

Submission
No 910

INQUIRY INTO BIRTH TRAUMA

Name: Mrs Emma Hamilton

Date Received: 10 August 2023

Partially
Confidential

I have been blessed to give birth to 6 babies. My first could have been deemed traumatic. I had a long IOL, two hours of attempting to push out a posterior baby. The medical team recommended an emergency CS. My husband advocated for my desire for a vaginal birth and the consultant was called, I was assessed, and I had an episiotomy and vacuum extraction requiring a great deal of force to pull my baby from me. I then had a PPH with painful uterine massage and a 1.4L blood loss. My husband was traumatized more than I was. I felt well supported by an amazing team of midwives and doctors who listened to me and my desires. My husband, however, didn't return to see us until late the next afternoon as he had needed time to process the experience and attend to some self-care. We are both resilient people and have not had lasting trauma from this experience. Another aspect of my care at Hospital was my 6 week postnatal check was conducted by the consultant who was present at my birth. I was given another debrief of my birth and given positive encouragement for future births.

My next 5 births were at a busy regional hospital. Mostly I had great care, however, my 3rd birth still causes a feeling of disappointment with my care. I walked into birth suite in spontaneous labour. When asked why I had come I said I was in labour. The midwife scoffed and said "we'll see about that". I was taken to a room for assessment. Due to my history of PPH I asked for a cannula as I had been advised by the medical team. I had to request this several times. I tried to emphasise my point by stating that I have quick labours (my second was 2hrs from start to finish) and I would like the cannula sited before I was in transition and have more trouble staying still. A Dr came to insert the cannula and did a poor job. The insertion was painful and spurted blood. It was placed so I was unable to move my wrist without pain, making my mobile labour more difficult. My husband was upset and begged me to ask to have it resited, however, I didn't want to cause more trouble. I had arrived at the hospital about 10:30pm and as I entered transition I distinctly remember the midwife stating "Now she's in labour". I felt like lashing out and hitting her. How dare she dismiss my earlier labour and then make such a condescending comment. I felt like she wasn't listening to me. I birthed my boy within 30mins of this statement. My uterus was tired and boggy and I needed full PPH management including uterine massage. This was done without pain relief but was kept to 500ml. I sustained a 2nd degree perineal tear requiring suturing. I waited 2 hours for someone to come and suture and it was the Dr that put the cannula in. My husband had no faith in this Dr and recommended I ask for someone else. I said there's probably no one else and I've already waited 2 hours and I really want to get up and have a shower. The Dr put local anaesthetic into both sides of the tear then tested for numbness. I said I could still feel pain on the left side. She put more local in, waited a moment then tested again. I said I could still feel pain on the left side. The Dr then said "Oh you can't feel that" and began to suture. I endured the suturing with no pain relief to the left side. At one point I asked how many more sutures and was told "only a few more". I then counted the needle go in and out many times before she was finally finished. The bottom line is that I didn't feel heard. They didn't listen when I said I was in labour, they didn't listen when I told them I have quick labours and would like a cannula before I was in transition, they didn't listen when I told them I did not have adequate pain relief for the suturing. I didn't know that I could have pain relief for uterine massage.

My 5th birth I had a wonderful midwife who listened to me and trusted my knowledge of my own body. I was induced for post dates but I was determined not to have syntocinon as it is more painful than a natural labour. I was favourable and had an ARM. I requested and was given a passive hour to get into labour myself. At the 1 hour mark the midwife advised that I had reached an hour and we would need to start syntocinon. I asked her to wait as I could feel labour had started. She did wait and 30mins later she could see that I was contracting well. The labour progressed quickly and when the urge to push came she believed me when I said I need to push. She didn't request a VE to confirm but trusted I knew how to labour and birth. I began to push and felt him turtling. He would descend then come back up. This felt different to my last few babies and stated this. The midwife listened and put me in McRoberts.

I then felt him free up and I was able to push him out. I again needed uterine massage for a tired uterus but this time was offered gas. I had not needed gas for my labour but was extremely grateful for the pain relief during the uterine massage. Why had this not been offered before. I have endure uterine massage for 4 out of my 5 births and it was this last one that I was offered pain relief.

My 6th and last birth was also a difficult one. I came in via ambulance in precipitate labour and as soon as I was in the birth room I began to push. A felt the baby was held up, the midwife listened as I said something is not right, she did a VE and felt an anterior lip that popped out the way with the VE and my baby was born. I then proceeded to bleed profusely. I remember the midwife pulling on the placenta and a sheering of the umbilical cord. I could literally feel the blood draining from me. The staff acted quickly and 15 mins later I was in theatre under a general. When I woke up it was all fixed so I didn't feel as traumatized as my husband who was left holding a newborn with 5 other children at home and not knowing if his wife had survived or not.

There was so much blood. I had lost over 3liters and required massive transfusion protocol. I almost died, or so the Dr told me that afternoon when I was debriefed. But that's not what was upsetting about that birth. What was upsetting was that I was in recovery for a really long time since they couldn't stabilize my blood pressure. It was really low. I asked to see my baby. I had not held him other than the brief time he was on my chest before I was whisked off to theatre. I was told that no one was available to bring me my baby. I asked if my husband could bring me my baby and was told no he wasn't allowed. I wish now that I had been stronger and demanded to see both my husband and my baby. I wished I could have signed some waiver to say that we would take responsibility for him. He's our baby and he was healthy. He had no risk factors for monitoring I felt it was safe for him to come to me. I had breast fed all my babies and because I wasn't allowed to see him he was given formula, with my husbands consent, but only because the poor baby was hungry. Noone offered to hand express colostrum to give to him if he couldn't come to me, so his first feed was artificial formula. I begged to see my husband and finally he was able to come see me once my sister-in-law arrived to look after the baby. Poor staffing denied me the right of having my baby with me. My debrief was done that afternoon in birth suite when I was oedematous from my fluid replacement therapy and had a bakri balloon. I don't remember much from that debrief other than the Dr taking a long time to explain that my Hb was still low and I qualified for further blood transfusion but that there were possible long term risks to my capillaries from whole blood transfusion and that he wanted to trial standing and if I was n't symptomatic of anaemia then an iron infusion would be given instead. I passed and was given the iron infusion. I wasn't told my stools would be black afterwards by the way. That's a bit of a shock. Despite this traumatic birth I did not get a 6 week debrief at this regional hospital. I really think all births that are complicated should have a 6 week debrief at the treating hospital, preferably with the Dr that attended the birth. Debriefs attended on the same day or the next is too soon. Not all the information is retained. The trauma is too fresh. By 6 weeks you've had time to process the event and a second debrief I found extremely beneficial. My cervix tore and I had no idea if it was safe to have another baby. I didn't know if a scarred cervix would dilate like an unscarred cervix. We decided not to have any more children so it didn't matter but I think that would have been important information.

From my experiences continuity of care would have prevented the negative 3rd birth experience because the midwife would have known I have quick labours and that I knew my body. The midwife would have known that I am a self-educating woman who doesn't exaggerate or overdramatize and would have believed me when I said I did not have sufficient pain relief.

I believe a 6 week debrief for all complicated births with the attending Dr and a midwife will help women understand why the birth was complicated, give them the opportunity to ask questions and give confidence of the likelihood of the same complication occurring again.

I am now a midwife working at the same regional hospital I gave birth in. I am still a young midwife and I see everyday the variations in care. It's a matter of luck as to which care provider you get as to how you are treated. I see beautiful woman centred care with informed decision making. But I also see coercion, I see unnecessary interventions, I see women's needs and desires ignored. I see the 'dead baby card' brought out over and over again. I see the massive overuse of antibiotics for prophylactic treatment on weak indications. I see blood sugar testing of way too many babies. I see the disappointment on women's faces as I tell them all the MGP spots are taken and they cannot receive the model of care they are seeking. I see the traumatized women who struggle to BF after emCS and instrumental births. Some needed but others perhaps not if there were more skilled attendants or we hadn't started down the intervention cascade to begin with. I saw a perfect candidate for a vaginal breech birth walk in fully dilated and was taken for a CS because we don't do breech births. I saw a woman with a severe needle phobia, who did not attend any bloodwork her entire pregnancy due to her severe needle phobia, coerced into an IOL because she had two presentations for decreased fetal movements at term. When I saw her the movements had returned to normal and the USS was reassuring and she didn't want the induction. That's when a team of doctors, the reg, the consultant and the anaesthetist met with her and told her the baby could die if she didn't consent to the IOL. She exited that meeting in tears stating she had to have the IOL but didn't know how she would get the cannula and there was no way she could get an epidural (often required for IOL due to the increased pain of artificial contractions). She was sedated so the cannula could be placed. I don't know what happened after that but I remember her face. I have more stories but you get the picture. Maternity care needs to change in this country. Too many women do not get the positive birth experience they envision. The CS rate continues to rise, I have published a paper on this, due to women having a traumatic first birth and not wanting to repeat the experience.

I really hope there is change to our maternity system.

Thank you for taking the time to read my story.