

Submission
No 989

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Birth Trauma Submission

My name is _____, I live in _____ NSW. I am 33 years old; I have an 8 year old, a 6 year old and a 2 year old. I gave birth to my first two children at _____ Hospital, NSW in 2015 and 2017, where we were really happy with the care we received. Our third child was born at _____ Hospital in 2021. We were not able to get a place in the MGP and so continued our care through the normal midwife system.

I received birth trauma as a result of our experience at _____ Hospital. We felt a lack of care from some of the midwives and doctors, as well as very clearly seeing a brand new birthing unit being overwhelmed with patients, understaffed, with insufficient rooms to satisfy the need. We experienced hours of waiting without answers, time frames for induction being pushed back and painful and damaging examinations and procedures. In addition, it was the ill treatment of the woman I shared a room on the maternity ward postpartum, that made me feel like I needed to take a stand. It has taken me 2 years to submit anything formally, but I feel more empowered now than I had back then to voice my experience and stand amongst many women in an attempt to improve the outcomes for women and their families (because really, this impacts the whole family, not just mothers and babies).

My story is outlined below...

Tuesday

- 8.30pm waters partially broke at home
- Hospital around 10.30PM - **Very painful assessment of waters.**
- Waiting – We were told they want to induce (break waters and oxytocin) at 7am next morning to avoid infection. We pushed for later time to ensure we could get some sleep before the exhaustion of the labour to come. We asked risks/benefits in doing so.
- We negotiated to return at 8/9am so we could get some sleep.

Wednesday

- Returned at 9am-ish and a wonderful midwife explained our rights, risks, benefits of induction and of waiting a little longer. She said we can hold off. We agreed to return at 3.30pm (earlier if something had started on own).
- **2.30pm** we returned to hospital (nothing had started, we just thought induction could start earlier seeing nothing had happened)
- Very busy birth unit. Induction was pushed back multiple times (meanwhile we were sitting in the waiting room). At 4pm we asked whether we could go home and wait until first thing next morning to induce due to exhaustion.
- More time waiting for Dr's and advice.
- **6pm** Dr talked to us and agreed could go home for rest. She wanted to do set of obs first. In the obs, the baby didn't settle, couldn't get a steady baseline. The Dr wanted to do iv fluids before we went home due to no base line.

Four different midwives or doctors tried a total of 6 times to insert a cannula in my arm. Finally an anaesthetist was successful. It was late, I was exhausted, and I felt like a pin cushion (later to be covered in brusies up my arms). Could I not have had fluid orally instead?

- With a change of shift, a different Dr came and insisted we stay overnight due to risk of infection (**this was approx. 11pm**). We could go home if I had dose of antibiotics and came back 4hr later for 2nd dose (**which would be more sleep disruption and further exhaustion**).
- We reluctantly stayed.
 - Dose of antibiotics 11.30pm and again 3.30am
- 6am waters to be broken next day

Thursday

- ***The breaking of my waters was very painful and the midwife had difficulty in doing so.***
 - 2cm dilated 2cm long cervix
- Natural contractions began. Oxytocin wasn't given until later around 9.30am/10ish to speed things along.
 - I thought I was progressing well with intense contractions. Assessment was done around 10am-ish: 2cm x 1.5cm cervix
- Contractions more intense. At 12.40pm measured to see where I was at, as pain was very intense. I had been on gas, working on my breathing, active positioning, heat pack. I wanted more pain relief. Felt I couldn't do it any longer.
 - Only 4 cm dilated
- I asked for epidural and to be given morphine in the meantime. Morphine was given (felt like it did nothing). Very intense pain.
- Called anaesthetist down who began talking about what would happen for epidural. Contractions kept coming and had I to interrupt the anaesthetist to breathe through contraction. I felt need to push.
- 1 and half pushes, same contraction and baby came out.
- **Born 1.28pm**
 - Oxytocin given for placenta.
 - Placenta came out fine
 - No clots, haemorrhage or tears

When our daughter was born, she had cuts on her head, which to our understanding, was a result of my waters being broken. At one point when the midwife was breaking my waters, I asked if she was sure that it was the waters she was getting, as it did not feel right. These cuts left scars on our baby which remained for the full first year of life.

The birth itself, while painful, was not the most traumatic situation for me. It was the extensive lead up which left me feeling exhausted, anxious and feeling like we were being dangled along, with little care. I understand that birthing wards can be busy (and yes, there were 2 emergency caesareans while we were waiting, and one baby born in the assessment

room due to lack of beds) – but this is part of the problem. Where are the staff and beds to accommodate the need? There was a complete lack of communication where we were left wondering whether we would ever be seen. It was us finally being able to catch someone at 4pm on the Wednesday to ask whether we could go home. If we hadn't, I wonder how much longer we would be waiting. If the risk of infection was that much of a deal, I feel they would have induced us earlier. In hindsight, we could have spent the whole day Wednesday at home to relax, to see if labour would begin on its own.

Throughout our time of being observed over the 3 days, there were instances where midwives would come in, look at the observation paper and walk out – not looking at us, not talking to us.. just reading the obs and leaving. And there was quite some time between their visits. Despite the lack of politeness, it left us feeling unsure as to what was being observed, whether good or bad. It also made us feel like the journey we were about to embark on was with midwives that didn't take an interest in us as people. These were the people we were trusting with my health and the health of our baby. We felt rather disconnected.

I am not surprised my labour did not progress at the hospital as we were full of emotion of anxiety and confusion. We know from research and our Calmbirth course we had taken prior, that your surroundings can play a huge part in the progression of birth. In all situations we aimed to listen to the expertise of the nurses and doctors and make educated decisions. However, we also felt that we could have been treated more fairly in being given the decency to keep us informed and acknowledged.

On the maternity ward, I felt the woman I shared a room with was treated unfairly. When I arrived on the ward, she was pregnant, awaiting a caesarean the next morning. The nurses came in loudly, early the next morning (I think around 5am). I woke up to the nurse asking without any consideration to who else might hear the conversation, whether the woman had shaved her lower parts ready for the operation. The woman's voice sounded embarrassed as she replied that she was heavily pregnant, and it was difficult to get to that area. I felt for the woman that she was made to feel like she hadn't prepared well enough AND that it was announced for others to hear. The woman returned from the caesarean without her baby as she was taken to special care. Through the night the woman was buzzing for nurse assistance, and no one came. I eventually went in to her and asked if I could be of any help. Turns out that this woman was diabetic and couldn't reach the charger for her phone which helped her track when she needed her medication. She was in too much pain to move or get out of bed. This is a lack of care for their patient. Both in understanding her medication as well as not attending to her when she had buzzed over 3 times for assistance. There is such a need for midwife care on the Maternity Ward. I have heard that the maternity ward at _____ at the time I birthed my daughter only had a couple of midwives and the rest of the staff are general nurses. Without the specific training and knowledge, there is such a risk of patient neglect for the specific care they, or their babies require.

I am passionate about seeing improved care and support for women throughout pregnancy, birth and postpartum. I debriefed with a midwife (separate to my experience) after my birthing experience, terrified if I ever fell pregnant again. I did not want to endure what I

had over the few days I was in hospital before our baby was born and to witness lack of care postpartum to others. I hope my story can shed a light on some of the improvements that need to be made.