

Submission  
No 1184

## INQUIRY INTO BIRTH TRAUMA

**Name:** Miss Tina Vesterberg

**Date Received:** 15 August 2023

---

Partially  
Confidential

## An open letter to the NSW parliament's birth trauma inquiry

Dear members of the committee,

I am writing to you to share my experience of birth trauma. Due to the nature of this letter, sharing my experience and what I have learned, and time constraints I haven't academically referenced the resources; however I'm willing to provide further information and resources if needed.

1 in 3 women experience the birth of their baby as traumatic and a recent study showed 1 in 10 are victims of obstetric violence. I'm one of these women.. In September this year it's been two years since I gave birth at Hospital, NSW, but the effects of my birth experience are with me everyday.

My pregnancy with baby was very straightforward up until 35 weeks apart from the covid pandemic making everything very uncertain. Up until that point I had been seen at Hospital and their outreach clinic in St Clair. I had seen a few different midwives lacking continuous care even though we wished for caseload midwifery program at the beginning of the pregnancy. During one of the first appointments I came across one midwife that told me I was fat purely based on my BMI and referred me to a healthy eating program without my consent. She did not even ask me how my diet was or how active I was. This made me feel insulted and wondered what care she actually provides when she can't even ask a few simple questions to make an accurate assessment.

At 35 weeks, the care provider recommended an ultrasound as they believed I had a "big baby". Interestingly, ultrasounds used to assess a baby's size are "accurate" 70% of the time, however, the accepted margin of error is + / - 10%. So just to explain it a bit better let's say was 4000 grams during the scan but he could actually be 4400 or 3600 grams as the accepted margin of errors is 10%. Or he could fall into the other 30% where the scan is even less accurate. Which makes me wonder why the hospitals rely so heavily on ultrasound scans when the scans can be so wrong.. scan actually came back as him being on the "smaller" size of normal instead of big. And in breech position meaning he had his bum down in my pelvic instead of his head.

Breech position is deemed as a 'variation of normal'. 2-4% of pregnancies present in breech position at 35 weeks. After 35 weeks there's a very small chance of the baby turning by itself. Therefore hospitals may offer External Cephalic Version (ECV). EVC is a procedure where the health professional attempts to turn the baby by placing pressure on the abdomen. The success rate is around 40% and complications such as bleeding from the placenta or change in baby's heart rate are deemed as rare, laying around 1%. Depending on where you're located in Australia, on the skills of the health professional to turn the baby and the rate the hospital offers ECV's, the rate of breech presentations at full term is on average 2-3%. Hospital offered me an appointment for EVC. Prior to physically turning the baby the health professional conducts an ultrasound to confirm that the baby is still in breech and to check the size of the baby as well as the amount of amniotic fluids. The day I attended my appointment Jimmy was not allowed into the hospital due to Covid restrictions just like all the previous midwife appointments.

During the appointment they started off with conducting an ultrasound and connected the foetal heart monitor (CTG) to check the baby's heart rate. The ultrasound confirmed I was still in breech position but the doctor was concerned about the amount of amniotic fluids, stating it was on the lower side of normal. The doctor decided against the EVC informing me they won't attempt to turn the baby and proceeding to tell me they need me to book a caesarean section. I was devastated, a caesarean, that's major abdominal surgery. With the doctor by the bedside, in tears, I called Jimmy so the doctor could inform him of what had just happened. I walked away from the appointment feeling disappointed, disheartened and like I had not been given any choice.

In today's healthcare settings a lot of professionals have lost their skills of how to assist breech birth. This has a lot to do with a research article that was published 20 years ago, a worldwide study where they compared planned breech births and planned caesareans. The researchers interpreted the results as planned caesareans had better outcomes however they failed to acknowledge the limitations to the breech presentations group. Meaning the breech group had a wider range of interventions such as episiotomy, forceps delivery etc as well as the skills of the health professional varied from country to country and hospital to hospital. Whereas the caesarean section group had a more similar set of skills as it's major surgery and has to have the competency to perform it. This article has now been deemed as controversial and flawed. Which stresses the importance to upskill the health professionals again.

I count myself lucky as I work as a registered nurse and knew Hospital had a breech clinic whereas a lot of women might not have known it and therefore gone ahead with the caesarean. I got in contact with my GP and a referral to the clinic was submitted. Within days I had an appointment with the obstetrician and midwife in charge of the breech clinic.

While waiting for the appointment at the breech clinic, I followed up with the health provider at Hospital- this visit I got to meet the obstetrician instead of a midwife. The obstetrician completely disregarded my wishes and told me we needed to book a date for the caesarean section. With Jimmy on the phone we questioned why they couldn't accommodate a vaginal birth and questioned if they don't have the skills for a breech birth. The obstetrician proceeded to say she has the skills but can't accommodate it as she doesn't want to be on call for the birth. Planned caesarean sections are more convenient for the obstetrician and the hospital system. During this appointment she also asked if someone had done an internal examination, which to this point no one had. I asked why and she proceeded to tell me "it should've been done by this stage". Making me feel like I didn't have a choice, I laid down on the bed. During this appointment I also informed the obstetrician that I had contracted the breech clinic and would transfer to Hospital. When relaying this information the obstetrician seemed to be offended even though they couldn't provide the care I needed.

To this date, there's no current and good research that supports internal examinations early in pregnancy. Researchers have attempted to utilise internal examinations to try to determine when a woman will go into labour however the studies have failed to do so. Internal examinations such as 'stretch and sweep' at 39+ weeks may have benefits such as avoiding inductions however there's limited evidence suggesting it is beneficial in physiological birth. And physiological birth was what I wanted so why was an internal examination needed? With these facts you'd have to ask why it's so widely accepted that the health professionals conduct the internal examinations.

The following week I had an appointment at Hospital, breech clinic. They couldn't understand why the first hospital wouldn't even attempt the EVC, after all the amniotic fluids were still on the normal side. A few minutes later I found myself on a hospital bed preparing to attempt the EVC. Unfortunately it failed. And my hope for a "normal" birth went out the window. But, the breech obstetrician deemed me as a good candidate for a vaginal breech birth.

At 41 weeks we were still waiting for [redacted] to arrive. Due to [redacted] being breech the obstetrician recommended to book an induction, it wasn't really what I had hoped for but I put my trust in the health professional and we booked a date. We had also discussed that there would be registrar doctors present during birth, as a registered nurse I value the opportunities for learning and agreed. But the head obstetrician failed to tell me that the registrars would be in charge of the birth, it was sprung upon me the day I came in for the induction.

Induction is not a straightforward process; it consists of a lot of steps and it's usually at least a two day process and each step of an induction can send a woman into labour. Here's how it likely will happen; the day before the induction you'll attend an appointment where they'll internally assess your cervix of how ready it is to go into labour/ the cervix be open enough to break your waters. If the cervix is 'favourable' they might not do anything but if the cervix is closed, hard and long they'll need to intervene to make the cervix soft and open. Depending on the hospital there's a few different options to how they'll do it, they might use a gel, tape or balloon. My care team failed to inform me of each step and that each step has different risks. What they also failed to tell me was that I could've waited at each step to see if I would progress into natural labour which is what I wanted to start with.

On the 5th of September Jimmy and I headed to the hospital to start our induction process, to "ripen my cervix" to prepare it for the synthetic hormones which will start the birth process. What our health professionals had failed to tell us was that Jimmy was yet again not allowed in, he got stopped at the door leading into the ward. After discussions with the staff, Jimmy headed out of the hospital doors, leaving me in tears with my hospital bag in case I'd go into labour from this step of the process. This fear and worry that Jimmy would not be with me during the birth was a constant threat hanging over us during the whole pregnancy. Due to the covid pandemic the hospital policies changed so frequently it was hard to follow. We constantly had Covid swabs to ensure we both would be allowed into the hospital.

Along on the hospital bed, with tears in my eyes, the nurse started her procedure, checking that [redacted] was doing well in my belly and preparing all the equipment needed. During the internal examination it turned out my cervix had already started becoming soft and was a few centimetres open so there was no need for the prostaglandin gel. The nurse gave me the good news and I called Jimmy to tell him we could go home.

One more, nervous and excited, sleep and then we were back at the hospital early in the morning to start the induction. I was greeted by the midwife and also a midwife student which both would be present during the whole birth.

As induction is a medical procedure, a CTG monitor is strapped on you continuously. After I was fitted with the monitor the midwife broke my waters with a hook. My oxytocin IV drip started just after 8am. The oxytocin is given to mimic the natural labour process and induce contractions. What my health professionals failed to tell me is that research shows the synthetic hormone causes more pain than natural labour. It's also stated on the product information that it may cause foetal distress. The side effects of the drug were not even mentioned. At one stage during the labouring process the pain got so severe they reduced the dip as my uterus was overstimulated.

About 1300hrs I felt I was ready to start pushing and got the go ahead from the midwife. The contractions came on a regular basis but then all of the sudden they stopped. Reflecting on this post birth, I can't help to feel this was due to the fact I didn't feel safe and my stress hormones were high. Looking back at history, when a threat such as an animal presented during labour, the woman's stress hormones would increase so the processes would either completely stop so the woman could move to a safe area or the body would quickly push out the baby so mother and child could move to a safe area. Instead of facilitating a safe birth space the health professionals increased the oxytocin to facilitate the contractions again and at about 1330hrs I started actively pushing.

My birth preference was to utilise gravity and have a standing, squatting or on all fours position. I started off sitting on a birth stool with Jimmy behind supporting me. At this point the two registrar doctors had entered the room and taken over the care from the midwife. As I pushed, scrotum and sacrum came first. At this point the CTG monitoring lost contact and the health professionals had difficulty auscultating heart beat and I was moved onto the bed to birth on my back. Yet again my wishes had been denied for the convenience of the health professional- so they have a better "view and access" of what's going on. None of the health professionals attempted to auscultate the heart beat with a doppler or stethoscope and relied on technology that can easily lose contact with the belly. There's a massive need to review the CTG monitoring, in my case I feel like it was the start of a massive cascade of interventions. CTG monitoring was brought into maternity care without any evidence with only an assumption that it would be beneficial. CTG monitoring is associated with higher rates of caesarean section and instrumental vaginal birth. In my case,

I feel like the health professionals relied too much on the monitoring and made decisions due to the fact the tracing lost contact with my abdominal, therefore they were unsure if it was heartbeat dropping.

On the bed, I proceeded to push. At this stage I was also coached to push by the health professional, which I have learned is a massive contribution to pelvic floor damage and increased risks of prolapse, incontinence issues and diastasis recti as you straining the pelvic floor instead of allowing the uterus to contract as it would with each contraction. As the registrar didn't think I progressed enough he decided on episiotomy and yet again, against my preferences. I don't remember the health professional asking for consent, nor does my partner. But what I do remember is him applying the local anaesthetics and then making the cut without making sure it had started working- it was extremely painful.

After continuing to push I could feel how the registrar "flicked" out legs after I pushed out his sacrum. The torso and arms came out without delay after the registrar did some maneuvers. At this stage body was out but his head was still stuck. I could feel the panic in the room starting to set in. To add to the panic my IV cannula came out and it was spraying blood everywhere.

The decision to use forceps to extract the head was made without consulting myself or Jimmy. As the second registrar attempted to apply the forceps, she looked from between my legs, up at Jimmy, who's standing by my side near my head and said "I can't get him, I can't get him". It was at this point the emergency button was pressed and the head obstetrician rushed in. The sense of urgency was felt through the whole room. Without washing his hands the obstetrician rushed in, pushed up his shirt sleeves and grabbed the forceps from the registrar. With a scream of pain, trying to crawl my way up the bed to get away, making Jimmy push me down, the forceps were applied with extreme force and was ripped out of me.

was placed upon my chest for literally two seconds and then swept away. I remember just quickly touching him and then he was gone. Due to the delay of the head he needed resuscitation. The paediatrician team took him to NICU to work on him.

As is being transferred, I still had to deliver my placenta. Without discussion, I was given an injection and the placenta was pulled out. With a big splash the placenta landed on the

floor and again there was blood everywhere. Post placenta delivery I was stitched up and Jimmy headed to bedside to check how he was going.

When Jimmy came back from NICU, all the health professionals had left the room and he found me sitting on the bed, in shock, all by myself unsure of what had just happened, where my son had gone and if he even was alive. Thinking of this moment today makes me feel sick.. That the care providers either felt like they had too much to do so they were unable to stay with me or they didn't care that they left me alone.

Jimmy helped me to shower and get dressed before heading to NICU to see for the first time. He was laying in a bed, looking like an old man mixed with a dwarf, feeding tube, CPAP, cannula, oxygen reader. All alone. It was a very confronting view, which no one had prepared me for. No one could've done that but it would've been good to be a little prepared. I remember quietly asking Jimmy if was okay. We got informed that they would try to take off the CPAP machine a bit later to see how was doing without it. The paediatrician was unsure of what was causing the breathing difficulties.

Once I got to sit down and hold we took some "family photos" and then we were told only one parent at the time was allowed by the bedside basically kicking Jimmy out, again, at a time where I needed him the most.

As the evening crept closer the fact that we wouldn't go home with our son started to set in. He failed the attempt to breathe on his own without the CPAP machine and he was required to undergo some test to determine why he had stridor and therefore had to stay in the NICU. I was admitted to the maternity ward and informed Jimmy wouldn't be allowed to stay with me and had to go home. I can't imagine being in his shoes, leaving myself and his newborn son at the hospital and going home to a very quiet house where just the cat was waiting.

When evening had set and the wards had slowed down I went to see yet again. The night shift had started and there were less people around. As I approached room I could see the night nurse sitting on a chair with the whiteboard table in front of her, watching a show on her phone. I gently knocked on the door and stepped in asking if I could sit with my son. To my surprise the nurse proceeded to tell me my son was too unwell. I was already in a very fragile state, not sure what to do or what to respond, I started crying, turned away and said I would be back later. As I came back to the maternity ward I met a nurse in the

corridor that asked if I was okay. I was not okay, I had my son ripped out of my arms after birth and now denied seeing him. That night was horrible.

The next day I told Jimmy about it as well as the midwife that helped deliver him. She told me that the nurse was in the wrong and should've never denied me to see my son, that I have all the right to sit next to my son at any time of the day. When I spoke to the morning nurse she also told me had been stable overnight, which would make since as the night nurse was watching Netflix on her phone not attending to my son. Reflecting back at this today, it makes me sad, and angry, that a person could deny a mother access to her son in a moment when they both really needed each other.

During the second day post birth the maternity ward nurses started talking about discharging me as I was "fit for discharge". I understand that our hospital system is under a lot of pressure and they require the bed but I didn't want to leave my son's side, not without knowing what was wrong with him or even having a plan. I had a discussion with my midwife who organised another night stay as she was very worried I'd develop postnatal depression due to the fact I have very little support here in Australia with my mum and family in Sweden.

During the second day was sent to children's hospital for investigation of possible testicular torsion. As he was in breech position his testicular came first, resulting in very bruised and swollen testes. He was also due to see the ENT team for investigations to why he had stridor. However, as we were in the middle of the covid pandemic, the ENT team refused to see him as he hadn't had a covid swab. One day old and refused care and treatment as he hadn't had a covid swab..

Throughout all the investigations, there was only one parent allowed which most of the time meant I stayed with and Jimmy was forced to wait outside various wards, rooms and settings. It's frightening to think we are meant to put out trust in a cold hearted hospital system that's so broken it breaks up the family units in times they need each other the most. I would've loved to hold Jimmy had, to cry on his shoulder and be there for him during these hard times. Instead I was there by myself.. At one instance I was watching as the health professionals did their 10th unsuccessful attempt to cannulate my son before they decided they needed an ultrasound to perform it.

During these first days all I wanted to do was to hold him, breastfeed him, hug him and to be the close support I was meant to be but instead he had to lay on the bed all alone with all those tubes. It would break any parent's heart having to witness it.

On the third day I got officially discharged. It took a lot of convincing to make me leave the hospital, to leave my son there all by himself. Still to this day I remember the horrible feeling having to leave him there and get in the car and drive home.

spent his two first weeks of his life at NICU. He underwent a vast variety of tests and he officially got diagnosed with a paralysed vocal cord, laryngomalacia and bleeding on the brain. Following conversations with the paediatrician she said the bleeding on the brain due to the force applied on the forceps during delivery and that paralysed vocal cord was most likely due to the force he was exposed to when being extracted (ripped) out of me.

Still to this day I grieve the loss of the first two weeks. I have felt robbed of the time we were meant to spend bonding as a family instead we had to spend it at the hospital. The Monday when we came home Jimmy had to go back to work. The first weeks and months were really tough. would scream for hours, not like a colic scream but like he was frightened and in so much pain. All I could do was to hold him and tell him I was there for him. We had general practitioners, nurses and paediatricians telling us that he should "grow out" of the traumatic birth, they also failed to listen to our concerns. I have only come across one private midwife that strongly believes is still experiencing the effects of the trauma. Due to being separated at birth and delayed breastfeeding I had issues with my supply making me feel like I had failed my son and couldn't provide enough nutrition for him.

As vocal cord was still paralysed when we took him home, the speech pathologist at the hospital were worried about aspiration during feeds and therefore told us I had to feed him with his left side down at all times. What she failed to tell us is that it may cause torticollis (weakened neck muscles) unless the parents help strengthen the neck muscles on both sides. Unaware of this ended up with severe torticollis and Plagiocephaly (flat head). facial asymmetry had started changing and his head was flat on one side and protruding out on the other side. The lack of communication resulted in further medical problems and we got referred to see a physiotherapist.

After a few visits we were forced to do Telehealth and during this time head became worse. We felt like physiotherapist care had completely failed us. We

asked ourselves how it can be appropriate to do Telehealth for physiotherapy where the physio can't even do an appropriate assessment of the head shape and muscles. We saw a private child physiotherapist for a second opinion then spoke to hospital management. We requested to change physiotherapist and asked to only attend face-to-face appointments moving forward which management agreed to. From there we had some success with the tight muscles however the head shape was asymmetrical and therefore we were referred to the orthopaedic clinic for assessment. When started to improve, the physiotherapist suggested doing a telehealth appointment again stating the department had a quota of telehealth appointments they had to meet. Frustrated and angry I couldn't believe they suggested telehealth after specifically agreeing to only face-to-face appointments. I felt like no one really cared and we were definitely just a number for the hospital quota.

We have spent hours attending different appointments and still today, almost two years later, we have follow up appointments at the hospital booked. has been so strong throughout this and we are fortunate enough that he is now a healthy and happy boy. However, still to this day we all feel the effects of our birth trauma. has separation anxiety, frequent night terrors and excessive inconsolable crying. Since giving birth I have had a lot of self blame, thinking I should've asked more questions, should've done more research and I should've acted differently at birth to prevent the cascade of interventions I never wanted. I recently had a birth debrief with a private midwife who helped me understand that I'm not to blame myself for what happened. Throughout the pregnancy and birth there's been a lack of communication and transparency. I've felt unsupported by the hospital and health professionals and they have successfully removed my family support by excluding my partner from the majority of the pregnancy, postpartum and appointments making me feel extremely alone in the whole process. My wishes and preferences have been completely ignored or disregarded for the convenience of the hospital system and health professional. Hospital policies and protocols are based on outdated research and need urgent review. I strongly believe continuous care is a key factor in making women feel safe and supported. I wish and hope there will be a massive change and that no other women will have to experience what I have.

Tina Vesterberg  
15 August 2023  
Hospital /

Hospital

For a mother, there's no more traumatic experience or event than having your newborn baby removed from you at birth. Birth trauma is real and big, widely spread and complex, more needs to be put in place to prevent it.

Please don't hesitate to contact me for further evidence or evidence based references.

Yours sincerely,  
Tina Vesterberg