

Submission
No 907

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 14 August 2023

Partially
Confidential

My name is _____ and I am a mother of two, soon to be three children.

My first birth I consider my most traumatic which took me over a year to feel well enough to seek help, of course most programs have a 12month post birth referral limit.

I live in _____ and our nearest birthing hospital is _____ which is 4 hours drive away, we are strongly advised to leave town by 38 weeks to wait to have our babies so potentially having to stay away for a month if waiting to the end of “full term” 42 weeks for spontaneous labour. During my first pregnancy in 2019 there wasn’t a full time midwife based in _____ and midwifery services were provided by an outreach midwife with an obstetrician providing a fly in fly out service.

My first appointment with the obstetrician was my first of many traumatic moments during this pregnancy. The second sentence out of his mouth was “have we booked an induction date yet”, I was only around 20 weeks and was shocked that he was asking if a date had been set for something that had not even been mentioned to me at all before this appointment. He went on to explain that as I had GDM (diet controlled) that the “baby would be big and could get stuck” so needed to get it out early. My morphology scan showed no concerns of baby measuring big and fundal height was fine. I was hesitant to book an induction based off a generalisation. I agreed to a growth scan later in pregnancy and to see the obstetrician at his private clinic in _____ following the scan to review the results. I believe that the decision for induction should be based on actual evidence of what is happening for that pregnant woman.

After the growth scan baby was measuring a week ahead and when we seen the obstetrician again he pushed for an induction at 38 weeks based of the scan and also said “being from _____ we don’t want you having to wait around for ages” when I assured him I didn’t mind staying in _____ and waiting to birth he then gave the “dead baby” talk if we were to wait for labour then the big baby getting stuck so I, ill informed and way too trusting, agreed to the induction. I should have been given information about the risks of induction and the increased likelihood of further interventions but it was never discussed at all, this is all information I went looking for post my traumatic birth experience. I should note here I was not given any opportunity to attend any antenatal education as there were no sessions in _____ due to there only being an outreach midwife who visited every few weeks for a day or two.

The Wednesday of the set induction I realised I hadn’t been given instructions on what to do so called the hospital who advised to come in at 4pm. I arrived as planned at the same time as another patient being induced and the nurse who greeted both of us seemed inconvenienced by our arrival at the same time. I explained I called and was told to come at 4pm and so did the other patient. The nurse was talking to another younger nurse about which rooms they would allocate and the younger nurse suggested two individual rooms to which the older nurse said oh if we do that then we will only have one private room available if a private patient comes in, the other patient says they are a private patient and the nurses attitude immediately changed towards her smiling and saying we will get you set up in this private room and you (to me) can go into the shared room. Once alone in the shared room my partner mentioned maybe we should have gotten private health insurance then we would be treated a bit nicer. Regardless of status all patients should be treated with kindness and respect. Also if single rooms are available they should be given to whoever is physically there instead of being left vacant for what if’s, especially in the case of being induced, I was a first time birthing woman about to begin labour and was placed in a room with a lady who had already birthed her baby and that baby was in special care nursery. Not an ideal environment to get relaxed and labour in.

My induction was to be by gel. I had my first dose administered around 7:30pm and was told the Dr would be back around midnight to administer the next dose then was left alone until 12am when the

Dr came and looked at the trace and said they would wait till the morning to do the second dose as I was having some light tightenings that were shown on the CTG. Looking back I believe I was being bed managed and the birthing ward was full or close to it.

Thursday Morning comes and everything had fizzled out so they finally administered the “second dose”. By around lunch time they wanted to do a cervical check and attempt a stretch and sweep, which was performed in the shared room while the other occupant had visitors who were laughing and conversing which made me feel very uncomfortable as there was only a sheet between them and me fully exposed. I ended up in tears both from embarrassment and the pain from the VE. The nurse said she was going to see if they could move me to a single room as she knew there were some spare, she was told by charge of shift they needed those rooms incase private patients came in. Again if there is a solo room available regardless of status it should be given to women to use, especially those clearly in distress which is known to hinder the labour process.

A Dr was consulted and they decided the gel wasn't working so they would try the balloon catheter it was late in the afternoon by now and I asked if the balloon didn't work then what would be the next steps and the dr(different obstetrician than I previously seen, probably number 4 at this point) said they would let me go home and see what happens. I was very emotional and distressed when he said this as I had originally wanted to go into spontaneous labour and was pushed because “baby was big and needed to come earlier”. The dr recognised that I was on day two of induction so offered some pain meds and something to help me sleep. I agreed to immediate pain meds but asked if I could have the sleep meds closer to actual bedtime which he agreed. I had to press the nurses button 4 separate times to ask for the sleeping meds once night time arrived. First nurse was nice and said she would check my charts and bring it in, second one hours later said she would see what the dr prescribed, when I buzzed a third time I said to the nurse I've asked twice now for the meds the dr said he would give to help me get some sleep and she said “well what do you want” I said what do you mean and she repeated, adding “what medication do you want?” I said I didn't know what the dr had planned to give me just that he agreed I could wait instead of having it in the afternoon. It was past midnight before I was given it. I felt very judged by the last nurse for asking for a medication that the dr told me I should have. I also felt like I was an inconvenience.

I was woken up at 7am Friday by a very pushy nurse who was demanding I get up so I could go around to birthing ward so they could take the ballon out and break my waters. I asked if I could have breakfast first and she said I could eat around in birthing ward. I asked if I can call my partner to come up and she said I could call once they broke my waters, as a first time mum I was so worried about being alone. I had to sneak my phone into the toilet to be able to call him to come to the hospital. Once around in birthing ward they were able to remove the ballon and said they would start the drip and break my waters.

The first nurse had trouble breaking my waters so had to go get someone else and a Dr arrived with them. While the new nurse was breaking my waters I'm in tears cause at this point I've probably had 8 or more vaginal exams/ procedures over the three days which were getting increasingly more painful. So while clearly in pain and crying this dr (again different to the one the previous days and the dr I seen prenatally) was at my head lecturing me on my GDM , which was well controlled by diet) and telling me I needed to lose weight once I have this baby so I don't get GDM again. I felt so belittled and embarrassed even though I know GDM isn't the mothers fault and occurs in “thin” women. I replay this moment in my head many times and wish I had of been strong enough to call this Dr out but in the moment I was too stunned about him speaking to me like that while I was having an such an invasive procedure done.

The drip was started and contractions progressed hard and fast, something which I wasn't warned about at all. At lunch time I was checked and was around 4cm. The midwife who done the VE told my partner if he wanted to go get something to eat for lunch there was time. I was in the bath at this point and thought the nurse was still in the room with me but when I went to ask her help to get out of the bath there wasn't anyone in the room. My partner returned to the room before a nurse did, I was cold and panicking about being left alone and didn't think I could labour alone without the help of an epidural so asked for one.

As most tales of "early/term" induction and epidurals go labour stalled at 5cm which I had been basically all day, baby's heart rate was "dipping" so they recommended a c-section. I eventually agreed and my son was born 4:44am Saturday after a four day failed induction. His sugars were checked and found to be low so he was taken to special care. When I was out of recovery I was wheeled into special care and parked next to him in the crib. When I seen the birth card and that he was born at 4:44am and it was now 7:30am I was angry and my partner asked what was wrong and I sobbed and said he's hours old and I've not even gotten to touch or hold him. It wasn't until later that I realised i wasn't in a room but in an open space with curtain dividers and that the nurse heard what I had said then came in to "check baby" then asked if I had gotten a hold so I finally got to hold him. I shouldn't have had to even make a comment about having held my baby it should be standard to offer the mother to hold their baby as much as they can post birth, even more in case of c-section deliveries where bonding can be impacted already.

I wish that was the end of my trauma however it wasn't. My post birth experience was horrid. I got back into my room at around 8:30 after being awake for over 24 hours and baby stayed in special care. I was woken at 9:30am being told I had to get up and have a shower. I was semi delirious and hobbled my way into the shower with assistance from the nurse. This was the only time I was offered assistance to move around. Once showered I asked about how to get to special care to go see my baby and the nurse told me it was at the end of the corridor and I could walk down anytime I was in room 15 so it was the full length of the ward, past the nurses station, she said I could go down any time. So I did. Multiple solo trips to breastfeed my son and then return to my room. He was by the end of that day allowed to stay in my room and we had to return to special care for his feed times to have his sugars check which since the low one at birth had all been fine.

I had a rough night with my son that night with him continually crying and me having to get up and get him out of the crib multiple times, eventually I wheeled him down to the nurses station sometime around 3am to ask for some help because I didn't know what to do, had tried feeding, changing, burping, rocking etc and felt nothing was working. The response I got was "yeah sometimes they have a tough time adjusting" and no suggestions or advice on what I may be able to do to soothe him. By then I decided I was going to discharge asap and in the morning I asked about being able to go home. They said baby would need to be given the all clear from the nursery as they weren't able to do that and they would get the Dr to come and see me. The nursery was happy to clear my son for discharge but suggested waiting for 48 hours to be able to do his SWISH test so we planned to have it the next morning then head home after. The Dr came and seen me and suggested staying longer given how far I had to travel home. I declined as I was already doing everything myself and was not getting any help in hospital to care for either me or baby so I rathered be at home in comfort with my supports than in hospital alone. The Dr agreed for discharge the next morning following the SWISH for my son.

I had nightmares for months about my birth experience and I grieved for the positive birth I potentially could have had even if I was induced, even if it ended in C-section the care I received has left a lasting impression of Hospital on me and severely impacted my postpartum period. I had wanted to submit a formal complaint however I was in survival mode and all my energy was going towards

parenting and trying to recover, by the time I had capacity to complain it felt like too much time had past, well over a year.

My second pregnancy I aimed for a VBAC, at _____ Hospital in 2022. Prior to deciding where I was going to birth, I knew it wouldn't be _____, I had attended an obstetrician appt at _____ Hospital as it is linked with _____ where I was getting my midwifery care. I seen a nurse prior to the Dr and she asked if I was booked in, I told her I was technically booked in but I wasn't going to be birthing in _____. I hadn't decided where I was going to birth, she misunderstood and said I should book in for _____ in case I haven't moved by the time I birth. I explained I wasn't from _____ and would be travelling for birth regardless and it wont be to _____ because I had a bad experience. She asked what I meant and when I explained that I was bullied into an unnecessary induction resulting in a c-section and being left alone during labour and post birth she said "yeah we have been very short staffed due since COVID so that would be why". If I hadn't decided already to not birth in _____ this cemented my decision as my first birth was well pre COVID and she didn't need to justify the poor care I received, a simple "sorry you had a bad experience and if you returned hopefully you would have a better experience" would have been the bare minimum of appropriate responses.

For my second birth in _____ I regained some sense of control over my birth and the choices I got to make, I had the standard risk appointment with a Dr who advised my all the blanket risks of VBAC and eventually again got the dead baby talk and they recommended an induction or booking a c-section. I declined both, now being more aware of the risks and benefits of both VBAC and repeat C-section having completed online antenatal/ birthing courses. The Ob was very pushy about booking in an induction for "just in case" and even when I firmly declined and said I wouldn't be booking anything that day went and got their induction diary which when she looked at the dates that she was "comfortable allowing me to go to" they were all booked out with nothing available the week before or after so I left without a date set. I arrived to hospital in spontaneous labour at 40 and 4 at 8:30pm and around 4cm. I successfully laboured in hospital, using a tens, gas and hypnobirthing and was progressing well. The nurse had asked to break my waters as she thought it would speed up the process, I declined and said I wanted to continue to labour. She asked me at least 4 times and each time I said no I didn't want to. A VE was completed and I was 7cm which was further than I ever got in my first birth so I was stoked and again the nurse asked if she could break my waters, she said she was keen to see me get my VBAC before her shift was over. I relented and agreed for her to break my waters. While she broke my waters I had to get on the bed, prior to this I was active and using a exercise ball and managing my contractions relatively well. After waters were broken things picked up, the lights remained on and a different nurse came into the room "to just put in a cannula" I declined the cannula, the nurse responded that I had to have it because I had my waters broken and they needed to have it in place in case of emergency. I argued that I didn't want the cannula and also didn't understand why we were talking about emergency situations when everything was going well and I was progressing on my own, I also voiced that if I had of been told that breaking my waters would mean I HAD to get a cannula I would have continued to decline. This whole interaction took place in between contractions and eventually I relented and allowed her to place the cannula in between my contractions, it didn't go in right so she had to do another one. By this point I believe all the oxytocin I had built up during labour left my body and instead I had a flood of adrenaline as I fully lost control and lost my confidence in my voice. The lights remained on, I remained on the bed despite in my head asking for help to get active again and get my calm dark space back. I managed to get to 10cm and pushing however was declared "prolonged second stage" and in hind sight I probably told them I had the urge to push way earlier than when I needed to. I hadn't laboured to the "pushing phase" before so when I felt that first urge I excitedly said "I think I'm pushing" instead we should have given baby time to move down and me get off the bed but the clock was started to early. Once declared prolonged second stage I was taken for a c-section where I was still pushing while being wheeled down and while

sitting waiting for a spinal, despite the missed opportunity to get me back in my safe labouring space I had a better post birth experience and got immediate skin to skin with my daughter when she was born at 7:54am and we stayed together except for a short moment when she was taken to wait in recovery while they got me sorted. In this post birth experience I was supported well by the nurses who cared for me and stayed 5 days which post c-section was amazing for my recovery being so well cared for. I am planning to return to _____ for my third birth despite being coerced into breaking my waters without being given all the details of its implications.

Overall women are being failed in NSW with birthing, women in remote more so than others. We are too often left with no full time midwife and have to settle for extremely fractured care, unless willing to pay exorbitant amounts on private care which even still is not a local service with the nearest hours away. We are not given the opportunity to attend any antenatal care and are often left at the behest of the health professionals who work to the hospitals policies and procedures and not to the individual woman they are tasked with caring for and their individual circumstances. We shouldn't have to fight so hard to have a normal uninterrupted vaginal birth and if hospitals are going to focus so heavily on intervention there needs to be further investment into supporting women to be able to safely birth at home or in places that value the birthing process over the medical interventions, which do have their place in actual emergency situations but clearly are being over used.