

Submission  
No 1007

## INQUIRY INTO BIRTH TRAUMA

**Name:** Mrs Lisa Langley

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Partially  
Confidential

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Lisa Langley

**Committee Secretariat**

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**Re: Inquiry on Birth Trauma**

Dear Chair and committee members,

My name is Lisa, I live in \_\_\_\_\_ NSW, I'm 29 years old and I have a 6 year old a 4 year old and a 3 month old. I birthed all three of my children at \_\_\_\_\_ Public Hospital and with all three of my pregnancies and births I experienced 3 different models of care. My eldest in 2016/2017 I was under shared care with my GP and \_\_\_\_\_ Hospital, my second pregnancy in 2018 I began under shared care and was later transferred to the high risk clinic. With my most recent pregnancy 2022/2023 I was part of the Midwifery Group Practice (MGP).

**My Story.**

With all three of my pregnancies, I suffered with the condition of Hyperemesis Gravidarum (HG) and Nausea and Vomiting in Pregnancy (NVP). This condition saw me present at my local emergency departments multiple times throughout my pregnancy, with often my symptoms being dismissed and ignored being told especially with my first that vomiting in pregnancy is normal and I should be happy as it meant my babies were healthy.

One on occasion in 2016 I presented to \_\_\_\_\_ Emergency Department as this was the closest to where I was living at the time and I was accused by the Doctor who came into the room of "just being there for the drugs" and I needed to "toughen up and go home, stop wasting the hospitals time". To be treated this way as a young first-time parent made me think that I was not worth of care from our health system and that I was indeed wasting time and resources being in the hospital. At the time this occurred I did not report this matter to the hospital, and I didn't even tell my husband and family that it had occurred as I had started to believe the doctors comments.

Many visits to the hospital saw me sent home after a single bag of fluids and told to rest. I feel this was the case due to the lack of education and knowledge on the conditions that I suffered. If a non-pregnant person presented to the hospital after vomiting for 4 days straight and unable to keep any form of liquid down more care and support would be offered to that individual, that what I experienced throughout my pregnancies.

With all my pregnancies I applied for the public MGP program, with my first two pregnancies unfortunately I was not successful in obtaining a space. Wanting the continuity of care, I took the path of GP shared care as I felt truly supported by my family doctor who had been seeing me since I was 4 years old.

For my first birth, I had natural labour starting spontaneously at 38 weeks and 3 days. After presenting that the hospital at 4cm dilated I was admitted to the birthing suit to progress over my

labour. After 6 hours in the birthing suit, I was told that my body was not progressing and they wanted to administer a hormone drip to “help hurry me along” I was given an epidural only for the anaesthetist to come in after the procedure and state that he had forgotten to get me to sign the approval paperwork and I needed to do that after the procedure had already taken place. Once the hormone drip was administered my daughter then went into distress and got stuck on my pelvis, the obstetrician came into the room and without giving me an option stated that I needed an episiotomy and forceps to remove my baby, before I knew it my legs were in stirrups and I was being cut open with scissors and had my baby pulled out while being told I needed to keep pushing and not stop. I feel if my body was allowed to progress naturally my daughter would not have become stuck and instead being able to come down naturally. Within a couple of hours of having my episiotomy and birthing my baby I was made to walk to the maternity ward, without the offer of a wheelchair to clear out the room for the next mum to come in.

My second pregnancy I found out at 12 weeks I had low Papp A which may result in a small birth weight baby, but they would know more at 18 weeks and sent me on my way. No further information into what that meant was told to me and no follow up consultation occurred between the 12 and 18 weeks. At 18 weeks I had a growth scan and found out my baby was on the 3<sup>rd</sup> percentile for size. I was then transferred out of GP Shared care and into the high risk clinic. From this stage I was told that I would need to attend the hospital once a week for CTG monitoring. Each visit I had to retell my history and explain to the staff why I was there, there was no continuity of care through the high risk clinic, each visit I was a different doctor, by 25 weeks I was on twice weekly CTG and twice weekly ultrasound without any information given to me as to why this was actually occurring. At 34 weeks I was referred to Hospital at for examination up there, during this visit the doctor was able to determine that my baby had grown from the 3<sup>rd</sup> centile to the 24<sup>th</sup> centile so I was able to continue with my care at Hospital. From 37 weeks I had the doctors pushing me to book an induction date, which I continued denying as they could not present me with any medical reason as to why I needed an induction, instead just stating that I would be easier knowing when my baby would come, trying to make my birth fit their schedule. At 39 weeks and 5 days I was told very aggressively by a doctor that because of my low Papp A my risk of still birth after 38 weeks drastically increased and I was being selfish and putting my baby at risk, it was then I felt I was pressured in to booking an induction date at 40w and 2 days.

At 40 weeks and 1 day my body naturally went into labour. I presented to the hospital at 6cm dilated and within an hour at the hospital was 9.5cm and ready to start pushing, however due to the scar tissue from my first episiotomy my body would not stretch, and I was in need of a second episiotomy. The same obstetrician who conducted my first episiotomy walked in and her words to me whilst in mid labour were “who did your first episiotomy they didn’t stitch you very well” I responded with you did and her response was “oh well I will try and do better this time round”. My baby was born a healthy 3.8kg considerably larger than the 2kg baby I was told to expect. After 2 hours the hospital was trying to discharge me. Asked if I could stay for at least 1 night as I had over 40 stitches from my episiotomy, my request was ignored. At 4 hours post birth my midwife came in to conduct obs on both myself and newborn to be able to discharge us straight from the birthing suit. My daughter’s stats were at 71% and dropping, we then had the emergency call button pressed and my daughter was taken to the NICU for 18 hours of oxygen and monitoring. When talking to my midwife as she was helping me shower and get dressed to, I could be with my baby I asked what would have happened if I had gone home, and her response was that we didn’t need to talk about that, when I pushed and said no I need to know she stated that my baby would have “just gone to sleep”. A

statement that still haunts myself and my husband today. We almost lost our child to free up a bed within the hospital.

For my third pregnancy this year I was fortunate enough to receive care through the MGP program. This program saw me have care and support from the same midwife from 14 weeks. I was supported by the same midwife. She regularly checked up on me either in person at hospital appointments or with phone calls between appointments. She was aware of my HG/NVP and help guide me through this challenging condition. Unfortunately at 37 weeks my midwife had to resign due to health reasons, even though this occurred I was instantly picked up by another midwife who knew all my history, had detailed history about my previous births and pregnancies and insured me that my request and plans for this delivery would be listen to and I would be supported with my choices.

At 38w and 5 days I again went into natural spontaneous labour. Due to presenting as GBS+ I had to present to the hospital shortly after my membranes rupturing, even though this was early in my labour I was treated with respect and allowed to progress naturally and carefree in my birthing suit. At 16 hours of ruptured membranes my baby sitting semi posterior, my midwife thorough consultation with myself and my husband, called in the obstetrician to chart the hormone drip to help my baby move down. The obstetrician questioned my midwife as to why I should have the hormone drip and why couldn't they just section me to get it over with. I am so fortunate that I had my MGP midwife there to stand up for me in this time as I had significant flashback and fears that I would end up with a similar delivery as my first birth and would have my baby pulled out of me again.

My midwife knew my wishes and backed and supported me, she saw me as a birthing mother and wasn't trying to push me out of the hospital. After 50 minutes of the hormone drip my baby had fully progressed and I was guided and directed on how to birth my baby, she took care of my episiotomy site during the pushing stage of delivery, she did have to perform a small episiotomy however the way it was conducted was extremely different to my first two, it was a quarter of the size of my first two. My wishes for delayed cord clamping was adhered, I had skin to skin while this occurred and let my baby find his was to the breast naturally. I was informed of everything that was happening in that room right down to the location of where the needle would be placed as I had asked for this to help birth my placenta. I was in control and felt empowered coming out of that birth. I was not rushed from the birthing suit. My baby and I were cared for. I was offered food and given assistants in showering and cleaning up after birth. My husband and I were laughing and bonding with our son, and given support from the midwives, this level of care and support was not something I had experienced in my first two births.

### **Changes I believe will help decrease birth trauma**

My three pregnancies and births show the difference that continuity of care makes to a birthing persons experience. I would like to see the form of care that I received in my third pregnancy offered to all woman, this should be the minimum standard of care in NSW. To be supported and guided form the early stages of pregnancy into the postpartum period by one or two midwives, to allow the mothers voice to be heard, respected, and cared for.

Pregnant woman who experience HG/NVP throughout pregnancy should have access to a designated clinic where the nurses and doctors know what the condition is, have access to fluids either in the hospital or at home and to not be made to feel like they are harming their baby or be

treated poorly when asking for medication to help them get through this period whether it is needed for 12 weeks or 40 weeks.

Every pregnancy and birth is unique, and there are factors and risks that need to be taken into consideration, however there are changes that can be made to help reduce birth trauma, and provide a standard of care where women are respected and cared for.

Thank you for taking the time to review my submission and I am happy for the committee to get in contact with me should they need to and discuss my experiences.

Warm Regards,

Lisa Langley