

Submission  
No 1073

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

## **Inquiry into birth trauma submission – August 2023**

At 9am on the 4 October 2022 I gave birth naturally to a beautiful healthy girl weighing 4kgs. This was the best moment of my life however, my labour was traumatic. I acknowledge that not everything that happened to me was avoidable. However, there were aspects concerning the care (or lack of care) that I received both during and after my labour that have had significant psychological and physical impacts on my life. I thank you for the opportunity to make a submission to the Inquiry into birth trauma. It is my hope that retelling my experience will help contribute to better care and support for women.

- **I was advised to stay at home despite being in significant pain and three days overdue. I then endured most of my labour (at least eight hours) at home with no support.**

I started getting intense pain in my back at around 10pm on the 3 October 2022. I was almost three days overdue! I called \_\_\_\_\_ Hospital in Sydney where I was due to give birth. After describing my pain I was advised that I was in pre-labour, and that I should take it easy and have some Panadol. As my pain increased, I called the hospital again approximately three hours later, and was once again advised to stay at home. At around 6am on 4 October 2022 and in extreme pain I called the hospital for the third time and arranged to come in for a check even though I was told “I was likely in pre-labour and would be sent home”.

I arrived at the hospital just after 7am and waited in a birthing suite by myself while the midwives did a shift handover. By the time they came to check on me I was on the floor in immense pain and I remember finding it hard to look up at the midwife speaking to me. I asked if I was in labour and was shocked to find out that I was 8 to 9cm dilated and ready to push. I refused an epidural however due to the situation I did not really have any time to make a considered decision about whether this was a good choice for me. With a history of anxiety, prior to my daughter’s birth I had attended Calm Birth lessons and had prepared a detailed birth plan to help my husband and I navigate labour. We had no time to implement any of this. My obstetrician was unable to make it at short notice and his colleague attended and performed an episiotomy as my baby was larger than expected and my contractions continued to be spaced about five minutes apart. My daughter was born at 9am, approximately two hours after I arrived at the hospital.

Prior to attending the hospital, as I had been told I was in pre-labour I had told my husband to stay in bed to get rest for when I was actually in labour. This meant I spent the majority of my actual labour alone on my living room floor crying, but trying not to make too much noise because I didn’t want to wake my husband up. I have wondered since if, as a first-time mum, I didn’t describe my pain adequately to the hospital when I called as I had no reference to what labour was actually like, and my pain had presented all in my back and my waters did not break. I also wonder if there was a possibility I downplayed my pain as I was being repeatedly told that I was in pre-labour, and may have been mentally trying to protect myself for labour. Despite this, I still cannot comprehend why I was not asked to come straight in to the hospital for a check when I called the first time in pain, especially considering I was three days overdue.

It has been very difficult to reflect on the fact that if I had been told to come to the hospital straight away that my experience of child birth could have been one that was supported, positive and better understood. I instead experienced the majority of my labour alone, unaware I was in labour feeling terrified. I have also since felt emotions of anger and sadness that I did not advocate for myself better and this experience has had negative consequences for my relationship with my husband.

- **I had a major emergency surgery straight after birth but was sent home from hospital after four nights with no further proactive ongoing support.**

A short time after I gave birth I began to experience such a level of pain that I thought I was dying. Screaming in agony, I had a post-partum haemorrhage of approximately 1.5 litres and was separated from my daughter and husband and rushed into emergency surgery where I was put under general anaesthetic for evacuation of a vaginal hematoma the size of an orange. After surgery I was taken back to a birthing suite overnight where I received two blood transfusions. I was confused and in shock and separated from my daughter for hours at a time during this period. I was on a catheter for the next two days, and was unable to leave my bed or shower after giving birth. As I had given birth naturally, I was scheduled to leave hospital after three nights. As I had only had the catheter removed we asked for (noting this was not offered) and were given an extra night in hospital. I had two surgical packs placed internally during surgery and when my obstetrician removed them the day before I left the hospital (the removal of which was described as horrific by a midwife) he asked if I wanted him to ask for another night in hospital. I said "no I was ok to go home". On reflection I now know I left the hospital too early. When I was asked if I was ready to go home I think I was still in shock, and did not yet fully comprehend the trauma I had been through. My husband and I were also very aware that half the hospital ward was under renovation at the time, and that the midwives were under a lot of pressure to vacate beds.

The hematoma was not completely evacuated during surgery and I remained in constant and at times unbearable pain for weeks after the birth of my daughter. I was unable to walk or stand properly and could not sit down to breastfeed. My stress and trauma during this period was exasperated as I was sent home from hospital before my milk was established and I had the hospital paediatrician's office calling me constantly at home telling me I needed to get my daughter back to hospital or a NSW Health clinic to weigh her, despite the fact that she weighed 4kgs at birth and me telling them it was difficult to leave my house due to mobility issues. On reflection I think my stress during this period would have been considerably decreased if I had been kept in hospital at least until my milk had been fully established. Alternatively, it is my understanding that it is often the process when a woman leaves a hospital within 48 hours after birth that she has a midwife visit in home for approximately two weeks. I believe this service should further be considered for women who have had complicated/ traumatic births to ensure that they are coping ok on return from hospital. This service would also ensure that the mother has adequate pain management. I left hospital with only Voltaren and Panadol for pain management. I had to call my obstetrician's office in extreme pain and distress before I was given more pain relief. I was grateful to my obstetrician for conducting weekly check-ups on me in the weeks after my birth however these were only put in place once I called the office after enduring significant pain. The trips to the office were also difficult due to my physical state and having a newborn. I believe that proactive in-home continuity of

care for women who have had complicated births would be invaluable to a mother's physical and mental recovery.

After the standard six-week check-up I had no more scheduled appointments with my obstetrician. A few months after the birth of my daughter I started experiencing symptoms of prolapse and saw my obstetrician's colleague nine months after my daughter's birth where I was diagnosed with prolapse that will require further surgery. Given the increased chance of ongoing complications after a complicated birth, I suggest that the prevention of ongoing physical and mental trauma could be assisted by healthcare providers proactively scheduling additional check-ups to the standard six-week check-up.

- **My birth trauma has significant financial impacts**

In addition to the psychological and physical impacts of my birth trauma, my complications have cost me financially. Immediately I had additional costs connected to my emergency surgery. I have also had to pay for additional costs for check-ups and physiotherapist appointments to manage my prolapse. I was fortunate to have received bulk billed psychologist appointments through the [redacted] however expect to have ongoing psychologist costs in the future to help me continue to process the ongoing psychological impacts of my trauma, especially if I ever consider having another child.

Due to the nature of this Inquiry, I have focused on aspects of which have contributed to the physical and mental trauma surrounding the birth of my daughter. I would like to acknowledge however that through my journey I have encountered people and services that I am extremely grateful for. Once I was at the hospital the midwives and social worker were caring and extremely hardworking. The anaesthetist and my obstetrician responded immediately when I experienced pain after my childbirth, and I was lucky that due to their expertise and care my surgery was appropriately handled. After leaving the hospital I have encountered amazing nurses at my daughter's health check-ups with NSW Health, including one particular nurse who identified that I was really struggling and referred me to the NSW Mental Health team and [redacted], invaluable services that helped me gain confidence and sanity. My psychologist at [redacted] has helped me navigate some of the dark times I have experienced as a result of my birth trauma.