

Submission  
No 1008

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

Firstly, my trauma began during pregnancy when the Covid-19 pandemic began, and left our healthcare system flailing. Suddenly I was unable to see my GP in person for critical pregnancy checks, and my husband was unable to accompany and support me during scans or hospital visits. And finally, when I was in active labour I had to stand in line with dozens of people in order to 'check in' and enter the public hospital – whilst enduring contractions.

Once I was admitted at \_\_\_\_\_, I requested an epidural. The midwife first had me try the gas (made me vomit), and gave me morphine. The midwife broke my waters, and eventually I got the epidural – which would ultimately fail me. I kept the epidural on the base dose, as I preferred to still feel the contractions rather than be completely numb. Once I was fully dilated, the midwife had me to start pushing. I was pushing for a solid hour and my baby's head wasn't even crowning. My baby's heart rate was also not recovering so it was decided we would have to do an emergency Cesarean section. We had previously agreed to not attempt other methods such as instruments.

They prepped me and took me to the theatre. The anaesthetist and nurses carried out the ice tests to check the epidural nerve block was working – evidently it wasn't. The anaesthetist upped my dose, but it still failed to block sensation. He had to go as far as to call his superiors to gain permission to increase my dose beyond safe parameters for my size. This process and time delay was quite tense and stressful as there were concerns about my baby's heart rate. Eventually, the nerve block was adequate enough to cut me open and retrieve my baby, but I still had sensation. My baby was rushed to a table the other side of the room, and I told my husband to stay with him. Very quickly the nerve block was decreasing, and I could feel as they removed my placenta and stitched me up. I lost quite a lot of blood. Suddenly I realised my baby wasn't crying, and I had to call out across the room "why isn't he crying?" I was told that he had inhaled a lot of mucous and they would have to quickly take him to NICU. They very briefly brought him over near my head so I could glance at him before rushing him off. I told my husband to go with him and that I would be OK. When the surgery was done and I was wheeled to recovery, the nurses wanted to move me off the theatre table and onto a hospital bed. I shuffled across and raised my legs and also using my arms, started to side step my body across to the bed. The nurses were alarmed that I could move my legs and lower body this much, I hadn't realised their intention was to lift me over. To me this highlights how much sensation I had during the C-section.

I did not get to properly meet, touch or hold my baby until the next day when I was wheeled down to the NICU. I am still devastated I could not do any immediate skin-to-skin with him. The importance of skin-to-skin was really drilled into us in the lead up to the birth, and all the courses and handouts we received. Signs about skin-to-skin on every wall in the hospital and toilet cubicle. It was really upsetting at the time, seeing this message everywhere when my baby was 2 floors downstairs in the building. So when I eventually got to have some brief time with him the next day I was relieved. The poor thing was hooked up to so many cords, IV, C-Pap, it was an untangling mess to pick him up

and hold him in my arms. We were in the NICU ward with so many doctors, nurses, and parents and relatives of other infants coming and going. I had to bare my breasts exposed to all these people while I attempted to breastfeed the first number of times. It is distressing to have gone through the trauma of the birth, and trauma of your first born baby being in NICU, to not even have a sheet to pull around for some privacy in these moments.

For two days my baby remained in the NICU, while I was upstairs in the ward sharing a room with a revolving door of new mothers and newborns safely delivering their babies and going home. He was finally able to leave NICU and move up to the ward with me once his blood sugars had increased enough. I was under strict instructions to breastfeed him every 3 hours.

Meanwhile, it became apparent there was a problem with my bladder as I was voiding urine 900mL to 1L at a time. I was restricted to drinking 1 cup of water per hour, complete a bladder diary, and urinate every 2 hours. This rigorous schedule on two fronts was conflicting and challenging, I felt dehydrated and constantly thirsty. Unfortunately it was the weekend so we had to wait for the urologist to return. I was expected to go home on the Monday, so was all packed up and ready to go, only waiting for the Urologist to examine me. She finally made it late in the afternoon, after urinating she felt there was still urine in my bladder and there was maybe a problem with the sensation. She would only permit me to be discharged from the hospital if they inserted a catheter.

I had to return to the hospital 3 days later for the catheter to be removed and the urologist to review again. After being sent home again, I had to resume the strict 1 cup water intake, and 2 hourly urinating and completing a detailed bladder diary. This regime was an exhausting distraction when I just wanted to focus on my baby and his needs, as his weight had dropped a lot and was still on the strict 3hr feeding schedule. Following all this, I had a follow up phone call with the urologist, nothing really eventuated or was resolved. I just had to continue to manage fluid intake and urinating every 2 hours. 3 years later I believe my bladder is still not quite right, and I have some mild prolapse.

I also want to add that when I was 36 weeks I requested to privately get a scan done as I was concerned about the position of my baby - he was estimated at 4kg at this time. Due to this finding, at my 39 week appointment at the hospital the midwives ordered another scan and booked me in to see the obstetrician. He advised that as the baby was so large, there was some likelihood I would need to deliver by cesarean section, but I could try to deliver vaginally first. I had this knowledge, and was able to discuss with the midwives when I was in labour that if vaginal delivery wasn't working, we would skip other intervention (forceps/vacuum), and go straight to C-section. In the end the C-section report stated that the baby's head was above the pelvis. This tells me he absolutely was not going to fit, and I cannot understand why scans aren't routinely performed at 39 weeks in the public system to check the baby's position, estimate the baby's size and estimate the size of the mother's pelvic opening. I am glad I empowered myself by requesting to get that scan done at 36 weeks so we didn't cause more trauma to myself or my baby during the birth.