

Submission
No 961

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 15 August 2023

Partially
Confidential

Submission to the NSW Select Committee on Birth Trauma

15 August 2023

Confidentiality: I provide consent for my submission to be published without my name.

Key Issues

- I felt unsupported, vulnerable and scared for the majority of my labour as I was left alone in the induction ward with no midwife support or partner.
- I did not feel like I provided informed consent about the administering of Cervidil for induction.
- My transfer from the induction ward to the delivery suite was left too late, resulting in me actively pushing while I was in the wheelchair being transported.

Recommendations

- Ensure patients provide informed consent about the administering of all drugs as part of inductions. Provide opportunities for patients to speak directly with consulting obstetricians to understand the induction process and associated risks, as well as ask questions in an unhurried way.
- Examine policies for patients admitted to the induction ward and clearly communicate these to patients, including:
 - o the presence of birth partners
 - o the threshold at which patients are transferred to the delivery ward.
- Ensure an appropriate number of staff are working on the induction ward.
- Ensure midwives in the induction ward are trained to provide emotional and practical support to women demonstrating the signs of active labour (Particularly overnight when patients do not have the presence of birth partner support).

Personal Experience

I was induced for my second pregnancy at _____ on 27th October 2022. I was a patient of the Midwifery Group Practice (MGP) program. I had a good experience with MGP throughout my pregnancy which was routine and without complication until 36 weeks gestation when I was diagnosed as having asymmetrical growth (the baby's abdomen measurement had dropped to only the 9th centile after previously measuring within the 90th centile at the 20 week scan). I was booked for weekly follow-up scans, and by 38+4 weeks the baby's measurement had dropped to 3rd centile. My midwife explained to me that it is not clear what the cause of asymmetrical growth is, but it is often an indication that the placenta has stopped working effectively, causing nutrients to be diverted to other, more vital organs of the baby. The consultant advised (via the midwife) that while there were no other signs that the baby was in distress, given that I was now at full-term the baby was "better out than in". He recommended I be induced within the next 1-2 days.

The decision to proceed with induction was made during my 38+4 week appointment with the midwife following review of the ultrasound. I had hoped that for this pregnancy I would go into spontaneous labour and experience a natural birth with no medical intervention or pain relief. While I was anxious about undergoing an induction, I felt confident that the asymmetrical growth issues provided valid justification for the intervention.

Since I had been induced for my first pregnancy at [redacted] (which ultimately resulted in a cascade of significant interventions), I was eager to understand what would be involved this time around. Before contacting the obstetrician to understand the recommended procedure, the midwife commented to me that it would be unlikely I would be administered Cervidil gel (as I was with my first pregnancy) as "it is difficult to control and can tend to be a runaway train, so is usually avoided when there are issues related to the baby's growth".

After a brief phone call with the obstetrician, the midwife conveyed that he had recommended Cervidil and so this is what I would be administered when I was admitted to the induction ward in 2 days' time. I was not informed of the reasons why Cervidil was recommended. I was told that the obstetrician thought it would be fine, however there was no opportunity for me to ask any questions to further clarify.

Two days later on 27th October at 2pm I was admitted to [redacted]. I was assigned a room on my own in the induction ward, and underwent initial obs prior to administering of the first drug.

At approximately 4pm I was administered the Cervidil. I was provided with a one page information sheet about the drug but there was minimal opportunity for me to ask any questions. During the administering procedure, the midwife commented on how stretched they were on the ward that day, remarking that there was a ratio of 8 patients to each midwife which meant she was run off her feet. I felt concerned about the level of care I would receive.

Approximately half an hour after the Cervidil was inserted, I started experiencing moderate contractions. Within the first hour these grew very painful. I went for a walk around the hospital and had to stop, lean over and focus on my breath when I experienced a contraction approximately every 10-15 minutes. I advised a midwife of the level of pain and frequency and she commented that although second-time pregnant women can often labour really quickly, it was unlikely that the baby would come anytime soon.

At about 6:00pm my husband left the induction ward. We had been informed that there was a no-stay policy for partners overnight on the ward and so he went home to take care of our 2 year old. At the time he left I was continuing to experience irregular, painful contractions.

By 7:00pm my contractions were so painful that I found it difficult to talk. I rang the buzzer and informed the midwife of the level of intensity and that I felt the baby was on the way. The midwife examined me and advised I was only 1.5cm dilated. She suggested I take some Panadol Forte to deal with the pain.

By approximately 8:00pm the contractions were approximately 5 minutes apart. Over the next half hour they progressively increased in pain and frequency. I rang the buzzer again to request some Panadol Forte. It took approximately 20 minutes for someone to attend to me to request the pain relief, and a further 30 minutes for them to bring it to me. I felt ignored and neglected by the staff.

From about 8:30pm the pain was so regular and intense that I was audibly moaning and out of my bed moving around the room. Given that I was on my own with no midwife or personal support, I tried to recall positions that had helped during labour with my first child. I kept the lights off to help

me focus on the pain. I felt scared and alone. When two midwives came into my room to insert a catheter at approximately 8:45pm I was slumped over the bedhead (which I had raised on my own) in significant pain. One of the nurses joked "It's very zen in here" and I responded that I was in a lot of pain and that the contractions were now approximately 3 minutes apart. They turned the room lights on which shone directly in my face and then did not turn them off once they had finished and left the room. Before leaving, they felt my stomach during a contraction and commented that they still felt only mild. I felt dismissed by the midwives and started to seriously question my own judgement and whether I would be able to get through the labour. Around this time I also asked what the threshold for being transferred to the delivery ward would be, but was given only a vague response implying that my labour would need to be much further along.

My contractions continued to ramp up and I laboured alone in the room with no-one there to support me. Feeling overwhelmed and scared, around 9:15pm I pressed the buzzer and requested that my husband be permitted to return and support me. I informed the midwife how alone and unsupported I was feeling. She assessed me as still only 2cm dilated, but agreed to overlook ward policy to allow my husband to come.

By the time my husband arrived at 9:45pm I was experiencing extremely strong contractions and loudly screaming, still mostly in the room on my own. I remember feeling shocked that no midwife was coming to check on me when they clearly would have heard how much I was in pain. Within 5 minutes of my husband arriving my waters broke and by 10pm the baby was crowning and I was starting to push, still in the induction ward.

The midwives rushed to fetch a wheelchair and I was made to sit in it so that they could wheel me down to the delivery ward. The journey felt like a lifetime, through brightly lit corridors and into an elevator all while I was in 3rd stage labour and actively pushing. I could feel the baby's head crown against the seat. I screamed at the top of my lungs with each contraction and push. I felt panicked, vulnerable and exposed.

When we arrived in the delivery suite it was as if no-one was expecting me. The lights were off and the midwives seemed surprised to see us. At 10:16pm, within 5 minutes of entering the room, I delivered the baby.

My baby was floppy, blue and barely responsive at birth. He was immediately examined by a paediatrician (APGAR score at 1 minute was 5) and rushed to the NICU shortly after. I was unable to hold him other than immediately after birth as he was rushed away from me to the NICU. He was diagnosed as being in respiratory distress (put on an IV and CPAP) and with low blood sugar levels. While the exact cause was not conclusive, the NICU paediatrician informed us his condition was likely due to the quick and traumatic nature of the birth.

He was in NICU for 2.5 days and up on the ward with me being closely monitored for an additional day before we were discharged. Over this time (particularly when I was separated from him in the NICU) I felt

I have suffered ongoing trauma and anxiety as a result of this birth experience and continue to see a psychologist in relation to this. I regularly have flashbacks of my experience in labour. In particular, the memory of being alone in a dark room feeling vulnerable and trying to figure out what to do on my own continues to haunt me. I feel like I wasn't taken seriously by the midwives and that my multiple attempts to communicate how quickly my labour was progressing were dismissed.

I question the obstetrician's decision to give Cervidil and replay the moment where it was recommended to me via my midwife. I often wonder whether the trauma my baby and I experienced due to the very quick and stressful birth could have been avoided if another induction drug was used. I have since done independent research and it appears there are widely acknowledged risks with administering Cervidil on babies with growth issues. I feel angry with myself for not being more proactive in asking to speak with the obstetrician so that I could better understand risks, particularly seeing I had received an initial warning there could be risks involved from the midwife.