

Submission
No 1160

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Submission on Birth Trauma

I have had two traumatic births both of these were at a public hospital and with the same team of Dr's, with the high-risk midwives' team and it included my haematologist at the time.

My complications are that I am an asymptomatic haemophilia carrier and I have a uterine didelphys with two cervixes and a vaginal septum.

Whilst I was worried about my complications, more so the didelphism, my first pregnancy (in the right uterus) went really well and I made it to "term". Both from my Dr's advice and my research there is actually not a lot of information out there on uterine didelphys as a lot of uterine abnormalities are just lumped together despite their differences. I was planning a vaginal birth but was encouraged to go in for an induction. It was not my ideal situation as I would have preferred to go naturally but as it was my first baby, I followed this advice. Not once did anyone state that once interventions are put into place you are more likely to have further interventions and end in a c-section. This I have learned in further in VBAC research and mental health support between babies.

So of course, on the day they decided not to use prostaglandin apparently due to baby's heart rate and being in distress. When attempting to do the balloon catheter the junior Dr put it on the wrong cervix. This procedure in itself is quite invasive but more so due to my anatomy. The Dr in charge was already leaning towards a c-section though examined the other cervix and then decided that as I was already a couple of cms dilated so if I felt "strongly" about vaginal birth then they would break my waters. And yes, I did feel strongly about a vaginal birth, so, I had my waters broken and oxytocin. I do not feel like I was given time and there was a sudden rush for a c-section due to "not progressing"/"baby being in distress". I did not experience "labour". The thought had never crossed my mind that I would not go into labour in this birth and have grieved that for a very long time. I feel I was denied the opportunity to experience labour. This so far seems like a normal cascading of interventions, and I am not sure if the traumatic nature of this comes across as I have done a lot of mental health work towards my recovery. But it was. And all the staff treated me as if I had a traumatic birth post birth and I was given a full debrief by the team both in the week in hospital and at about 6 weeks I went back for a debrief and was referred to the hospital psychologist and therefore received mental health support.

Our baby was perfectly ok despite all the anticipation that they were in distress.

Please note I will always be grateful to the midwife who was with me that day. She stayed past her shift to see my baby being born and make sure we were ok.

In addition to the above I would say in this pregnancy and birth I really had to be assertive when it came to anaesthesiologists. My haematologist was fantastic, and we had a solid plan but in my pre-birth appointments I had to meet with the anaesthesiologists to discuss pain relief and in case of c-section etc. As soon as they met me, they were of the opinion that if I had a c-section I "needed" a general anaesthetic and that an epidural was out of the question. I argued that my plan stated that if my numbers for my factor levels were at a

certain point, I could have a spinal/epidural (this is also without the additional factor I would be given during birth to increase my factor levels). I spent a lot of time with them, they even called my haematologist etc and finally they “agreed” that I could have epidural/spinal. But on the day when I went to have the emergency c-section the anaesthesiologist stated straight up “you will need a General Anaesthetic”.

I was already distraught over heading into an emergency c-section thinking my baby was in distress and when I mentioned our plan she disappeared finally to come back and say “You can have a spinal. Are you happy now?” My midwife at the time actually said something in rebuttal to this statement cause clearly, I was not happy to be in the situation I was in but there is no way someone should be talked to like this when they are already in the midst of a traumatic situation.

Fast forward to my next pregnancy. Before anything to do with the pregnancy came up my first question to my GP and the Dr’s and High-risk midwives’ team was “What is the impact of stress on a pregnancy/baby?” This was right at the beginning of COVID and COVID aside I was having a particularly stressful time at work with interpersonal relationships and knew it was impacting me in a way that I have never been impacted before by stress. I was concerned and worried about it before anything else happened.

The second pregnancy was in my left uterus so I felt like it was all new as to see what would happen. This pregnancy was completely different. The baby was worryingly smaller but due to my monthly scans the Dr stated they thought it was just a smaller baby but that worry never left me. It felt different in my left uterus. I had abnormal test results at 12 weeks so had a CVS. I was diagnosed with gestational diabetes. We had COVID so no partner at ANY appointments. I was stressed through work, and I was stressed about a second birth after a traumatic first birth.

As I mentioned stress a lot at appointments, I was referred to a social worker and also did some mental health counselling in the lead up to this second birth. Please note I was also seeing a psychologist through our work in regard to the work situation.

As I was disappointed about not having a vaginal first birth, I was also interested in a VBAC so was doing a lot of research into this. I did the hospitals’ VBAC course. I joined Facebook support groups. I researched. I was seeing the psychologist.

I made it to 37 weeks and went in for a regular appointment (at this stage they were weekly) with the team at the hospital. I had a scan, saw the midwife, did the usual blood pressure etc, discussed my birth preferences including VBAC and “if” another c-section. Went home thinking I would see them in a week. Then I got a call from the Dr who had not attended this appointment and wanted me to come back into the hospital so we could discuss my birth “preferences”.

When I went back in what we were “discussing” was if I was interested in a VBAC then we should talk about the possibility of surgery on the vaginal septum to lessen the chances of the baby getting stuck. So, the choice, surgery or possibly no VBAC seemed to be the options put to me. Now let me re-iterate that I am **37 weeks pregnant** with my **SECOND** child. This discussion was **NEVER** brought up in my first pregnancy. It was **NEVER** discussed **AFTER** my

first pregnancy and birth. It was **NEVER** discussed before pregnancy when I found out about my abnormalities. I have had the **SAME** Dr's and the **SAME** team the whole time.

So, through some long discussion, a call to my partner (because they couldn't attend the appointments due to COVID), the Drs recommended that I book in for surgery for the Thursday (it was a Tuesday afternoon) and think about it overnight and if I wanted to cancel it do so in the morning as its easier to cancel then to try and book. Whilst my gut instinct was to not have surgery, I booked in this to discuss further with my partner overnight. Now clearly, I have already stated that I have been in a state of high stress this pregnancy and yet the Dr's believed that this was important enough to put me in a state of intense high stress right at 37 weeks with my second child. There is no way that I take the decision to have surgery lightly when I am pregnant.

So, I even had my haematologist now ringing me saying "What's going on?" And I literally said, "I have no idea?" I have no idea why we are talking about this at this point in my second pregnancy".

I believe that this state of shock and stress over this decision started to have an impact on my body. As I was beyond stressed, confused, angry, disappointed, shocked and more emotions and thoughts. I was having a mental and physical reaction. After dinner I started feeling downward pressure. I knew something was happening. I had shower, went to bed to try and sleep but couldn't get comfortable laying down so I tried to get up and sit in the lounge room. This is when I started losing blood. I called the hospital and went in for a review. One of the first discussions the midwife from the high-risk midwives team and I had was "Why are we talking about this at 37 weeks pregnant with my second child?" This was the opinion of other professionals as well as myself.

But from here on in I started to deteriorate, I was in significant pain, I was losing blood, they couldn't get lines in as my body was going into shock. So, the call was made for an emergency c-section and due to this urgency, I ended up with a general anaesthetic. I knew something was wrong and I do not begrudge this emergency c-section. I was having placental abruption, losing blood, baby in distress and scar dehiscence.

I will always grieve missing my daughters first few hours. I am lucky my partner got there in time to do skin-to-skin. But this truly was a traumatic birth. I was physically and mentally wrecked after this one. I could not even stand to have shower in the first 24 hours. I ended up with blood and iron transfusions. I had a lot of bruising from the nature of the emergency c-section. I felt weak, tired, couldn't hold conversation for being tired. I was not in a good place after this birth. And yet the contrast in the post-birth follow up couldn't have been starker. Apart from a visit within the first day of giving birth when I was still recovering I had no follow up de-brief. My Dr and team were genuinely surprised to see me in hospital the next day and all said I did not look great, which was an understatement. When I was called at 6 weeks from the high-risk midwives team the person I spoke with said "Are you still crying?". If you work with birthing women who have had a traumatic birth then yes, there is a very high probability that they will be crying still at 6 weeks, this I would have assumed is not uncommon. In fact, my second baby is almost 3 and I can still cry when I think about it as it WAS traumatic, I am and will grieve a lot of things about it and I probably had PTSD. I was

not offered any psychological support. Because I felt so bad mentally and physically it actually took me awhile to get to my GP to seek psychological support which I truly needed. And then I was put on a waiting list for perinatal psychological support because the need is obviously greater than the demand. I have since seen a psychologist and worked through the above for the moment.

It took me a long time to also feel better physically. I would actually say it was close to 9-12 months.

The point I really want to focus on is that on paper my second birth was, and literally was, more traumatic and yet I was offered nothing post-birth in terms of debriefing or psychological support yet that was in place for my first birth. There needs to be consistent psychology support if the level of traumatic births is as high as 1 in 3.

On the Thursday after my birth, a Dr on the ward actually came in and said, "You are booked in for surgery today are you going to have this?" as I clearly hadn't had time to cancel it. Now I know he was just asking, but I was clearly in no state to go in for surgery and the whole reason I was in this situation, was because of the whole stress of booking that surgery. It really felt like no one is looking at the big picture and how that statement was just another kick to my whole situation.

In addition, to the above, I was also chastised by a midwife in my first 24 hrs for not taking the testing of my babies blood sugar's "more seriously" but I was coming out of a general anaesthetic with a traumatic birth and not one of the midwives stopped to explain what I "Should" be doing. What it came down to was yes, set an alarm for every two hours so I can force feed my also sleepy baby. But everyone just assumed I was capable of knowing what I was meant to do even though I had never had gestational diabetes before, but also physically being able to this in my state.

In light of my second birth, I strongly believe that I was not supported in my wishes to attempt a vaginal birth, even for my first birth with this same team.

In subsequent medical issue last year, it became apparent to me that I probably also had PTSD as I was struggling with a lot of anxiety around some medical issues.

If the committee would like to know about financial impact, for me it has been to do with accessing psychological support. It is very rare that psychologists bulk bill and especially not those that are specialising in areas such a perinatal psychology. So, whilst you can access a GP mental health plan there will always be a financial gap. Psychological support is also not something that is just fixed after a traumatic birth and ends. I strongly believe that I will always need it at different times so it will be a lifelong cost. For example, a subsequent medical issue last year has resurfaced a lot of the old trauma, anxiety, grief and PTSD.

In conclusion, the points I would like to focus on, and even possible recommendations are:
- Psychological support for women needs to be consistent pre- and post-birth, especially traumatic births.

- The stress levels or mental health of the women also needs to be considered with medical staff when making decisions. Please read my file and look at the whole picture. For me it was clear I was stressed in my second pregnancy don't add to it.
- We are taught the BRAIN acronym during birthing classes etc and yet why is this not applied with medical interventions. I truly believed if a Dr applied that acronym to my second birth, they would not be talking about a septum surgery on a woman that is 37 weeks pregnant with her second child and high stress levels.
- my birth was highly medicalised for my complications and this I believe played a large part in the outcomes.
- coercion for inductions and c-sections and other medical interventions need to be addressed. This is clear.
- hospital timelines, staffing, even the "due dates" all impact the "time" woman are given to "birth". From the many varied and different times, it takes to birth there should be more flexibility in this. So often "failure to progress" is written on birth notes when a women's body is progressing just not within the hospitals specified timelines.
- women need to feel supported in their decisions. This is the difference between a "good" and a "bad" birth.

I also highly recommend going on the [VBAC Australia Support Group](#) Facebook page as it will be clear about the traumatic nature of births and how many of them are due to medicalisation, interventions, the term failure to progress and more.

I also highly recommend this book below to see what systematic issues we are dealing with. Despite its title I would actually recommend this to first time mothers and those in the professions that work with birthing women. I found it very useful when working through my mental health issues after my first traumatic birth. **How to Heal a Bad Birth: Making sense, making peace and moving on Paperback – 17 June 2016** by [Melissa J Bruijn](#) (Author), [Debby A Gould](#) (Author)