

**Submission  
No 1023**

## **INQUIRY INTO BIRTH TRAUMA**

**Name:** Tom Longworth

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Select Committee on Birth Trauma

NSW Parliament

By email

14 August 2023

Attention: Inquiry secretariat

Dear Sir/Madam

I make this submission to the committee as an individual. It can be published in full including my name. This submission focuses on 1(a) and 1(e) of the terms of reference.

I would like to outline below what happened when our first child was born.

In 1998 my wife went into labour with our first child, so we went to the birth centre (in Sydney, near where we lived at that time), where she had been receiving antenatal care. The birth centre was full, so my wife went to the labour ward.

After a short duration of labour, the midwife insisted that my wife be connected to a CTG (apparently it provides a trace of the foetal heart rate). There was no opportunity to decline this monitoring, and certainly no informed consent.

Due to the poor design of the CTG equipment – the sensor kept sliding off and providing a poor trace – the midwife insisted that my wife labour on her back. When my wife refused – she had been labouring on all fours – the midwife became annoyed and was more insistent that she labour on her back.

For the remainder of labour (another few hours) there was this ongoing tug-of-war, where each time the midwife would enter the room where my wife was labouring she would become annoyed that my wife had changed position. Eventually, the midwife threatened to put an electrode in the unborn baby's scalp. And when that threat did not ensure my wife's compliance, she went ahead and screwed the electrode into the foetus's scalp!

I was shocked that labour would turn into this lop-sided struggle – it was not centred around the labouring woman; and, as a support person, it was not clear to me how I could intermediate between the midwife and my wife without getting ejected from the room where my wife was labouring, which would have left her unsupported.

What makes the above scenario even more distressing is that subsequently, I have come to understand that:

- There is no sound evidence base to support the use of CTG

- That a woman labouring on her back is more likely to have a protracted labour, than when she is able to change position. A consequence seems to be that protracted labour is more likely to result in multiple interventions.

Our baby is now 25 years old. We had another three kids (not born in hospital).

Having spoken with many people over the years, some variant of the scenario described above is common. Patients and their partners are bulldozed into various interventions, some of which seem to adversely impact the progress of labour, whilst others seem to be designed more for the convenience of the health care workers and not the labouring woman. I don't think it is reasonable to have to take a solicitor with you into the labour suite to ensure you receive appropriate care.

To this day I am staggered that this sort of behaviour could occur in tax-payer funded hospitals. I wish I could outline a set of clear recommendations to address this type of situation, but to me, it looks like a deep-seated problem related to the culture of these organisations, and I just don't know where to start. If this sort of distressing situation is still playing out after 25 years, then I guess it isn't going to change in a hurry.

All the best.

Yours sincerely

Tom Longworth