Submission No 908

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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My Birth Story

I began Antenatal Shared Care with my GP together with Hospital in approximately October 2019. My expected delivery date was 24 April 2020. I attended all my antenatal appointments when scheduled.

As I was approaching the 36th week of my pregnancy, I began to feel that I was pressured heavily and frequently, at most antenatal appointments, to commence stretch and sweep procedures and to book in for an induction at 38 weeks. I declined these as I felt they were too early, and I wanted to be able to allow my baby to decide when she was ready to come safely. I felt a level of fear-mongering began at that time as to statistics of stillbirth occurring from 40 weeks. I was given quotation references relating to statistics of a study in Europe that stillbirths occurred in a high percentage after the 40-week period. I was not provided with a source or link to this study. I felt this particular doctor who quoted this reference was pressuring me and fear-mongering with a goal for me to be induced by 38 weeks, especially because I wanted to wait until the baby was ready to be born and not preemptively intervene when my baby was not in any danger. I felt my hesitation and refusal for early intervention was shamed and dismissed implying I was uninformed and reckless. I felt pressured to book an induction appointment for the subsequent week, which I chose to cancel as I did not want to be induced unnecessarily. I wanted to give my baby every opportunity to arrive when she was ready and of course, I did not want to put her in danger, which felt like this was implied at this stage.

At 40+4 I had an ultrasound on 27 April at Hospital which indicated the baby was in the 97th centile and the estimated foetal weight was 4439g. This is approximately when the fear-mongering about having a "big baby" began. I felt this ultrasound was detrimental to the outcome of my birth as it reinforced the "big baby" fear-mongering which ultimately caused my birth trauma. I also feel that this estimate of foetal weight is not an exact science and shouldn't be so heavily relied upon for induction. In my 40th week of pregnancy, I went twice to the hospital for CTG monitoring of my baby to make sure she was okay. At that time, the midwives who were doing the monitoring said they could see signs of very light contractions, so "go home and try all the things at home to naturally induce labour".

I managed to resist the pressure for induction until I was at 41+5. On this day my husband and I attended the hospital, despite us going for an induction appointment I had hoped (naively) on this day that they would monitor me and hopefully not need any intervention as I had commenced having period-type pains and assumed they would say something like "go home and wait, your baby is coming." I was taken down to the temporary birth unit (as the birth unit at the time was under renovation) where I was informed instead of the Prostin Gel I would receive the Foley's catheter overnight, out of both induction methods, the latter was my preferred one if I was to have any.

I believe that rather than looking at my body and viewing my healthy pregnancy as an individual patient because I was almost 42 weeks and that final ultrasound had estimated that my baby was "big", I was placed into a standardised, medicalised box that ultimately led to my birth trauma. I am 181cm tall and have a long torso and wide hips. In fact, it was later

commented to me by a midwife I later saw postnatally and my surgeon, that I could have easily carried a baby weighing up to 5kg.

On the day of my labour, 7 May 2020, the attending Obstetric Registrar came in around 0700 hours with a junior medical person indicating that because I had a "big baby" it was likely the baby would present as a shoulder dystocia, so I would have to be placed in the McRoberts Manoeuvre upon delivery. I believe that this prediction is a direct result of my 3C/4th-degree tear (discrepancy in my notes about which one it was) together with an episiotomy performed without my consent. Upon researching shoulder dystocia post-birth, I am now aware that this type of delivery is an emergency and can only be determined once the head has been delivered. I delivered my baby at 1417 hours, some 7 hours after shoulder dystocia was predicted. It should be noted that upon delivery there was no shoulder dystocia, despite this being falsely recorded in my clinical notes. This will now affect any subsequent births because once it has been recorded, falsely or otherwise, that you have had a shoulder dystocia birth you are set up to deliver in the McRoberts Manoeuvre for every birth thereafter. This has affected my consideration of having more children.

During my labour, my midwives were attending to me, and one midwife in particular was attentive and respectful of how my husband and I wanted to deal with each contraction. She did her best to accommodate us, despite there not being much room as we were in a temporary birthing unit and had a smaller space than we would have had in the normal birth unit. I believe if these midwives were left to attend to us throughout my labour, I wouldn't have had the trauma I experienced.

My labour was progressing well throughout the morning, I was able to use a fit ball which was assisting with the contractions. Later in the day, I was comfortable contracting and kneeling over the bed when I was encouraged to go to the toilet to urinate by a clinical medical educator (CME) who had just entered the room. I said I didn't need to urinate, but I was strongly encouraged to go to the toilet. I felt coerced to go to the toilet at that time. The toilet was across the hall and I had to get off the bed and be assisted by my husband and one of my midwives over to the toilet with my IV cannulas attached. I didn't urinate and came back to the room. When I came back into the room, the fit ball had been removed and the bed was no longer upright but laid out flat. In retrospect, I believe this was to aid the shoulder dystocia prediction. I had wanted to deliver in the upright position, as this was comfortable prior to the insistence I use the toilet. At this point, there were about eight people in the room including the obstetric registrar, her junior medical person, the paediatrician, my two midwives, another two midwives and the CME. At this point, the CME and my midwife were applying pressure on my hips with each contraction. Between this point and delivery the bed was then placed in a position so I was somewhat in a seated position, however, my clinical notes say the bed was laid flat and McRoberts attended. I know this to be inaccurate as I was definitely seated as I was looking directly at the CME. I have a photo once my baby was born with her on my chest and the bed was still upright. I was then coached to push from this point by the CME, whilst my legs were being held. Just prior to delivery, while the obstetric registrar was tending to delivery, I distinctly remember feeling something painful and sharp and exclaiming "Ooh", which was an episiotomy, which my husband witnessed happening. My husband distinctly saw that I was given an episiotomy and he saw the scissors afterwards with blood on them placed on the bed. I had this procedure done to me without giving informed

consent. See **attachment 1** clinical notes confirming episiotomy at 1315 hours. This is important to note as after delivery we were told on multiple occasions that an episiotomy never occurred, in fact, the obstetric registrar wrote in my notes that it "*progressed to crowning an attempt made to perform episiotomy – head delivered prior to it being performed. Delivered through in light of expected shoulder dystocia.*" See **attachment 2-4** clinical notes.

Due to my 3C/4th-degree tearing, I had to go for surgery not long after delivery. Whilst in theatres the obstetric registrar who delivered my baby was in the theatre room with the surgeon for a while, came over to me and said, "I am so sorry." At the time I didn't really understand why she was apologising to me so without understanding the life-altering magnitude of what had occurred, I replied "These things happen." In retrospect, if I didn't just deliver a baby traumatically and wasn't in the process of having surgery, I should have said "Why are you apologising? What happened?"

Due to the extent of my tearing, I was told that it would be best to not to try to have any children for three years. I had my daughter at 36 years of age, almost 37. It has now been just over three years and I am now 40. I have one child. I believe that my pregnancy and birth trauma has impacted my desire to try for any more children.

During my three-hour surgery, my husband remained in the temporary birth unit room alone with our newborn, not knowing what was happening or what my progress was. He experienced birth trauma as a result of the birth and did not know what to do with this little newborn or what was happening to me. He suffered emotionally and psychologically as a result of everything that happened which affected his work for a few weeks after birth.

Due to Covid restrictions at the time, my husband was only allowed to visit one hour in the morning and one hour in the afternoon on the ward. This of course made it even more difficult and overwhelming being a new mum and having just had surgery and not yet being able to get out of bed. My experience with the midwives on the ward was mostly positive, however, on occasion some comments weren't beneficial to me emotionally or psychologically. For instance, on the morning after my birth and surgery, I had slept for a number of hours, I can't recall the exact amount, but at around 0700 hours when a doctor was attending to a patient in the bed next to me a midwife said, "these two women have been asleep and haven't even fed their babies for hours". This comment is harmful to a brand-new mum as we don't know what is expected or what to do. We are mostly in a state of bewilderment and overwhelmed with what to do and are under the assumption that you will, to some degree, be assisted. There is so much education and support antenatally, postnatally you are handed a brand-new human and basically sent on your way with best wishes.

On the ward, I felt there was a lot of pressure to bottle feed my baby as my colostrum and milk were slow to come in, which I understand is expected after surgery and some blood loss. The midwives on the wards are lovely and want to help but are busy and don't have the time to spend with you to really help you and your baby get the hang of breastfeeding. I did receive help from a midwife who was a lactation consultant about two days after birth, she took the time to really help my baby and I.

I was discharged from the hospital on 10 May 2020. I was given a prescription to continue oral antibiotics as I had been on IV antibiotics. However, I wasn't given information about softening my poos. I had been given some oral liquids in the hospital but hadn't continued at home, as I didn't know I had to. As a result, two weeks after birth I had terrible pain and bulging in my perineum. I was so overwhelmed and worried that I had burst my stitches and was petrified at the thought of going back to the hospital. I rang my GP and showed him photos to which he advised me to go to the gynaecological clinic of the hospital. This wasn't received too well, as they advised I should have gone to emergency and not straight to the gynaecological clinic. I was examined and the doctor advised I was severely impacted and prescribed some constipation medication. This whole ordeal was humiliating and traumatising.

About three weeks after birth, I attended a Clinical Midwifery Consultant for a debriefing regarding my birth trauma. My lovely delivery midwife recommended this, who came to see me while I was in the hospital. Both my husband and I attended this appointment, and she helped us immensely emotionally and psychologically. She also advised that if I chose to have another baby, she would facilitate the whole of my next pregnancy. I again saw her one month later.

I feel saddened, disappointed and angry that because of some healthcare professional's decisions and actions and not considering me as an individual, I have to live with the trauma and adverse effects. They continue with their next patient and forget about the lasting damage caused to the one before.