrician at Hospital (NSW) at around 18 weeks gestation. By way of background, I had gestational diabetes (which was well managed throughout my pregnancy). The obstetrician told me from the outset "you will be induced at 38 weeks." She did not explain why. She did not cover the risks of having an induction or the risks of not having one. She did not phrase it as a question, or a recommendation to consider. It was a direction. Given my legal background, I was taken aback by this. She made no effort to obtain my consent, never mind informed consent.

Even so, I felt unable to push back against this at the time because of the power dynamic. Despite my background, I felt like I had no agency. I was just a young, unsure, first-time mum at an appointment which lasted mere minutes. I felt like I was not asked what I wanted to do, or even asked if I had any questions, because my opinion did not matter.

The whole experience left a sour taste in my mouth. Unhappy with my providers on this, and many other occasions, I went on to learn about what an induction would mean for my specific circumstances from external sources. In doing so, I came to learn that my experience is the standard; informed consent is not routinely sought (as legally required) for birth interventions and birthing persons commonly feel that their voices are not heard or respected in the hospital system.

Coercion to induce without medical necessity

At my request, one of the obstetricians had explained (after the initial appointment detailed above) that an induction was recommended because my baby would likely be too big, due to my gestational diabetes, and this would risk complications. However, all my scans throughout my pregnancy indicated that my son was the perfect size for my body. After my 34 weeks gestation scan, I was even told by a midwife that they would "let" me go to term (40 weeks) considering the favourable scans.

At my 38-week appointment, a new obstetrician (I had revolving care providers), said we needed to book an induction that week. When I asked why, she said my baby had to be too big and there had to be issues with my placental function due to my gestational diabetes. When I referred to the results of

my scans and the comment of the midwife, she told me that it was not up to the midwife and that it was her decision to make. I responded that it was not their decision at all, it was mine.

She then said "if you want to risk your baby's health by prolonging your pregnancy, you need an ultrasound."

I could not believe that she would make this comment. Going to term is not "prolonging" a pregnancy. She did not, at any point, cover the risks of proceeding with an induction (as required for informed consent). When I raised my concerns, I was branded as the mother who would put her baby at risk. This is very damaging, to any mother but particularly to a first-time mother.

The obstetrician also said that she was unable to arrange an ultrasound at the hospital and I would need to arrange it privately. We had to call multiple private practices that afternoon to secure an appointment. We spent $160 on a private ultrasound, which we rushed to the next morning (at the earliest availability).

I was also told by that obstetrician that I needed to return for another appointment as soon as possible to review and discuss the results. However, when we went to book this (immediately after the obstetrician appointment), the hospital booked me for a date past 40 weeks gestation. We then had to liaise back and forth with the booking team to secure an appointment at 39 weeks gestation, the earliest date they had available.

This whole ordeal was very (unnecessarily) stressful. I was so anxious that my blood sugars spiked higher than they had ever spiked. My sleep was also impacted.

At the private ultrasound, I was advised that my son was measuring well, my placental function was great, the cord flow was great, and there were no issues. When I returned to the obstetric team with these results in my favour, they continued to insist on the induction but could not explain to me why it was medically necessary in my specific circumstances. When repeatedly pressed, a junior obstetrician revealed that they were concerned about staffing as my son was due around Christmas.

I was angry and disheartened to learn this. A week prior, I was made to feel like a bad mother risking my baby when, in fact, the induction was pushed for the hospital's convenience rather than medical necessity. My son was ultimately born spontaneously on 27 December, at 39 weeks and 5 days, and at 3.5kgs (ie not "too big").

Other interventions

I offer the below examples to highlight how the above is not an isolated incident; there is a pattern of hospitals failing to obtain informed consent and being 'trigger happy' with respect to interventions. I speak to my experiences but know that I am not alone.

Speculum examination

On the day my son was born, I was not sure if my waters had broken and went to the birth unit to be examined. I said that I wanted to see if my labour had started and that I was experiencing cramping. The midwife could not confirm and suggested a speculum examination. No alternatives were offered and I was only told that the exam was internal and may be "a little uncomfortable." I agreed on this basis, tired after waiting over an hour to be seen and expecting the exam to be a minor inconvenience. The exam was extremely (and unexpectedly) painful. I was not prepared for that. I felt violated because I agreed to something that was described as "a little uncomfortable" but was screaming out and crying in pain. Afterwards, I had continuous fetal monitoring where a midwife pointed to the monitoring and

said “see, you are having contractions- you are in labour!” I was upset to learn this, not realising that they could have done this monitoring initially (sparing me from the painful exam).

Application of topical anaesthetic

Similarly to the above, I was told that they needed to check if I had tore after labour and needed to apply topical anaesthetic by needle to do so. This was the second most painful part of my labour experience (second to the speculum exam). There was no discussion preparing me for this and I found it to be traumatic.

C-section

After the birth, I was told by my partner that, at one point, an obstetrician had walked in, looked at the continuous fetal monitoring and told me I needed a c-section. I remember her talking to me but could not process what she was saying at the time. I was in such a state that I did not know what she was saying; I could only see her lips moving. We had asked for all communication to go through my partner but she dismissed him and spoke to me during contractions anyway. I was already crowning and bearing down at the time. My partner said that the midwife pulled her aside and told her I would not make it to theatre as my son was minutes away. And he was. The midwives helped me try a new position and the fetal ejection reflex kicked in. My son was born without complications and with a strong Apgar score of 9. It troubles me that the obstetrician was quick to push for a c-section in the circumstances.

B. Treatment of second-degree tear

Insertion of catheter

Before I had a spinal block (to receive stitches), I was told that I would also have a catheter put in during theatre. This did not occur.

At the post-op recovery room, I asked where my catheter was and was told I should have had one put in. The nurses called for one of the doctors to put in the catheter because they said they were not allowed to themselves under the hospital’s policy. I could hear the nurses talking among themselves about how bad it was that the doctors had forgotten. It took about an hour for one of them to answer the nurses’ calls. The doctor who attended did not know how to put in the catheter and the nurse had to explain the steps and supervise.

At this point, I had received numerous calls from my partner (who was given the recovery floor’s number). I was initially told I would be away from my baby for 45 minutes. It was almost 2 hours at this point and the midwives wanted to feed my baby formula because he was hungry.

Post-op notes

After the catheter, I said I wanted to go to my baby because he needed a feed. I was told that I could not be transferred because my post-op notes were late. The nurses had to chase these notes with numerous calls because I was getting upset. I felt really let down by this and the above experience because there were so many people in the operating theatre. There were at least 6 doctors who were just watching the doctor perform the stitches (presumably learning). Yet, no one did my notes on time or organised my catheter. It caused me distress to know my baby was upset and hungry, and that we had been separated for so long unnecessarily.

Removal of catheter

I remember the feeling having returned to my legs etc but still having the catheter. I cannot recall whether it was in a day or two later but know its removal was delayed because a nurse told me that I should have had it removed earlier and escalated its removal when she first saw me.

Physiotherapy

Before I was discharged from hospital, I was told that I needed to see a pelvic floor physiotherapist in 6-8 weeks at the pelvic floor clinic and that the hospital would book this appointment. They later sent me an appointment slip for an appointment in April (much more than 8 weeks post birth). I called them and asked about the 6-8 week appointment (also on my discharge summary) and was told that the specialists do not book appointments to review tears this early. I said that my discharge summary noted an appointment for review in 3-4 months' time and asked if this was the one they were referring to. They assured me there was only 1 appointment and April was the earliest I would be seen.

When I went to the appointment in April, the specialist asked me why I didn't go to the 6-8 week appointment at the clinic. I relayed the above and he was very unimpressed with the post-tear care follow-up I received (as was I).

Conclusion

While my experience does not reflect the worst possible outcome, it could have easily have gone that way if it was not for my advocacy against an induction, and external support.

I was shocked and disheartened by the culture in our health system where informed consent is virtually non-existent and (risky) interventions are pushed upon birthing persons without medical necessity.

I was also let down by the standard of care received in respect to my second-degree tear.

I have lost faith in our hospital system, do not feel safe birthing in this system and am planning to birth outside this system in future pregnancies.

I make the following suggestions for state-wide reforms, based not only on my own experiences but also those experiences of other birthing persons and birth workers (as shared with me and in my circles):

1. Re-training on informed consent & review of related hospital policies.
2. Re-training on appropriate use of interventions & review of related hospital policies.
3. Training on trauma-informed practice.
4. Training on culturally safe practice.
5. Improved continuity of care (through expanding access to midwifery-led care etc).
6. Increased staffing (through measures to support midwives & ensure their retention etc).
7. Accessible pelvic floor physiotherapy for all birthing persons post-birth (through Medicare).
8. Accessible lactation consultants for all birthing persons post-birth (through Medicare).
9. Accessible psychotherapy for all sufferers of antenatal, birth and postpartum trauma (through Medicare).
10. Expansion of home birth supported programs.
11. Legislative reform to address the issue of obstetric violence.

I share my story in solidarity with others (including those who found it too painful to share their experience) and in the hope that real change will be affected for future birthing persons.