

**Submission
No 1071**

INQUIRY INTO BIRTH TRAUMA

Name: Miss Sarah Barden

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Partially
Confidential

Dear _____,

As discussed on the phone 14 July, I have outlined the details of my experience at _____ Hospital as a patient on the Maternity Ward. My experience spans from February 2022 – current. I haven't correctly edited specific dates or the correct gestational weeks as I wanted to get this to you as soon as possible. I can revise and give more accurate dates later. In saying this, I have put dates and weeks in italics as this is an estimation but it was on or around that time.

I am originally from Sydney and my husband and I relocated to _____ when I was *36 weeks pregnant*. I was previously under the care of Obstetrician Dr _____ and _____ Hospital prior to the move.

During one of my many appointments with Dr _____ I was examined and told that there was a high probability of needing to have a caesarean section due to my narrow pelvis. Having a C-section had never crossed my mind and still never did after this evaluation as I was determined to have a vaginal birth for many reasons. I was not afraid of childbirth.

I am a tomboy at heart, I am the girl who ignored a broken tibia for 7 weeks to see out my basketball season and I went on to play the grand final with my crutches and brace on the sideline. I work 15 hours straight as a hairdresser with crippling carpal tunnel in both hands as there is no other option. I saw child birth in the same way — there was no other option for me.

I. I was told my son had “short femurs”

During my *first* midwife appointment I was ordered to get a follow up scan as there had been some concern at _____ Hospital over the size of the baby for the gestation that I was. _____ decided no further investigation was necessary however the doctor in _____ wanted to double check this and ordered the scan. The doctor never called me regarding this scan, my understanding around this was I was only going to be contacted if there were red flags requiring more investigation.

At my next midwife appointment, the midwife took it upon herself to tell me the results of the scan and said it was showing the fetus has short femurs. This obviously caused me to panic: what did this mean? Was my son going to be ok? I had all these questions spew out to only be told by her that I was too far along in my pregnancy to do anything about and we would have to wait until he was born.

This was the first red flag experience at _____. Why was this midwife relaying this information and making assumptions around defects — and why was she causing me this unnecessary stress? Upon being discharged we had our check over by the hospital's paediatrician. He was very kind and gentle and when I asked him about my son's legs, he shook his head and told me that the midwife “shouldn't be trying to interpret scan results and playing doctor”.

II. My first interaction with

*15/03/2022** I came in to be monitored due painful sequential Braxton Hicks contractions and was looked after by _____. This was my first-time meeting her and I believe she is or was the midwife educator. She seemed lovely at first, we got chatting and I have mentioned that my obstetrician in Sydney had mentioned I had a narrow pelvis and he thought it was likely I would end up with a C-section. She smirked, scoffed and asked me: “How would he know what your pelvis looks like?”. I

thought this was a strange comment — I noted it down in my phone and left it.

III. Stretch and Sweep

At 37 weeks and I had another midwife appointment in which we discussed stretch and sweeps. I was well versed on these from my own research and what friends, colleagues and acquaintances had told me. I was confident in my decision to request this be done at my following appointment if I had not gone into labour.

The midwife looking after me at this appointment agreed it was a reasonable request and assured me if I was still pregnant the following week I would get the stretch and sweep.

At my 38 week appointment I was under the care of . I have never had the displeasure of meeting such a negative, condescending and nasty woman. I will never understand how she has a job on the maternity ward, dealing with women at some of their most vulnerable moments.

My husband had taken the day off work to attend this appointment with me as I was told I would get the stretch and sweep I asked for and with all my knowledge I knew it was recommended to have your support person with you. When it seemed like was wrapping up my appointment, I asked her where I would be going for the stretch and sweep. She laughed at me and said: “How do you know what that is? Did you learn that in a silly mother’s group?”. No words can explain the rage I felt in this moment — I have never felt so belittled and dismissed as a 31-year-old woman. Perhaps if she had been able to inform me of *why* I shouldn’t have it done, I would have been more understanding but to be mocked and ridiculed by her is something I will never forget.

IV. Braxton Hicks and Reduced Fetal Movement

At some point during the week, I experienced horrific Braxton Hicks contractions all through the night at regular intervals and in the morning I had no fetal movement. This was completely out of the ordinary for my baby — he had always had a strong, distinct pattern. I knew I needed to get to the hospital. I made a courtesy call to to let them know I was on my way and I was immediately halted by who asked me to give them two hours. I thought this was extremely odd.

While under the care of Dr and Hospital, the importance of Reduced Fetal Movement (RFM) was drilled into me at every appointment and I almost always left these with brochures about the new policies and procedures surrounding RFM.

When I arrived at Hospital for monitoring made me wait in the reception area for 2 hours. I was not attached to a monitor for 4.5 hours from when I first made the call. This is not good enough and it is something that has haunted me since (especially after hearing of a mutual friend who did have the positive outcome after reduced movement like I did).

Why is Maternity not up to date on the new research surrounding RFM? Do they know and chose not to follow the guidelines? I could have gone to a different hospital if they couldn’t be bothered doing their job. I questioned on why this was not taken more seriously and I was told they were “busy”. This is completely unacceptable.

V. I was told I “have no pain threshold”

From 38 — 40 weeks I was in and out of the hospital for monitoring as I was experiencing hours of Braxton Hicks contractions that were extremely painful and unlike any pain I had heard described around Braxton Hicks or even “real” active labour contractions.

On the 29/03/2022 I experienced severe period pain however due to my numerous hospital visits gaining no explanation, barely an examination and no advice I decided to soldier on, I was not in the mood for midwives that day. The cramping was consistent, excruciating and debilitating.

I was in the bath when I experienced the worst of it, I had a “contraction???” (I still don’t understand what it was) that lowered and tightened my stomach, it took my breath away. The only way I can describe what I was feeling was like I had a powerline that was hit by lightening thrashing around in my body and with the slightest movement it ricocheted throughout my whole body. I was quite literally stuck in my bathtub, I could not move and had to call my husband to come home and help me.

This pain eventually eased up after a few hours and we went to run an errand. As soon as we got in the car it started again, I genuinely thought I was going to pass out from the pain. We went straight to the hospital, I required a wheelchair to take me from the carpark to the ward — this 5 minutes is a total blur. To some, this may sound dramatic — but unless you were in my body, you could have no idea the pain I was feeling. Once on the ward I was given an internal by who proclaimed: “You are not in labour. I was given a panadeine forte and once the pain became manageable again, I asked what was going on, only to be told by : “You just have no pain threshold”. Once again, my pain was dismissed and not investigated any further. I was never thoroughly assessed when I presented in all this pain on multiple occasions. I put my foot down, I informed the staff I wasn’t leaving without a baby, it wasn’t safe and I was experiencing something that felt very, very wrong.

VI. ‘Never trust a first-time mum’

Multiple times during my time on the Maternity ward would proudly tell me their motto on the ward was “never trust a first-time mum”.

I am not sure what she was hoping my reaction would be: Did she think it was funny? Entertaining? Helpful? I can assure you I found it extremely distasteful, derogatory and disgusting. Do first time mothers not deserve respect? Do they not deserve to be nurtured and listened to at such a pivotal moment in their life? What does this saying mean? Please make it make sense.

After a night or two of monitoring and again experiencing these waves of intense pain that no one investigated, I was told I should go home and wait until my son was ready to be born. I can’t even begin to tell you how many times I was told I had no pain threshold and that I wasn’t in labour. The closest I got to a diagnosis was “it’s Braxton hicks”. This was far from any type of Braxton Hicks I had heard of.

Reluctantly Dr decided to induce me to utter dismay. She loudly announced down the hall — I can only assume that this was so I could hear her: “DOESN’T SHE KNOW ITS NURSES STRIKE, SHE JUST NEEDS TO GO HOME”. The bullying and intimidation tactics by were nasty to say the least.

I was doing laps of the ward, I wanted my baby out and I wanted to get the hell out of that place. As I approached the nurses station yelled out to my husband Mitchell: “You look tired, why don’t you go home or to the pub? This next part is going to be very confronting its best you take a break!”

Can we break down that sentence? “Confronting” “Go home and rest” — why was I trying to separate me from my support person — the father of my child — during a time when I needed him most? Why was she trying to isolate me? What was going to happen? I told her that it wasn’t the ’50s and that he wasn’t going anywhere. I found the midwives heavily rely on women not being an advocate for themselves or having a strong partner who can push back.

VII. My induction and beginning of labour

When my induction began, it was non eventful. I knew exactly what to expect as I had similar procedures done during my fertility journey (HyCosy). We went back to our room and in the early hours of the morning she ripped my curtain open, checked the balloon and almost excitedly announced that she wouldn’t be proceeding with my induction (no Pitocin drip) as there were women who were actually in labour. She told me I could go home or I could stay in the room but made it very clear I was going to receive no care while in there. Even though no one was listening to me, I chose to stay at the hospital — I didn’t feel safe leaving and I knew I couldn’t endure another hospital arrival like I had days earlier.

I had severe period pain ramp up again mid-morning which turned into contractions. I was using my birthing ball and tens machine to relieve the discomfort — this pain, while horrific, was manageable. They started around 12 minutes apart and shortened to 2.3 minutes apart, sometimes lasting over 60 seconds.

At 5:40pm, I lost my mucus plug. I got the attention of a nurse, told her it was happening and asked if someone could please come and check on me. She told me “no” — she said she could tell I wasn’t in labour as I could speak and that because I was laying on my bed, I didn’t look like someone in labour. I firmly told her I needed someone to check me right now. I was taken down to a delivery suite for an internal by her only to be told I wasn’t dilated and I wasn’t in labour.

These words shattered me, no one was listening to me — why was no one listening? I experienced my first panic attack, I couldn’t breathe and my partner was also panicked thinking I was having an asthma attack.

I couldn’t do this, I couldn’t endure this horrific pain with no explanation, no one could tell me what was going on or why it was so bad. Dr. [Name] was called, she was on loud speaker and she said “just give her the epidural, put her to bed and I’ll deal with her tomorrow”.

Is this common practice?

VIII. I always made it clear I was pro-pain relief

From the beginning of my journey I was upfront with the midwives. I wanted it to be crystal clear that I was PRO pain relief and I fully intended on asking for an epidural. I wanted all the information around pain relief.

You hear horror stories in the public system of being denied or purposely delayed an epidural until it’s too late and I was determined to not be that person.

I specifically asked: “At what point do I need to notify a staff member of my wish for an epidural?”. Once again, I was laughed at and told when I wanted one, I would get it and there is an anaesthetist

around. In reality, there was no anaesthetist around — she came from Liverpool. What is the point in lying to your patients? Let us not pretend there was an extenuating circumstance because I don't believe it. I was lied to, berated and gaslighted during my entire ordeal.

IX. I was taken for my C-section

While waiting for the anaesthetist (who certainly wasn't local) I was invited to use the birthing pool and I was told I could use the gas. This provided great relief for a short period of time and then everything ramped up ten-fold to the point I had to get out of the water. I was assessed again and I had gone from 0 – 6 CMS in 30 or so minutes. The anaesthetist arrived and she was lovely, she spoke through what was going to happen. I felt informed and safe. Dr arrived and she assessed me and broke my waters, when went to put the monitor on my belly, she could not locate a heartbeat. was silent, she made eye contact with the other midwife in the room and she looked like she had seen a ghost. asked my husband to hit the emergency button. It was absolutely frantic until entered the room, grabbed me by the shoulders and told me this wasn't going to be what I had planned but they needed to get the baby out ASAP and it was the best for him.

A faint heartbeat was located which turned rapid and didn't come down. Dr was watching the monitor for what felt like an eternity until it was called and he need to come out. I feel so lucky that was rostered on that night, during what felt like an uncertain time she made me feel somewhat safe.

I was taken in for the C-section. My son was born at 12:20am, it felt like hours went by waiting for that cry to know he was OK. The cry finally came and I was told to look over at my son. I could barely look over as the epidural had gone too high, rendering me unable to move my arms and almost my neck. I got a glance at him before he was taken away to be tested, later I learnt he had his cord blood tested for oxygen deprivation.

I was separated from my son for two hours. These sequence of events and being deprived skin to skin with him has had a lasting impact on me, I feel robbed.

I was told by midwife that she saw the position my son was in, he was posterior and lodged a little to the side. told me he was never coming out vaginally. Through sharing my story and the snippets of information I received, the position of my baby should have picked up earlier and while I understand babies move all the way up to birth, I believe my son was posterior for the last week (or more) and this is why I was experiencing these horrific, electric full body pains.

I believe if I was listened to instead of being dismissed and meeting such combative midwives every step of my journey I truly could have processed the pain better instead of being gaslighted into thinking I was a liar with no pain threshold.

As I mentioned earlier, I never entertained the idea of a C-section so it truly hit me like a tonne of bricks. I was extremely ill prepared for this procedure and I felt as though I could feel every layer of sliced open skin. I remember vividly thinking: "What have I done? How will I ever feel ok again?".

X. The morning after

The following morning I was once again greeted by who ripped open the curtain and used her favourite saying: "You're going to think I'm a bitch but you're getting out of bed". I was pulled up out of the bed by , seemingly taking up her time with her eye rolls and sighs she clearly had

somewhere else to be and me having trouble getting up was obviously super irritating to her. I had a shower and that was that.

I proceeded to do laps of the ward with my son and on my first time out the room as a new mum I had sarcastically comment: "Wow, you are actually up. I never thought I would see the day. I don't believe I need to explain how disgusting comments like these are. It was approximately 10:30am — at 12:20am, I had endured major surgery. Why was I being made to feel lazy? Why was I being shamed?"

As a vulnerable new mum with a new body, throbbing boobs and a huge incision to say I felt depleted by this interaction would be an understatement. came back to my room during the morning where I was wearing a button up shirt and disposable maternity garments I was asked "would you be wearing that if you were in Sydney?"

Was I in the twilight zone? What is going on in this hospital? had made numerous belittling comments in regards to me being from Sydney. I don't quite understand her behaviour — it felt like when a girl in high school teases you because they are jealous, so they bully you and put you down to make you feel ashamed and embarrassed. All her behaviour did was drive this email and have it brew for 15 months.

XI. Being denied pain relief — 'that's a Sydney thing, that's not how we do it here'

The anaesthetist had visited me at some point following the delivery to check on me. She was truly such a lovely, caring and kind women. I fondly remember her stroking my face during the caesarean telling me it was going to be ok.

When she visited to check in she could see how uncomfortable I was and after assessing me and my pain she told me she was going to chart me morphine and to ask the nurses when I was ready.

My pain was heightening so I felt confident to ask for the chartered morphine. When did her routine check, she promptly told me "Oh no, you won't be getting that. That's a Sydney thing, that's not how we do it here". I told I didn't care what she thought and I wanted what was chartered for me to which she promptly answered "No".

Is this normal? Is this legal? Can a midwife truly override an anaesthetist and deny chartered pain medication?

I was asked by what my pain was out of 10, I replied a 7 to which she told me no it wasn't and I swiftly replied "then don't fucking ask". Is this common practice? Do you ask a patient's pain only to tell them no it's not? What is the point?

By this point I was well and truly done with Maternity. I also heard in the room next door speaking to a woman about Birth Trauma and that she would receive a debrief. When entered my room, I told her I overheard that conversation and I asked when I would receive my debriefing because I had a lot of questions, scoffed and said: "Why do you need one?". Another comment made during my stay when I had to remind them my pain relief was due was "millions of women labour without pain relief or just paracetamol"

What relevance did this snarky comment have?

XII. I was touched and abused by

I was doing laps of the ward with my son; I didn't want to be a sitting duck for the emotional abuse by the midwives. As I approached the nurses station had what seemed like all the staff at the desk recounting her conversation with me "I asked her what her pain was out of 10 and she said a 7 [insert laughter] she also wants a trauma debrief when she got what she wanted".

I couldn't believe what I was seeing and hearing, I made eye contact with (she was a trainee at the time I believe) and shook my head. I looked at and told her she was a joke. I went back to my room and came in shortly after profusely apologising for 's behaviour and derogatory comments, she said doesn't believe in birth trauma or pain. I told I didn't want near me, I wanted to be discharged as soon as possible.

still entered my room despite my conversation with . She barged in asking how my son was feeding. I said "fine" which she replied "No he isn't" and approached me, grabbed my breast and hooked her disgusting fingers into my son's mouth without my consent. I did not give her consent to touch my breast or to stick her filthy hands in my son's mouth. This was in the height of COVID and she did not sanitise or wash her hands upon entering my room.

This action has affected me long term and I consider it abuse.

XIII. My incision

My pain was still a strong 7, I had an intense burning and throbbing sensation under the left side of my incision. I asked the midwives numerous times to please check my incision as it didn't feel right.

I was told by that I had major surgery and "we just can't take 100% of the pain away" and that they will not check the incision until day 5. I am not a moron, I know what I have just been through (trust me) however when I repeatedly have nurses asking me my pain out of 10 and then shock when I say 7 clearly something is wrong, right? Of course, it was dismissed as me having no pain threshold and being a drama queen.

I left the hospital on day 3, I couldn't wait to see this place in my rear view mirror. Unfortunately my son was jaundice and lost close to 10% of his body weight so I was required to come back to the hospital on day 5.

I returned and when asked about my incision, I reluctantly I told them it was still a solid 7 with an extreme burning and throbbing sensation on the left side. When my bandage was removed my incision was split on the left side, exposing the nerves explaining why my pain was a very REAL 7.

XIV. My son's oral ties

My son was continuing to lose weight and I couldn't understand why. My son was feeding for 1 – 1.5hrs and getting a 150ml expressed top up. I asked the nurses to check my son for oral ties, they looked and said no.

My son's feeding journey was difficult just like everything else had been to bring him into the world. I took him to a specialist who diagnosed him with a severe tongue tie, moderate lip tie and cheek ties – these made it almost impossible to successfully feed him straight from the breast. After the procedure to release the ties, it was smooth sailing.

Your midwives should not attempt to diagnose anything they aren't qualified or confident to do. I initially trust them about no ties and persevered with trying to breastfeed to both our detriments.

We travelled to Sydney for a funeral when my son was 3 weeks old, I was still in intense pain

through my abdomen and incision site with high fevers and hard lump developed under the left side. I saw my GP urgently. He told me the incision site on the left was still separated and I was developing an abscess, I was put on strong antibiotics for a fortnight followed by blood tests etc.

I found the midwives to be combative towards pain relief every step of the way, often forgetting doses and getting angry when I would remind them. I remember the day or two following the birth I had a new midwife who came from [redacted] and used to work as a lactation consultant in [redacted] she was asking about my pain and when I told her that I was still truly feeling intense pain she went and looked at my chart, she returned to my room and said at my weight I am absolutely able to have another dose of pain relief and she wasn't too sure why they had it so low to begin with.

Was it out of spite? Did they really hate a confident woman willing to stand up for herself so much that they would tamper with my pain relief dosage? How barbaric but not shocking at this point. I was forever thankful for this nurse making me feel seen even though she did rip my sons dummy out and say "he won't be having that here".

XV: 'So many things get swept under the rug'

My son was admitted into the paediatric ward in December due to respiratory distress from COVID. On our second day [redacted] and [redacted] approached the isolation room and just stared at us, another intimidation power play? Why were they there? Why do they think this is appropriate?

I ran into one of the midwives that was working the night my son was born, I won't name her but I approached her and thanked her profusely for being so kind at such a horrific time in our life. She urged me to put in a complaint about our treatment and she told me "You need to do it because so many things get swept under the rug on the maternity ward, its dodgy".

This statement is haunting, what the hell is going on up there? This Nurse told me to make sure this complaint reaches [redacted], I don't know who this is but please advise.

I find it alarming that the midwife [redacted] has taken it upon herself to masquerade as a "Hospital Official" threatening to sue and shutdown Facebook groups which have negative posts about the maternity ward.

As a woman and a midwife if you saw comments from women who are so obviously traumatised by their experience in your workplace wouldn't you want to take it back to the hospital and ask "What can we do to change this? How do we fix it so it doesn't happen again?"

These women are hurting, what they are feeling is very real. It is distressing that [redacted] has taken the approach to fear monger and threaten these woman rather than to assure them you will do better. I actually had a really positive experience with [redacted] however this whole Facebook ordeal has scared me and I can't help but think, where did she learn this? This isn't a normal reaction. Is this what is taught to your midwife staff?

The only other people who understand my deep trauma surrounding my "birth" at [redacted] are the multiple other women I have connected with through Facebook groups, frankly its terrifying the stories I have heard about the maternity ward with a lot of these women's stories echoing mine or worse. It is upsetting that bully, intimidation and harassment seem to be so prevalent on your ward.

I am a victim of Obstetric Violence

I can confidently say I was a victim of Obstetric Violence in every sense of the definition from February 2022 – April 2022 and now via online intimidation tactics by your staff. I was belittled, berated and dehumanised during the most vulnerable time of my life.

I have sat on this email for 15 months and not a day goes by that I am not haunted by the treatment at .

To give you a glimpse of my trauma I will tell you I was put under sedation for grommet surgery I woke up screaming, crying and clutching my stomach saying “my baby, my baby” In my anaesthesia daze I thought I was back in and I had a panic attack. It took a full team of nurses to calm be down and tell me it wasn’t a caesarean and I wasn’t in . This trauma is very real and is a direct result of the negligence I experienced by multiple members of the midwife team and obstetrician.

I would also like to highlight my concern for a fair investigation as I believe records are being falsified to seemingly avoid any repercussions. I can only speculate but what fuels this concern is the lack of documentation on my discharge papers and the incorrect birthing position noted (it has been noted as cephalic presentation when this is not correct, this is not what I was told by).

I have been blessed to be pregnant again and instead of relishing in our good news I am riddled with anxiety and fear at the thought of having to rely on Hospital Maternity for any type of care.

you mentioned someone was leaving, please if they are named in this I beg you to hold them accountable for what they have done to me.

As a courtesy, I would like to advise you that I have been approached by several media outlets to share my story.

Regards,

Sarah Barden