

Submission
No 996

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

My name is Angharad Owens-Strauss and I am 34 years old. My partner is Shaun Bradley who is the same age. I became pregnant with our first baby in 2021. I joined the Midwifery Group Practice at which I found a wonderful experience. Once pregnant, my partner and I became deeply interested in birth and developed an understanding of what became known to us as birth trauma, informed by a number of sources including Birth Time (the movie), friends/family experiences, podcasts and books. We decided when I was around 20 weeks to engage a doula, after acknowledging the reality of the difficulties we would face navigating the medical system and accepting that we could not do that uninformed and without support.

We could not afford a home birth, which was disappointing and made us apprehensive knowing we would give birth in a hospital. Luckily, our allocated midwife was incredible and gave us true woman-centred care.

We reached 41 weeks without any complications. From here, our care/treatment took a turn.

During my 41st week, my midwife carried out a fundal height test. I had been seen by a different midwife for the previous two appointments who recorded my fundal height. My normal midwife did the test and recorded a decrease in fundal height from the last two recordings. I now know that the method of measuring fundal height can be done differently by different midwives depending on where they start measuring from or finish measuring at. My midwife booked me in for an ultrasound to check the baby and a doctor's appointment a few days after the ultrasound.

I had an ultrasound with a particular sonographer on a Tuesday. She said everything looked completely normal including that there had been no changes to the size of the baby. We left the ultrasound reassured.

On the Friday, we were seen by a young doctor, joined by our midwife and a trainee. The young doctor reviewed the ultrasound report and told us the baby's amniotic fluid was at the lower end of the normal range (5.5). My midwife asked the doctor whether she wanted to do a bedside ultrasound to check for herself. She said because the ultrasound was only done a few days ago, it wasn't necessary. She explained that the levels were still within normal range but recommended an induction. We said we were comfortable with the levels and would not take up the option to have an induction at this stage but would come back for an ultrasound after the weekend. She agreed and said she would need to have the matter reviewed by her superior.

She left the room and returned with an older doctor, who sat down without acknowledging us or telling us her name. She said "I am the Head of the Unit and I have serious concerns for the safety of your baby". My partner and I were silent. She said the amniotic fluid levels were low and she strongly recommended an induction. I corrected her, saying that the amniotic fluid levels were within the normal range. I told her that I understood that amniotic fluid decreased towards the end of a pregnancy. She told me that wasn't true.

Of course, that is in fact true.

I told her we would not be agreeing to an induction right now but we would come back on Monday for another ultrasound to see how the levels looked.

She asked us "what if you come back in on Monday and your baby has no heart beat?"

Again, my partner and I were silent. The appointment ended after I repeated firmly that we would not be agreeing to an induction right now.

I spent that weekend incredibly anxious and concerned for the safety of my baby. I felt at times that I was grieving my unborn baby which was a deeply traumatic experience for me and my partner. I was forced into being hyper-aware of my baby, constantly checking for movements and becoming immediately anxious if I couldn't feel any.

I returned for our ultrasound on the Monday feeling terrified. This time, we saw a more experienced sonographer who was described to us by our midwife as the best sonographer in the unit. He checked our amniotic fluid and exclaimed that there was "heaps of liquid" and told us he had no concerns about the fluid levels. When we asked what the level was, he repeated numerous assessments (now aware of our circumstances) and continuously came up with a level of 10.5.

We walked away feeling reassured but mistreated, coerced and poorly-advised by the head of the unit.

Throughout this period, we had numerous fetal monitoring sessions. These were generally unpleasant experiences. Nurses are under particular instructions to only allow patients to leave the session where the baby has shown a particular pattern of heart rate configurations. Most of the sessions required me to stay and continue monitoring because this pattern (threshold) had not occurred. At one particular session, the day stay area of the fetal monitoring unit closed and they moved us to the post-natal ward to continue monitoring. The nurse looking after us expressed to us her disappointment with our decision to refuse an induction. She continued to repeat that the most important thing was the health of the baby and said that everyone at the hospital was "freaking out about us" because we were overdue.

A few days after this particular session, which continued for hours (until we signed a document discharging ourselves against hospital advice), we agreed to speak to another doctor/obstetrician in the unit provided we would not be pressured to be induced. This experience was more pleasant. He looked through my records. He noted I had no complications, was low risk and under 35. He had no concerns with my ultrasound reports. He said he had reviewed the fetal monitoring patterns and in his view they were normal. He agreed that assessments of fetal monitoring were particularly discretionary.

We ended up opting for an induction when I was 43 weeks and 3 days pregnant. We decided that we wanted to try the method of inserting the mechanical balloon first because we wanted to avoid synthetic hormones if possible. Once the balloon was inserted, I was told they needed to monitor the baby's heart rate to check if the baby was coping with the pressure of the balloon. The monitoring showed the heart rate dropping whenever I had a tightening. I understood this to be normal when women are in labour. The doctor on duty said that was true but it was too early for the baby's heart rate to be dropping. He said that given I was post 41 weeks that he would recommend a C section. We asked for another option. He said he could release some water from the balloon. I chose to release some water.

After he released some water, the baby's heart rate stabilised and the monitor was removed. Around this time I started to really feel the contractions. My partner and I went for a walk around the hospital grounds. When we returned, a nurse said they wanted to monitor me again. After an hour of monitoring, a new doctor came to my room and said the baby's heart rate was continuing to drop and she recommended a C section. I told her that I felt that I was in labour. She asked if I'd had a contraction since she had been in the room. I said yes. She replied, "then you're not in labour", suggesting that because I was not showing signs of being in serious pain I was not in labour. We asked for an option other than a C section. She said she could take the balloon out and break my

waters. She said her concern was that there might be meconium in the fluid (because the baby was overdue) and the baby could be inhaling it. I agreed to remove the balloon and for her to break my waters to check the fluid.

I was then moved to the labour ward (rather than the birth centre) so that I could be constantly monitored. The doctor removed the balloon and broke my waters. She was surprised to find I was 4 cm dilated. She then commented that the fluid was “specky” although my partner and I still don’t understand what she meant by that. She then said she’d give me two hours. Again, we did not understand what this meant but we didn’t have time to ruminate on that because I immediately went into active labour. Our baby was born healthy and happy about 3 hours later without further medical intervention.

It seemed obvious to us that there was a huge disconnect between the approach by MGP and the nurses and obstetricians/doctors at .

Our experience dealing with nurses and obstetricians/doctors was for the most part hugely disappointing. Their attitude, care and treatment is in desperate need of systemic change.

Some of the most disappointing experiences we had were as a result of:

1. Having to constantly repeat our desires despite having provided a considered birth plan.
2. Doctors not listening when I was explaining feelings I was experiencing.
3. Being threatened and coerced to be induced by using the potential death of our baby as leverage.
4. Not being offered second opinions or follow up ultrasounds/monitoring before assuming an outcome and making recommendations for inductions based on that outcome without explaining the associated risks. At no stage of my pregnancy were we informed of the risks of induction even after agreeing to have one.
5. Not being given adequate information or offered alternative options to inductions or C sections without being firmly prompted.

If it wasn’t for my partner, our midwife and our doula, my birth experience would have been vastly different and no doubt much less positive. We had to unnecessarily question medical advice every step of the way to get the outcome we wanted for ourselves and our baby.

It saddens me to think of the many women who navigate this system alone without support or knowledge (one of those being my own mother) – who are coerced into unnecessary intervention and treated without compassion and without being heard.

We are open to giving evidence at a hearing.