

Submission
No 1138

INQUIRY INTO BIRTH TRAUMA

Name: Ms Channah Crichton
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Partially
Confidential

PARLIAMENTARY ENQUIRY INTO BIRTH TRAUMA - SUBMISSION

From: Chaanah Crichton

For this submission, I am providing a letter of complaint which was sent to Hospital 6 weeks after giving birth in 2022. I have redacted the names that were included in the original letter.

Since giving birth I have moved back to Sydney to receive more assistance from family and friends. I am still seeing a women's health physio (at my own cost) to manage the impact of the birth on my body, I suffered post-natal depression and anxiety, and my husband is still receiving counselling for post-traumatic stress. We have also concluded that we will not have any more children as a result of the experience we went through.

Best,
Chaanah

7th July, 2022

Chaanah Crichton

Dear ,

RE: FORMAL COMPLAINT FOR NEGLIGENCE

I gave birth to my daughter at Hospital Women's Care Unit at 5:58am on May 20, 2022, four days after arriving.

I would like to begin by acknowledging that, though traumatised, both my baby and I left hospital in reasonable physical health, which is the primary outcome of a birthing unit.

I would also like to acknowledge the majority of wonderful staff in the unit, who went above and beyond, and for whom we are deeply grateful, having just sent a card thanking them by name.

However, there were a number of issues that arose during our birth experience that were in breach of the professional standards expected, which had a traumatic physical and psychological impact on me, and I would consequently like to file a formal complaint. I do not intend to take any further action beyond this letter.

Overview of the issues:

1. Two Midwives who displayed unprofessional behaviour.
2. While we appreciate that this is out of your direct control, the birthing suites were full for over 48 hours after I was induced, leading to an agonising and totally avoidable extended labour.

ISSUE 1

MIDWIFE A.

The midwife who was on duty in the Antenatal Clinic on Tuesday May 17th at 10.30am (unfortunately I did not catch her name).

At this appointment I was 41 + 5 days and believed I was coming in for a routine check on me and the baby through CGT monitoring, having declined an induction at my 41 week check-up as both the baby and I were healthy. While it was our wish to start labour naturally, rather than be induced, we were fully prepared to be induced at 42 weeks and have always held a high regard and trust for the advice from medical professionals. However, at this appointment, I was bullied, and consequently agreed to an immediate induction.

The midwife began the check-up by saying to me “Why isn’t she coming? Sure you’ve read all the horror stories” - which was an insensitive and highly unprofessional way to begin a consultation with a first-time mum who was feeling positive about the pregnancy and lead-up to birth.

She made similar comments again in an accusatory tone.

She then made a phone call to the obstetrician within earshot of me (behind the curtain), chastising us for not being induced yet. She then told me that I “had to be induced” that night as there were no other induction appointments available for the next ten days and “my baby could die” and ‘they were the ones that had to deal with that’.

I asked her to explain what would happen through an induction, as this information was not given voluntarily. She spoke to me in a condescending, highly insensitive and dismissive manner, strongly pushing an induction, without acknowledging my preferences or the choices we had made.

When we asked about whether there were other options like syntocin, she replied with “surprised you don’t want the cooks catheter, all the hippies from [redacted] prefer it as there’s no hormones”. For the record, we are not “hippies”, we trust medical science and are fully vaccinated, and we are not from [redacted]! Again, characterisations like this are not how a medical professional should speak to a patient.

Frightened and having been warned that the baby could die, we agreed to come back that evening for an induction, as we felt we had no choice further down the line, as “induction spots were full” and we didn’t want to risk going past 43 weeks.

The experience triggered my stress hormones and I spent most of that afternoon crying, which wasn’t the headspace I wanted to be in to start labour and birth. It should be added that she was also overheard patronising the family behind the curtain next to us too, so it would appear that this wasn’t an isolated incident.

Bullying like this should not be tolerated in any workplace environment, but particularly not in a medical environment.

MIDWIFE B.

The second part of this complaint relates to the midwife [redacted], who took over in the birthing suite after our original midwife (who was lovely) had to be rushed to emergency as she was unwell.

While I have no doubt that [redacted] is a nice person, he is wholly unsuited to supporting women in birth.

We found [redacted] to be uncommunicative, distant and not supportive throughout birth. He did not actively guide or support me, and was regularly sitting at the desk on his phone or on the computer, rather than assisting me with contractions and the labour.

After having an epidural (which only numbed my left side) my whole body was shaking uncontrollably which was giving me muscle cramps. I asked [redacted] if there was anything I could do to help minimise the shakes and his response was “Nup, you just have to push a bowling ball out!”. This was absolutely the wrong thing to say in this situation, and I would have expected a more supportive and solutions oriented response.

At 3AM my husband was so frustrated with the lack of support and care I was receiving that he asked if there were any female midwives who could come in to support (he said “female” as a guise so as not to insult [redacted] at a critical and vulnerable time), but we were told they were all busy with other births, though fortunately one was able to come in briefly to offer some much needed guidance and support.

When it came to active labour, the obstetrician [redacted] (who was wonderful) came in to check on me after 1.5 hours of pushing, and she told me that I was pushing the wrong way and started

coaching me on a more effective way to push the baby out. I was shocked that hadn't noticed this or made any suggestions on a more effective way to push, particularly as I was so exhausted by this point that I could barely speak.

Based on my experience I do not think is suited to being a midwife and supporting women through birth. No other woman should have to go through this experience.

ISSUE 2

The agonisingly long and wholly preventable long labour I had to go through, after the induction by Cooks Catheter on the evening of Tuesday 17th May.

On the evening of Tuesday 17th I had a Cooks Catheter inserted at around 9pm, to begin inducing labour. I was told my waters would then be broken at 8am on Wednesday 18th May and I would be given sentosin for labour to begin in a birthing suite. As I was in a shared room, with nowhere for my husband to sleep, he went home at around 11pm (1 hour drive each way) and returned at 7.30am the next morning, ready for labour.

However, it wasn't until the night of Thursday 19th May (48 hours since the Cooks Catheter was initially inserted - and then removed after 24 hours - to start labour), that a birthing suite finally became free for the next steps of induction and my active labour to begin - an absolute failing of the medical system.

During this 48 hours that we were waiting for a birthing suite, I was having regular contractions, was vomiting and couldn't eat and was sharing a bed with my husband as no bed was provided for him, while also being woken by the constant monitoring of both me and my roommate in the shared room. This meant that I was already exhausted before the active stage of labour had even begun - a cruel, medically negligent and unacceptable way for a woman to experience birth, particularly with their first child.

I have little doubt that this led to the numerous interventions I had to receive throughout the labour (epidural, foetal scalp monitor, vacuum, forceps etc.), as well as potentially the problems myself and my baby have experienced in the 6 weeks post birth.

I have had to go to counselling to deal with the trauma of my birth experience and both my husband and I have questioned whether we could have another child based on what we went through.

I recognised that the latter issue was related to resourcing, and will be writing to our MP regarding this issue and the need for better funding and support. We were horrified to hear how many nurses and midwives were having to work double shifts.

I do not make these complaints lightly, but no other woman should have to experience what I did, and be cared for by people who don't show empathy to one of the most vulnerable situations in a woman's life.

I do again want to acknowledge that there were a number of other midwives who cared for us during our 5 days in hospital who were absolutely wonderful.

I would be happy to discuss my experience with you if you would like me to clarify any of the points outlined above.

I thank you for your consideration of these matters.

Sincerely,

Chaanah Crichton