Submission No 1125

INQUIRY INTO BIRTH TRAUMA

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Partially Confidential

My name is Caitlin Nichols and I would like to submit my story relating to significant birth trauma I experienced within a New South Wales Public Hospital in October 2016 when I was 23 years of age.

My husband and I found out in May 2016 that we were expecting our first baby and although it was unplanned, we were excited to welcome our daughter in February 2017. On the 26th of September at our 20 week anatomy scan we were told that there was a "lump" on our baby's spine. We spoke with the obstetrician on call who stated that there was an abnormality and we would need specialist scans. We were given no information about the 'abnormality' with our baby and with our questions unanswered, we were sent home and told we would get a phone call with a date and time for the follow up scan.

Three excruciating days later, we saw the Maternal-Fetal specialists where our worst fears were confirmed. "Your baby is extremely unwell. It is the worst case of Spina Bifida we have seen. We recommend termination". Nothing can prepare you for those words. Our beautiful baby girl had a lesion in her spinal cord at T10. She also had Arnold Chiari Malformation which affects the cerebellum in the brain. The specialists painted a picture of what her life would be like IF she made it to full term and my Husband and I made the decision to terminate the pregnancy so she would never have to suffer. Our heartbreak was compounded when we were told that we would require approval from an ethics committee as this was the legal requirement when requesting a pregnancy termination >20 weeks gestation in Australia. Again we were sent home with questions unanswered and no timeline or explanation as to what the termination process would include. All I knew was that I would receive a phone call with a date and time to be induced to give birth to my daughter.

On the 5th of October I was admitted as a patient at Public Hospital in where I had to wait in a room with my husband whilst they could find a room for us. I was told there was no room for me on the Gynaecology ward, so I was placed in a single room on the maternity ward. Not only was the room in the centre of the maternity ward where I was surrounded by new Mum's and their babies, our room was covered in posters displaying how to breastfeed and how to take care of your newborn. Whilst my husband was allowed to stay with me, he had to sleep on a tiny fold out chair in the corner of the room which was very uncomfortable for someone who is 6"4!

That afternoon I was administered the first dose of medication to induce labour. I was told the whole process would not take longer than 48 hours. Every 4 hours thereafter, I was administered more of the same medication which was an invasive and painful process. The next day was the same, and with no progress I was mentally and physically exhausted. I was sent home on night 3 so I could "get some rest" and was to return the following day to continue the process. I was bleeding, in pain and anxious that I would not have medical staff around if something was to happen overnight. On day 4 I returned to the hospital where the same medications were inserted every 4 hours with no progress. I became extremely distressed each time I required this procedure and any other internal examinations and had no understanding on why the process was taking significantly longer than what I was initially told. On day 5 I was transferred to the delivery suite to have a balloon catheter inserted and was then taken back to the maternity ward. On day 6 I was transferred back to the delivery suite and had my waters manually broken. After failing to progress, I was given more medication 6 hours later. At 8pm that night, my waters needed to be broken a second time. Finally, at 9.34pm on the 10th of October, at 21 weeks and 6 days gestation, our beautiful little girl

entered the world weighing a tiny 395g. I was shocked to see that she was alive as we were told this was highly unlikely due to all of the medications I had been given over the previous 6 days.

That night we stayed in the delivery room and by 2am I was begging the staff to let me go home. I was forced to hear the cries of babies being born around me which added to the significant trauma I had already experienced. I was transferred back to the maternity ward and our baby was brought to us so we could spend time with her. I will never forget that when they took her back to the morgue, they covered her up with a blanket so that no one would be exposed to her on the ward. I was finally discharged on the 12th of October 2016 with a few brochures and no idea if I was even able to see my daughter again. Walking out of the ward with empty arms, through the same door other women were taking their beautiful babies home through was one of the worst experiences of my life.

To compound the trauma I had already experienced, 4 days later I experienced a secondary postpartum haemorrhage from retained placenta whilst visiting family in regional Victoria. I was taken straight into the resuscitation bay in the emergency department where they placed multiple cannulas, administered medications rectally, intravenously and orally, whilst they tried to manually remove the retained product. Unable to control the haemorrhage, I was taken into emergency surgery within 20 minutes of arrival at the ED. By this point I had endured 26 painful and invasive internal examinations/procedures over the span of 10 days. Once again, I was placed on a maternity ward for two nights. I was alone and grieving the loss of my daughter while once again, surrounded by posters of babies and listening to the cries of newborns. I never once had a nurse or staff member offer any kind of support or link me with an external organisation.

I can only speak to what I know would have been beneficial to me at the hardest time in my life. I know there are other hospitals which provide private rooms for those who have lost a baby so that they are separated and are given the space and time to privately grieve. These rooms are decorated sensitively, have a bed big enough to share with a partner and the staff are consciously aware of the situation. It is also imperative to provide woman with information and provide consistent and constant communication with them so that they do not feel as helpless and frightened as I did. There needs to be follow up support for anyone who experiences birth trauma and there should always be the opportunity to debrief and discuss what occurred. All staff that have contact with grieving families need to ensure they receive adequate grief training and can provide the necessary support and information.

The traumatic birth of my first baby has had significant repercussions and still impacts my daily life almost 7 years on. Although I went on to become a Paramedic, I still find medical procedures distressing and find it difficult at times to trust healthcare professionals. I was subsequently diagnosed with post traumatic stress disorder (PTSD). My experience went on to significantly impact the pregnancy and birth of my son within the same Hospital in 2018. I was again induced using the same method which I went through with my daughter, resulting in significant physical and emotional distress. On the second day of my induction I begged for a Caesarean-Section which was denied as it was deemed "safer" for me to continue the induction. I felt completely powerless, violated and vulnerable. My son was born via emergency C-Section on day 3 after he became distressed due to the umbilical cord being wrapped around his neck.

It should come as no surprise to learn that I am not alone in this experience, and hundreds, if not thousands of woman experience birth related trauma annually in Australia. At what is an extremely

vulnerable and personal time in their lives, women and their families need the reassurance that they are entering into a system that can adequately prevent or diminish the chances of experiencing a birth related trauma.

Thank you for giving us the platform to share our stories and for our voices to be heard.

Caitlin Nichols