

Submission
No 1135

INQUIRY INTO BIRTH TRAUMA

Name: Mrs Gemma Healey

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Submission to NSW Parliamentary Birth Inquiry

Name: Gemma Healey

Age: 44 years

Birth hospital: Hospital,

My story

I have experienced birth trauma not once but twice. First when our daughter was still born in May 2019 at 19 weeks and 6 days gestation and second when our son was born at 29 weeks gestation and spent the first 10 weeks of his life in neonatal ICU in February 2020.

My two pregnancies, birth experiences and outcomes were different but with both, I sustained psychological birth trauma.

My first pregnancy – ending in still birth

My first pregnancy was managed by a community midwife team and GP. At every appointment I told them that I had previously had two surgical procedures to my cervix and that I was worried about what this meant for my pregnancy. I was reassured that all was ok. My cervix was monitored during my pregnancy and shown to be shortening yet I was told there was nothing to worry about. Why I wasn't referred to an obstetrician at this point, I will never know and it is something that I will regret forever but being my first pregnancy, I trusted those that 'knew better' and has done this before.

Then at just shy of 20 weeks gestation I started with cramping and pains and presented to one of my midwife team at the hospital. It was towards the end of the day. They used the dopler and listened to the baby's heartbeat and reassured me that the baby's heart was strong and recommended I go home and rest, or I was worried, I could go and present to the emergency room and wait to see an obstetrician. I just felt that something wasn't right so went straight from there to the emergency room. I then waited 3 hours or so and was eventually seen by an obstetrician who told me I was in labour and my cervix was already a number of cms dilated. He advised that it was highly likely that the labour would progress and that we would lose our baby. I was moved to the antenatal ward and on transfer to the bed my waters broken and we knew that we were losing our daughter – it was too early for her survive outside the womb.

I was then told what to expect, that I would need to go through labour and deliver our daughter. It was at this point, at one of my most vulnerable and helpless states that the obstetrician on duty advised me that I had no need for an epidural, that I should deliver naturally. I was horrified – was it not bad enough that I had to go through a labour and deliver a child that would never live, but now I was also expected to experience the physical pain of it too. I'm a strong independent woman but I remember turning to the midwife on duty and assigned to our case at this point of time and asking what I should do, confused at how this could be the advice I was being given in this situation. Luckily I stood up for myself and said that I would like an epidural but another woman might not have had the confidence to do this.

Of course, the biggest question I continually ask myself – is could my pregnancy have been better managed? Could the loss of my daughter have been prevented? Having a stillborn birth and losing a

child is an extremely traumatic in and of itself event however, the point I would like to make is that there were multiple points when the decisions made / behaviour / communication of health professionals or the standard operating procedure of health system at large added to this trauma when it needed not be the case. The following things all caused further trauma to an already traumatic situation.

- The advice by an obstetrician to not use pain relief during birth
- Receiving a call by a social worker just days after I had given birth who decided to ask me *'if I was certain that my daughter had in fact been a girl – because often it was hard to tell at that age'*. I honestly could not believe that she, a social worker, who's role it was to check in on me and see how I was following the loss of my child decided to put this extra burden on me.
- Being given a spreadsheet of psychologists / counsellors when leaving the hospital that I could go to for support only to find that the list was severely out of date and the majority were no longer practicing. Then having to relay my story and situation to multiple people before finally tracking down a counsellor who became my life in those weeks and month following the loss of our daughter. Surely, we should be able to better support bereaved mothers following the loss of a child by simply providing up to date information and facilitating them to find someone to talk to?
- Finally having to return to an antenatal clinic 6 weeks following the loss of our daughter and sit among pregnant women while my belly was empty in order to review my case and would be done differently in the future. Simply holding this review meeting in a different part of the hospital would have minimized the trauma

These are a series of smaller moments, decisions and actions that overall, show me how our system is flawed and only go to add further trauma in an already traumatic experience. We need to look at the overall experience not just the physicality of the delivery itself.

My issues with the management of this pregnancy and my subsequent still birth.

- Why was I not referred to an obstetrician when my cervix shortened?
- Why was I sent away from the hospital by midwives and told everything was fine, when I was in fact already in labour and a number of cms dilated – sure a simple exam could have seen that my cervix was dilated?
- When delivering my baby – why did the obstetrician tell me that I didn't need an epidural and expected that I should just deal with the pain?
- Why was the social worker's communication and decisions so poor?
- When brought back in 6 weeks after the delivery and death of our daughter to discuss my case – what went wrong and what they would do differently next time. Why does this consultation need to be held in the pregnancy suites? I shouldn't have had to return to the hospital and sit alongside other heavily pregnant women waiting to discuss why my pregnancy had failed – this caused me a great deal of trauma. Why can't these post-pregnancy loss consultations be done in another area of the hospital?

My second pregnancy – birth of my beautiful son

Given my first pregnancy, my second pregnancy was treated as high risk and I was managed via the Maternal Fetal Unit at the . I had a stitch placed in my cervix at 13 weeks gestation and was placed on progesterone pessaries to reduce the chance of early labour.

This pregnancy was extremely well managed by an excellent team. My doctor, _____ organized for me to be partnered with a particular midwife who he felt would be good to help me navigate the mental challenges that came with a high risk pregnancy. Pregnancy after stillbirth in itself is a traumatic event. I was highly anxious for my entire pregnancy, I was barely able to leave the house for worry of history repeating itself. I worried about every ache and pain.

My team helped me manage this well, allowing me extra scans to see that my baby was doing well and to measure my cervix and reassure me.

All was going well with the pregnancy but at 29 weeks I began experiencing pains again. I reported to the antenatal ward. I remained in hospital for 24-36 hours but tests showed that I was not in labour, so I was sent back home. Within 24 hours I was back in hospital and in labour. I was given drugs to suppress labour while steroids were administered. I was taken to surgery and the stitch was removed and my cervix dilated and I was taken to the delivery suite. Ultimately, my son was born by emergency classic c-section. Reading my medical records, I can see it was a difficult birth – I lost a lot of blood, the registrars delivering my baby, had to call for an additional doctor for help. Luckily both my son and I survived.

However, I was in extreme pain following my birth and unable to walk. I spent the first week in a wheelchair with my husband wheeling me from the ward where I slept to the Neonatal ICU to spend time with my son. This should not have been the case for a c-section birth. I was seen by the obstetrics team and the pain team but was told it was likely constipation that was causing my pain or perhaps a nicked nerve but the pain was excruciating and I was needing 3 different forms of pain relief, including tramadol and endone to manage the pain. While the extreme pain did eventually abate and life returned to normal - in the years following my birth, I continued to experience discomfort and pain during sex.

Fast forward 3.5 years after the birth, 2 years of trying unsuccessfully for another baby and 1.5 years of IVF, and a laparoscopy eventually found the cause of the issue - a twisted fallopian tube which had adhered to my uterus. My surgeon told me this was most likely the result of it accidentally being stitched in the wrong place when I was closed following my c-section. Whilst I am extremely thankful to the team for the fact that both my son and I are alive and well, this issue has prevented us being able to have a second child. How is it possible for this to happen in the first place? How was my pain not taken more seriously when I was in a wheel chair for a week post the birth?

In summary

Following the birth of our daughter, I experienced symptoms of postpartum PTSD – including anxiety and depression. I was physically and emotionally numb, experiencing physical pain and nausea at the thought of the birth. I felt extremely hyper alert and was unable to be anyway with people. I blamed myself over and over again. Even today, years later I experience vivid flash backs to my birth. Some days, simply driving past the hospital where I gave birth, causes a physical reaction in me and I know I am not alone in this. Too many women experience birth trauma – be it psychological trauma like me, physical trauma or a mixture of the two. This needs to change.

Background Information:

Once I felt stronger, I wanted to use my experience to educate others and raise awareness of birth related trauma. I have shared my story in the media twice as outlined below.

<https://primer.com.au/late-term-pregnancy-loss-gemma-hudson/>

<https://www.mamamia.com.au/pregnancy-after-infant-loss/>