

Submission
No 948

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I gave birth at [REDACTED] Hospital in September 2019. During my experience in the maternity ward I was dismissed, had interventions without my consent (or knowledge), coerced and my postpartum care was inadequate.

Through the hospital pregnancy care clinic I had no continuity of care. I went in for a appointment with the clinic 6 days after my due date (this was a planned appointment) and was told I had been booked in for an induction the following week. I was not told any of the risks or benefits of induction, just that I had already been booked. I questioned the need given my low risk pregnancy, and was told policy was to induct at 10 days over due date, and I had been booked earlier than this as the hospital was busy. I was told there was no changing this and I

would have to be induced.

I went into labour at home myself before my scheduled induction. I had gone to the hospital birth education classes and completed my own education online. I had worked on putting myself into the mindset of wanting a positive birth, which was one where I was empowered and respected. I was excited for labour and birth and in awe of the process.

I laboured at home for approximately 12 hours before going to the Maternity ward. Once there at approx 5pm a nurse performed a VE and found I was 3cm. I asked if I should go home, and I was told that they had already administratively booked me in so I should stay. I questioned the need for a cannula and I was told it was policy to have one.

I went into birth suites and my contractions had slowed down. The midwife helped me try some things to get them moving again (different positions etc). At 1030pm after shift handover the new midwife suggested I have morphine as I needed to sleep. I told her I was fine, I was labouring and couldn't sleep and didn't feel like I needed to. The midwife told me I was in early labour and needed to sleep. I refused morphine. For 3 hours the midwife came into my room saying I needed to take morphine so I could sleep, I needed my energy for when they broke my waters in the AM because then labour would start. When I said I was in labour and requested she check, the midwife said I was a first time mum and didn't know what labour was. That midwife had another midwife come in to tell me I needed morphine as I was best off

sleeping. I was dismissed and coerced for 3 hours before I eventually consented to having morphine.

The morphine eventually wore off and a few hours later another midwife came onto the shift. She explained my waters would be broken to move me from early labour to labour. I again said I was definitely in labour. She then went to break my waters and reported I was 9cm. She had a senior midwife check as well as at handover she had been told I was 3cm. I appreciated she asked my permission and sought someone else's advice.

My waters were broken manually. There was meconium. When the obstetrician came on their normal morning rounds the obstetrician became very concerned that I had not had a VE done between 5pm and

8am. The obstetrician wanted me to have syntocin incase I had been stalled at 9cm for a long period of time. I declined the syntocin as I felt I had not been that dialated for long. I was put on continuous hr monitoring. My midwife supported me to decline syntocin 2 more times. I was then told I had no choice and would be given the syntocin. They were having trouble monitoring baby's HR and thought there had been some dips. Baby's HR then started causing concern. The OB told me to lay on the bed, I refused and I was told I had to, there were no longer any choices and I had to do what the OB said.

I was put on my back in stirrups and given syntocin several times. The OB and midwives coached my pushing and kept increasing syntocin ao my contractions were longer. The OB told me she was using a vacuum. The OB told me she was

giving me an episiotomy as she was cutting me. The OB told me she was using forceps. At no point was I given a chance to consent. The emergency button had been hit and the room was filled with people by this point. I later found out at least 8 of the people were students (some paed, some o&g).

My daughter was born and taken straight to the resus table at the side and worked on by the paed team. She was rubbed and ended up given chest compressions. My partner who had been with me throughout the birth and I had no idea what was happening. My daughter was wheeled out to special care and my partner went with her.

I then heammoraged, and felt noone would give me information about what was happening with my daughter as they told

me I needed to focus on myself. After 3 or so hours in birth suites my mother (who had come to support me after my partner left) strongly advocated for me to see my daughter, and eventually I was allowed to go to special care.

After my birth and haemorrhage I was seen very little by nursing staff in maternity. In the days following there were whole nursing shifts where I wasn't seen. I was unable to feed my daughter in the first 24 or so hours due to her health, but once I was I was not supported or even observed. I was left to figure it out myself. Only once was I observed breastfeeding by a midwife (who I had called in the night for help). Despite this my notes said I had fed well on both breasts each feed. On day 2 the midwife during my birth had come into my room and gone through the birth with me.

She was very generous with her time, she was open and I am incredibly grateful she was there for the birth. The OB students (I think they were students, it was not the registrar) saw me on my last day (day 4) and medically discharged me. They did not say anything about the birth, I asked about episiotomy care and was told just to keep it clean. I should note I had pre existing mental health concerns which worsened in pregnancy, which I had flagged repeatedly with the PCCC. I had told the PCCC i had been working a lot with my GP and psychologist as I was considered at risk for post partum psychosis after a dissociative episode in pregnancy. My mental health was not checked in on at maternity.

I was in shock for the days and weeks after my birth. I broke down in special care

several times. Once when a nurse insisted I watch a first aid type video, and there was a part involving chest compressions. I started crying quite hard and my partner explained the birth had been traumatic and I couldn't watch this. The nurse insisted I had to watch it, that all parents with babies in special care must watch the video before discharge. I just walked out knowing I had had a trauma reaction and been ignored.

For me the aftermath included counselling with Gidget House about 6 months after the birth. I have been seeing a private psychologist at significant cost for about 6 months now. I also required women's health physiotherapy for a long time, also at significant cost, due to pelvic floor avulsion. Mine is a tear from the bone and my women's health physio thinks it is likely

from the rotational forceps that were used. This has caused pain and functional issues for me.

For me what is important about my experience is that it's not the actual birth which became an emergency, that keeps me awake at night. It is the disrespect, coercion and dismissal by the overnight midwife. I went into motherhood feeling like I was already a failure for not advocating hard enough for my daughter. I was coerced into things which I believe was the start of the cascade of interventions. The amazing midwife during the actual birth made me feel listened to and supported and it made the world of difference.

About 8 months after the birth I contacted the NUM at maternity to complain about

my treatment. After going through the above with her in a face to face meeting, she got back to me the following week. Over the phone the NUM stated that when the morphine was administered there should have been a VE, and if the midwife thought I was in early labour, as she had written in my patient records, it should have been signed off by an OB. She said this was a breach of a standing order. The NUM said she would email the policy out for all staff to read. I asked if she would speak to the midwife involved about her lack of women centred care and that I had felt coerced. The NUM said she felt that there was no point and she didn't want the midwife to feel singled out. The NUM said if the morphine had caused any HR issues with my daughter it was fine because they would just have given her a needle and she would have been fine. She also said I

should have had a birth debrief and talked to a social worker while I was a patient and unfortunately this had been missed.

This attitude made me realise I would never feel safe in the [REDACTED] maternity ward. In hindsight I am not sure if this was treated as a formal complaint or a birth debrief. I was not advised on any further complaint processes available to me.

My treatment at the hospital is the main factor in my families future plans to have children or not. At this stage I can not feel safe there. There are also no private midwives practising in [REDACTED], so I am not having more children for now.

I truly believe midwifery group practice would have given me a completely different experience. Even when things went wrong, having a midwife who listened

made all the difference to me. I believe MGP should be available to all women in NSW as the standard maternity care in public hospitals. There should be a timeline and financial support for hospitals to implement this as soon as possible. I believe this would help with staff retention among midwives who I know are over stretched.

I believe homebirths should be supported by the NSW government and occur throughout NSW through the public health system. Evidence shows a known midwife and birthing at home give the best outcomes for birthing women and their babies. I believe private midwives should not be so expensive for consumers, allowing everyone to have a real choice in how they birth.

Womens health physios should be available to women pre and post birth, not just those who are lucky enough to be able to afford them.

Childbirth does not have to be traumatic. Traumatic things can happen in childbirth, no doubt, but if women are informed, treated with respect and given real choices and have continuity of care I believe and research shows, birth trauma will significantly decrease.

