

Submission
No 1066

INQUIRY INTO BIRTH TRAUMA

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Date Received: 15 August 2023

Partially
Confidential

I gave birth to my sweet little boy _____ on the 25th March 2021. My birthing experience was complex, requiring multiple interventions that have left me with lifelong, potentially irreparable issues. Most, if not all of which, would have been avoided if I had not birthed in the medical system and had been allowed to experience a spontaneous, normal biological birth.

Let me start at the beginning...

Our son was conceived via IVF. I had what was classed as a “geriatric “pregnancy, due to my age (38 at conception, 39 at birth). I was very pleased to be offered a place in the Midwifery Group Practice program at _____ in NSW, after being cleared by a hospital doctor of any risks (I was taking a mild thyroid medication to assist with fertility). The continuity of care by one midwife, the home visits, it all aligned so well with the experience I was hoping to have. My pregnancy was fairly straightforward, apart from horrible nausea for the first 5 months, along with a single fainting episode, put down to low iron, when I was six months pregnant. I added a supplement into my daily routine and my levels increased, so no further action was needed.

During my 38 week checkup I was notified that the hospital had fairly strict rules regarding IVF babies and that it would be doubtful they would allow me to go past 40 weeks gestation. This surprised me as it hadn’t been mentioned previously, but we agreed to just see how we went. At my 40 week checkup it was suggested that I book in for an induction and that I could possibly wait until 41 weeks but the doctors wouldn’t be keen on this as it would “jeopardise the safety of my child” and I would have to sign waivers saying I was declining their recommendations. So I agreed, and an induction was booked for two days later. If I had known then what I know now I would have declined this and allowed by body to go into labour naturally.

My induction commenced on the Tuesday evening with the (very painful) insertion of a balloon to dilate my cervix. This fell out overnight and we arrived at the hospital early the next morning to have my waters broken and a syntocin drip commenced. On the day of my birth, the midwife that had taken care of me for my entire pregnancy, was not “on shift” until 8pm that evening. So the promised continuity of care didn’t eventuate. On the day that I needed her the most, she wasn’t available to me and instead, a complete stranger was responsible for supporting me through my induction and labour. My midwife was however, present for my sons birth.

My labour took a while to ramp up and when it hit, it was like a steam train. Full blown labour, 60 second contractions with minimal rest in between, it was hectic and painful and scary and overwhelming; after a few hours of this I opted for an epidural which brought great relief, but also restricted my birthing abilities. Fast forward to many hours later it came time to push but as I was numb, I wasn’t able to push correctly. My babies heart rate was elevated and there was a merconium episode and I was advised that my baby was in fetal distress. Within minutes the lights were on, my legs were in stirrups and there were many people in the room, all of whom I was meeting for the first time. My son wasn’t in an optimal position and was stuck, trying to come out sideways. An emergency caesarian was suggested however the head obstetrician advised that, with an episiotomy and forceps, a cesarean could probably be avoided. So that is what we opted to do. Within minutes I was being coached to push and sweet little _____ was born and on my chest. In the moment and the days preceding his birth, all I was worried about was that my boy was born safely, so I agreed with every intervention that was suggested, because who am I to argue with an obstetrician, a midwife or a doctor?

Months later, when I was experiencing incontinence issues I sought support from a women’s pelvic floor physiotherapist and subsequently a gynecologist, both of whom diagnosed me with a levetar

evulsion and a grade two prolapse, essentially meaning that when the forceps were clamped around my sons head and he was twisted into position during birth, the metal knocked one of my pelvic floor muscles off the bone and it was now disconnected, and therefore my bladder was not being fully supported. I am now managing this condition via my gynecologist with the use of a pessary, and pelvic floor work. I will eventually require surgery to repair the issue, however this isn't recommended until I have ceased having children.

My entire experience and the long-lasting physical and psychological effects of my induction, labour and birth could have been avoided, if I was allowed to birth on my terms, and was not held ransom to hospital policies and procedures. I was not "high risk" just because my son was conceived via IVF, but I was made to feel that, if I didn't go through with what the hospital was recommending, that I was putting my unborn child's safety at risk and ultimately, that he may not have been born safely. Very few first-time mums go into labour at, or before, 40 weeks. Anything between 38-42 weeks is considered "full term" and I should have been allowed to continue with my pregnancy, perhaps with additional monitoring, until my child was ready to enter the world. If I knew then, what I know now, my story would be very different and if I am fortunate enough to birth again, it will be on my terms, with my chosen support around me and I will not be held accountable to a flawed medical system.