

Submission  
No 1189

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 14 August 2023

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Partially  
Confidential

To whom it may concern,

On the 22.02.2023 I was at the hospital for my weekly antenatal appointment. During this appointment I had a stretch and sweep completed, I spoke to the Dr and was checked for dilation. I think I was about 5cm dilated at that point, the Dr indicated that I was presenting well for a successful vbac as I was dilating well, but contractions were irregular so I returned home. I presented at the birthing unit around 7.30pm as I was in a lot of pain. I didn't have the ability to call anyone prior to my arrival but had confidence I would be taken care of, upon my arrival I was greeted by 2 ladies one in which I only remember the name of being .

took care of me, said she would look back on all my notes/history, then assessed me and found me and my support person/father of the child a birthing room to be set up in.

My backstory in a nutshell is and always has been widely and visually displayed on multiple platforms on my health records including digital and paper trails that I have significant PTSD. (Sexually assaulted as a child/adolescent) resulting in significant complex trauma leaving me with a diagnosis of severe and complex PTSD from a young age. I am easily triggered by male DRS and have always requested to have access to female physicians/clinicians at all times except under emergency or when consulted and I have allowed permission to in advance. This was discussed at each and every antenatal appointment as well as my birthing plan and my desires for a vbac delivery. The nurse in attendance stated she would read the notes on my file before returning I took this as she would read and note that I was not to have men in the delivery suite without prior approval.

I was labouring in my room with my support person whom is also my Carer, my biggest advocate and father of my children. My plan was to have (female midwife) break my waters she put in a canula, collected bloods and discussed a plan. I had a discussion with around the pain relief she provided access to the lowest dose of gas and stated that other options may be frowned upon by other staff later into the evening and she stated she did not feel the need for me to have any further pain relief as I was already 6cm dilated and I had done this without any pain relief. She left the room, saying she'd be back in 30minutes that if my waters hadn't broken by then she would get a hook and assist to break them. My waters broke on their own within 40 minutes, my support person buzzed for at this point I was in a very vulnerable state, bleeding/waters broken everywhere with only undies half down on bottom half of me and I was in a lot of pain from contracting, when arrived.

She didn't arrive alone, instead she arrived in the room with a male midwife who also claimed to be a team leader by the name of . I was in disbelief and shocked I immediately went into a freeze mode and my birthing partner could feel the distress and emotions I was radiating and instantaneously. He quickly and calmly disclosed to that I have a history with Males and have been assaulted based on these facts he calmly asked to please leave the room and replied with an introduction and mentioned his team leader status.

My support person then went from standing behind me holding me through a contraction to standing in front of me to visually protect me and asking yet again in a sterner voice for to "Please get out now" then again but raised "please get out now mate". A third time he asked him "please can you get out of the room" to my surprise nobody listened to my birthing partner, and on

the fourth time he again said but this time swearing to “please get the fuck out” but did not listen. My contractions were still irregular but minimum 30 seconds to a minute apart, I had no capacity for communication outside of moans.

I was left confused and defeated, my trauma had me in a fight flight freeze response, my mind was raising to leave only my pain kept me locked in that room. continued to rub his hands with sanitizer and looking in my direction apparently unaware of my feelings and response to his presence. Neither staff member appeared to hear my birthing partner, instead took a couple of steps into the room, and it looked as though he was going to continue to enter further into the room as he was closing the door behind him.

My birthing partner then moved forward towards the door, he opened the door and asked for a final time to “please can you get out now” whilst holding the door open then shutting it behind as left the room. then let herself out. My birthing partner knew and could feel my energy was through as soon as entered the room he seemed only to be taking notice of my energy and anxiety going through the roof as I started to tear up, my birthing partner immediately came back to comfort me as I then backed myself into the furthest corner of the room from the door and fell to my knees in shock and disbelief, I was so exhausted from the pain of labour, I was now crying holding onto my birthing partner for safety I did not know how I was about to build the courage to continue to birth my baby. The situation really triggered my PTSD I felt really scared and unsafe. I wanted leave but I was trapped knowing that I had no option but to continue to deliver my baby.

This was and is completely UNACCEPTABLE for anyone to be made to feel, let alone endure right in the thick of labouring to give birth to my baby.

For me this was extremely traumatic, it's everything I feared. From the moment entered the room right up until him not responding to a simple yet extremely important request that is when all panic set in for me and I was in complete distress however I could not communicate as I was right in the thick of contractions begging for an epidural. I was begging for an epidural for hours and she continued to say she was trying to contact the Dr but could not get a hold of him. She had given me the gas on the lowest dose when I arrived, and I had asked for it to be increased. She then stated to my birthing partner that his behaviour was unacceptable. I was trying to communicate with her why this had occurred, and she responded that I should have told her of my trauma history and did not acknowledge how difficult it was for me to talk through the contractions nor did she appear to understand my trauma response of fight flight freeze. I didn't receive the epidural until after 10pm so while waiting for this to happen not knowing how long it would be I agreed to a morphine shot which was denied twice. I was really struggling with the pain levels and feeling alone in the space. and soon after this. Another practitioner possibly the anaesthetist entered with a clipboard asking to schedule me for a caesarean they stated that I was putting my life and the life of my unborn child at risk. I responded that I was already pushing, and the Dr had just confirmed I was 10cm dilated I did not want a caesarean section unless it was an absolute emergency, this has been discussed ongoing throughout my entire pregnancy and the Dr I had seen earlier the same day had confirmed I was safe for a vbac delivery.

In my mind I do not understand why this simple mistake and resulting incident occurred. I felt that as a result of the incident my quality of care was impacted significantly. It had been explicitly stated in every appointment I've ever been too in both of my pregnancies in the last two years at hospital, that I specifically do not want any male Doctors or male midwives near me in when in a vulnerable way (assessments, tests, check ins) anything unless an emergency and then only with prior permission. I do not understand how on the 22.02.2023 entered into the room without

my consent/permission or advisement prior to entering into my safe/personal birthing space/environment.” Following the birth, I suffered significant trauma and injury with a 3b tear. Fifteen minutes after I gave birth, I was assessed by two people the female midwife who delivered the baby and a male surgeon who I had consented to assessing me. I was of the impression he would also do my surgery if required. I was then told they would prep me, and I would be transferred to theatre in 15 minutes he left the room, and the midwives removed the epidural drip and fluid drip, I was then declared nil by mouth in preparation for surgery. I was injected with a medication to assist with removal of the placenta, I was not consulted on this nor was I asked if I wanted assistance to deliver the placenta. This was not part of my birthing plan, I had planned for delayed clamping and retaining the placenta as long as naturally possible but given the way my birth took place, I didn’t feel empowered to voice my desires. The tear had to be addressed in the operating theatre but not by the Dr who assessed me. I waited several hours for surgery not going in until 10am. I requested fluids many times which was denied, also at these times I asked for a midwife to weigh and complete measurements of my baby, but this was not done until I was being wheeled out to theatre. I requested that my son who was born at 5.15am remain with his father while I was in Surgery, I did not want him transferred to the nursery. However as soon as I was removed the staff asked to remove my baby to the nursery. I now understand they believed he was at risk, and this is why they asked this twice of me and twice of my birthing partner whilst I was not present. I remained in hospital just over 24 hours before discharging. I made this decision for two reasons, one so that I would be able to self-manage my pain relief as there was a repetition of what had occurred prior to delivery with nurses stating they could not contact Dr’s for prescriptions. Secondly, I was provided paperwork for how I could make a complaint and notified by two individual staff members that a DCJ report of a serious nature had been made and it was important that I should tell my side of the story. I notified the nurse I wanted to discharge I had my scripts and paperwork completed within a few hours, it felt very fast.

I also understand and have learned from this event that there has been a safety check “report made” to DCJ which I have never had any need to be involved with. As a result of this incident with the staff at the hospital. Learning the content of the report is not aligned with my recollection of the incident and reflecting on my birth experience, I felt at risk in the situation on the 22.02.2023. I felt I wasn’t listened to. I continue to relive in my mind the birthing experience whenever I look at my new baby. This is in addition to my past life traumas and now adds to what I am working on with my therapist and my support networks. I now must live with being reluctant of accepting any medical help from Hospital as I struggle to feel safe in the environment.

Since the incident at the hospital, I have had concerns with the women’s physiotherapist as I refused an internal assessment multiple time. I requested to see an alternative physician however I have been told there is no other person she is the only one due to funding restraints.

As a result of my experience, I hope that these changes might occur:

1. Trauma informed training for the staff to understand trauma responses and behaviours and how to support victims particularly when they are so vulnerable.
2. Better inclusion of women’s birthing plans
3. Signs on doors for red cards on file for awareness of critical situations for an individual
4. More informed choice around delivery of placenta
5. More support options for women after birth delivery and discharge.

6. Easier access to Drs to prescribe pain-relief after birth, not enough staff on the wards prior or postpartum.

This document is an expanded version of a complaint submitted to the \_\_\_\_\_ Hospital Birthing unit within 24 hours of my having given Birth to my Second Son. It is an honest and raw description of my birthing experience at the \_\_\_\_\_ Hospital. Further to this I have my responses to the DCJ Complaint, and I have also submitted a complaint to the HCCC which I can make available if required but only if necessary.