

Submission
No 983

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 13 August 2023

Partially
Confidential

Birth trauma submission

I wish to provide my submission to the Inquiry into Birth Trauma. I would request that my name not be published and be kept confidential. In this submission I have detailed the most distressing, difficult and vulnerable time of my life and I do not want people in my community to be able to identify me.

My submission relates to my traumatic birth with my daughter who is now 5 and my subsequent birth with my son who is now 2 1/2 . My submission details my traumatic birthing experience, living with and trying to access treatment for a significant birthing injury, lack of obstetric options in regional NSW, not experiencing trauma informed care, the impact on my immediate and extended family, impact on my ability to work and financial burden of reduced working capacity and cost of treatment.

In 2018 I fell pregnant with my first baby. During my booking in I told the midwives that I had a family history of difficult births and birthing injuries this was dismissed. My mother had me with a forceps delivery and continues to this day to have troubles with her bowl bladder and rectal prolapse. She has been told by her treating team that this was most likely caused by forceps delivery. My aunt had a very difficult first birth with my cousin and broke her tailbone and has gone on also to have pelvic floor issues. My grandmother also had traumatic births. Despite giving this family history with assisted delivery it was never discussed with me about what this would entail if I needed an assisted delivery via forceps or vacuum, no education or risks were provided at all in my care.

My pregnancy was uneventful until 37 weeks when I began to get hypotension. I was admitted for overnight monitoring and was requested to return in a few days to be reassessed. I was told I would likely need an induction of labor. I was told I could only leave the hospital if I agreed to return in three days time. When returning I was told that I would need an induction of labor. I was not provided with any information about induction of labor options but had been advised by a independent birthing course to always look up fact sheets on the Royal and Australian College of Obstetricians and gynecologists about care options to make informed choices. I advocated for myself to have Cervidil tape as I was a very small build and felt that Syntocinon would be too much for my body to handle. Prior to my birth I had been on fetal monitoring for two nights in a row and was induced on the third night with no sleep. I found labor very difficult I was already exhausted and had a posterior baby. About 8 hours into labor I asked for an epidural as I had labored hard into my back. This was very effective and allowed me to have a rest before waking to overhear a nurse who had said they had talked with an on-call Dr who had said to start Syntocinon which I had never consented to. At that time I could still feel significant pressure in the right side of my lower pelvis. My epidural wore off and they commenced Syntocinon. If anyone had stopped to ask me I would have told them then that my baby was stuck. I had already lived a lifetime with my body and I knew it well. Syntocinon felt like it made my body convulse uncontrollably with contractions it did not feel natural. After 90minutes with no movement of my baby and absolute exhaustion I had an episiotomy and vacuum delivery. My episiotomy was not stitched with any anesthetic as the Obstetric registrar just assumed I could not feel anything because I had had an epidural. In the hours after my birth I was in significant pain but was only given Panadol. I was observed later in the night to have a hematoma on the right hand side of my perineum. I struggled to breastfeed as sitting up was incredibly painful.

When I was discharged home I had a midwife see me once a few days after for breastfeeding. I spoke to her about my concern that I had no feeling in the right side of my genitals or leg. I received no follow up from the obstetric team despite having a high risk instrumental birth. About 10 days

postpartum feeling returned to the areas that had been numb and I would describe this as a constant burning pain. There had been information I had been given on the maternity ward that they had drop in clinic on Mondays when you could come back for breast feeding support or mother crafting. I called the maternity ward as it was mid week to ask for some help as I was in incredible pain and was not sure what was going on and wanted to know if this dropin could help. When I called a midwife answered and I explained I was in a lot of pain and I wasn't sure what was going on or if it was a urinary tract infection and wanted to get some support. The midwife abruptly told me that "we don't deal with that here ok" and rushed me off the phone before hanging up. I felt so alone. I remember crying and crying. I remember saying to my partner what have we done, we should have never had a baby. I contacted my GP clinic but my GP was away. I was able to see another Dr who identified that I had a urinary tract infection but my pain did not get any better. As I reached by 4th week postpartum I was in a place of absolute despair. I was watching TV and the show had a feature on the Australasian Birth Trauma Association. I was able to read fact sheets on their website and connect with a peer worker which was a turning point for me. It was the first place that had provided real support and helpful guidance. At my 6 weeks postpartum check I requested a referral to see a Women's Health Physio because I believed something was wrong and I functionally was unable to do many things. I struggled with many normal mum tasks like to push a pram, put my baby in a cot, get on the floor, sit for long periods of time, walk on uneven ground or sleep comfortably.

Over many months of weekly treatment I was found to have a complex birthing injury that involved pelvic instability, hypertonic pelvic floor dysfunction on my right hand side and Pudendal nerve damage through the right hand side of my pelvis and genitals. My physio concluded that I had sustained these injuries in birth when my baby was stuck and its head sat for a prolonged period damaging my nerve whist Syntocinon was being used which likely worsened the impact of the injury. If I had had the opportunity in birth to be given the option for Syntocinon or a caesarean I would have absolutely elected caesarean. I was given Syntocinon without my consent.

Due to my injury I struggled to physically parent independently. At about 4 months postpartum we decided to take up my parents offer to move back to their home to be supported. I couldn't physically pack my own house so my brother and partner literally just gathered our whole house and dumped it into my parents garage. We moved back into my old teenage bedroom but this time I was sharing it with a partner and a baby. My mum was working full time in my parents business but had to cut back to part time to help me. I was unable to physically manage going out to do simple things like a mothers lullaby singing group at the library on my own. I wasn't able to attend any mothers groups because I couldn't physically manage my baby on my own. It was 9 months before I could get on the floor with my baby. I could only do tummy time with her in a portacot with a high basinet in it off the ground. My nerve pain was extremely hard to live with. It was unrelenting and intense. I would describe it like being burnt on an oven but all through your genitals up into your abdomen and down my leg. I was prescribed a neuroleptic which I took as needed which was highly effective for my pain. It gave me respite within myself. However I found it very sedating, I could not drive and I had to have my mother sleep with me at night when my partner left early for work as I would not wake to my baby who was crying to be fed next to me.

I was lucky enough to be able to have 12months maternity leave. However, towards the end of my leave I realized I had not recovered enough to be able to undertake the tasks of the job I had. I had been working in health and I would be unable to sit for long periods for assessments or carry the items needed to do home visits. This was devastating for me. I moved into a non-clinical role

where I could predict the physical tasks of the day and use a stand up desk. I was unable to work as many days as I had previously due to managing my pain and we had significantly reduced income.

During the first few years of my daughters life I struggled with symptoms of PTSD. These were especially triggered by “natural birth content”, the led up to my daughter’s birthday and her actual birthday day.

In 2020 with the support of my women’s health physio and GP I decided to have another baby. It had my dream to have a family and I did want my birthing injury to prevent this. I had been able to reach a number of my physical health goals. My GP and Women’s Health Physio also said that they would provide supporting letters to seek a cesarean through public health. At this time I had explored options for seeking a cesarean through private obstetrician. I live in Regional NSW and my closet option was 2 ½ hours away in _____ and would be \$9000 out of pocket, however we knew we would be guaranteed a caesarean. My cousin lives in Melbourne and she had given the same family history to a private obstetrician and was immediately given a plan for caesarean. At this time we did not have the extra finances as we had spent a lot on my treatment and I could not work as many hours due to my pain and had reduced income. We also predicted that I would need quiet a lot more physio through my pregnancy and this would be out of pocket. I was also very anxious about going into labor early and having to travel the distance. In the end I went into labor two weeks early and labored quickly so would have not made it to this option even if it was my plan.

My GP and I put together a long letter detailing all the treatment I had had with women’s health physio and a gynecologist to accompany my booking in at the antenatal clinic to request a cesarean. At my first booking in appointment with my local public hospital midwifery team I expressed I wanted to talk about my previous traumatic birthing injury but was told that I would be put into a Dr’s appointment on my next visit to discuss. I could see my letter sitting in the paper file but at no time did the midwife look at it and was dismissive about my reference to wanting to talk about it.

At 20 weeks I was booked into see the obstetrician as part of my antenatal care. In my local hospital you have no continuity of midwife of Obstetrician so you will see different people at every appointment. I often felt like I wanted to cry in the waiting room. Always surrounded by all the public health posters about natural birth and healthy pregnancy. It always made my shame feel so much worse, like what happened to me should me my secret and that this was not a safe, accepting or supportive place to talk about this as part of your care or to seek help. At my first obstetric appointment I was able to talk about my injury at length. The Obstetrician I saw I felt listened to my concerns but also fed back that they would consider the request for cesarean to be an elective one so it would therefor need to go before an obstetric panel at the hospital and at 34 weeks pregnant I’d be advised if I would be granted a cesarean. I have recently become aware from speaking with other women in similar situations that this is common practice for these request to go to a panel in public health and your only given the decision in late pregnancy. This uncertainty was very triggering and devastating. We began trying to work out back up options privately and also asking family for money. I was also very distress because if I had to have a vaginal birth then I wanted to terminate the baby. This had meant that I could not have this option if they decided not to grant this.

I went back to my GP with continued strain on my wellbeing and asked for a mental health care plan. I wanted to be able to link with a psychologist specialising in birth trauma and asked to be referred to a specialising in perinatal psychology service with links to the Australian Birth Trauma Association and requested telehealth. I felt that lots of people didn’t understand birth trauma or the

retraumatization experienced with subsequent births and I just wanted someone who knew this well. Unfortunately, I was told when trying to make a referral that they would not accept my referral as I was likely to be able to see a generalist psychologist in my local area. Feeling devastated and finding it more triggering finding unhelpful help I chose not to pursue any further psychological support and just used peer supports through the Australian Birth Trauma Association. My main emotional support remained my women's health physio who I continued to see weekly. From 20 weeks of pregnancy I began to have complications associated with my previous birthing injury. I experienced irritable uterus, a strong dragging feeling in my pelvic floor and reignited pudendal nerve pain. I struggled to work and complete many usually daily tasks.

I was granted a cesarean at 34 weeks but was told that a date for this would be made closer at 36 weeks when I would see an Obstetric registrar who would book the date likely at 39 weeks. I felt anxious about the uncertainty of the plan and the risk of going into labor and aggravating my nerve and pelvic floor damage. I had gone into labor with my daughter at 38 weeks. It still makes me cry when I think about the appointment that occurred with that Obstetric registrar at 36 weeks. During that appointment I was in insignificant nerve pain and had been having to lie down most days. The registrar was very dismissive of my injury and said "I don't know much about those sorts of injuries" and had to call an Obstetrician on-call to check the neuroleptic I had been having to use. She then booked my cesarean for 39 weeks and 6 days. I explained that I was really concerned about not making it that long with having previously gone early and that going into labor was likely to aggravate my existing injury. She was very dismissive stating that my nerve was further down in my pelvis so I'd have some time before things progressed that far (I did in fact labor hard and fast in the end). She was very rude and said there was no availability for any bookings the week earlier and the appointment abruptly ended. I cannot describe for you what that was like other than to say I had a massive PTSD trigger walking out of that office. I did not sleep for the next three days and was stuck in continual flashbacks of my birth, significant pain and systems trauma. I wasn't able to get in to see my GP earlier but was able to see my Women's Health Physio and after being able to talk through how I might approach going into labor earlier I felt much better.

I went into labor with my son on the first day of 38 weeks. I presented to the birthing unit early. The first midwife I had was the Clinical Nurse Educator. I explained my injury to her and my concerns. I clearly remember she then spent considerable time telling me how Women's Health Physios tell everyone to get Cesareans to protect the pelvic floor, was completely dismissive of how helpful they had been in my journey and suggested in a non direct way that I could still consider vaginal birth. I would describe this as trauma uninformed care and it was by the nurse educator for the birthing ward. Thankfully it was the end of shift and I had a new nurse who came on to care for me. She took my story seriously, did my examination in a very trauma informed way and within 5 minutes had me being prepped for surgery and my baby born within 30 minutes. My cesarean was a very positive experience.

I did experience complication after my birth. Due to my nerve damage I experienced urinary retention and fecal incontinence. I had a nurse who clearly did not have any experience with pudendal nerve damage and when I said I could not urinate she proceeded to shove an ultrasound in my cesarean wound and I went into shock. She panicked gave me pain relief but did not return for two hours until a change of shift when a new nurse started and drained 1 liter of urine from my bladder. When discharged I was not offered any follow up in any clinic despite my ongoing bladder and bowel complications. I did not have a GP appointment and it took 4 weeks to get in so I had to see whatever GP was on at the time at the practice and retell my story over and over which is triggering.

From the birth of my daughter to about 8 weeks postpartum with my son I had roughly 70 women's health physio sessions. 10 of those were partly subsidised by Medicare under a chronic disease plan. Without this support I would have not been able to have returned to a level of functioning where I could return to work or to have had a second child. I also feel that this support was the rock to my mental wellbeing throughout my entire journey.

Fast forward 2 ½ years and I'm doing pretty well. I have two beautiful kids. We have decided not to have anymore given our last pregnancy experience and this has been a process of grief and loss for me.

Things that I would like to see the inquiry consider

That it is made mandatory for all women in antenatal care to be provided with public health produced resources and education on the risks and benefits of instrumental birth. As part of this process ahead of birth women would be asked to sign a consent form similar to the postpartum vitamin k form to indicate in birth if they would consent to this occurring or if they would only consent to caesarean.

I would like to see a public health campaign to educate women on birthing injuries and to reduce stigma. This would include public health material that would be visually present in antenatal care.

A process in all maternity wards that instrumental or other traumatic births are referred to a follow up clinic or given follow up in the home.

Medicare funded women's health physiotherapy sessions

Mandatory Trauma Informed Care training for all NSW health midwives including education on birthing injuries.

Specialist Traumatic Birth psychological services that are available to women in regional and rural nsw.

That women who request caesarean in public health are offered this in the same way that they would received this in private care.

That the decision for caesarean being approved in public health is given within the same timeframe as termination so that women who are declined have the ability to terminate the pregnancy if they do not feel they can birth safely.

I really appreciate that you have taken the time to have this enquiry and for my story and what happened to me as a person and my family to truly be heard. Thank you.