

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 7 August 2023

Partially
Confidential

Addition to submission:

I wish to make an addition to my original submission. I begin with my addition, and then also include my original submission below this for reference.

A point I omitted in my original submission was regarding the coercion I felt around inductions and fast-tracking the arrival of my babies. I have birthed three babies – all of which were either induced or advised to be induced. I find it remarkable that as a healthy woman with no major risk factors, that my body was deemed incapable of safely going into labour of its own accord three times over – for what is after all an entirely natural phenomenon.

I was induced with my first due to Cholestasis. Though I view this induction as the catalyst for a raft of questionable interventions that have left me with lifelong implications, I do agree that induction was the best option with the research and results available at that time.

During my second pregnancy, I was being monitored for Cholestasis, given my history. Though I did not present with symptoms in this pregnancy, I was informed that I had Cholestasis again following blood tests. I requested to see the results. Though my liver function results were not normal, my bile salt levels were below what I knew to be the threshold of diagnosis. I thus queried the basis of induction, and I was told that regardless of whether you have Cholestasis or not, the results show that something is not normal and therefore it is safest that we induce". I was put in a very challenging position because naturally I did not want to jeopardise the safety of my baby, the entire point of induction based on the diagnosis of Cholestasis. However, equally, I did not feel comfortable about an induction with no clarity around whose health was actually of concern or what the root issue was. I very reluctantly agreed to the induction but felt that the rationale provided by my obstetrician was quite dismissive, and to this day I question its necessity.

Thankfully I avoided Cholestasis in my third pregnancy, but I did not avoid the coercive nature of discussions around the mode of delivery of my baby. I had made the decision to proceed with a vaginal birth, following a previous symptomatic third degree tear, as discussed in my original submission (below). Given the heightened awareness around minimising my risk of another severe tear; the size of my baby was routinely discussed throughout this entire pregnancy. Around halfway through my pregnancy, my obstetrician decided that he was going to bring my due date forward by 6 days, because my baby "had always measured on the bigger side". To make this decision after a morphology scan, added unnecessary pressure to my baby arriving naturally within what was deemed an acceptable window. At 36-37 weeks, I was told, not asked, that I would be having an induction around 39 weeks, to avoid the baby growing too big and increasing my risk of tearing. Thankfully, with a little more experience and confidence under my belt, I was able to decline this entirely unnecessary intervention. At 38 weeks, I was told that I should have a stretch and sweep to try and bring on labour, again to stop the baby getting too big. I also declined this option. By 40 weeks, the constant fear that had been directed at me regarding baby's size weighed too heavily on me, and I agreed to a stretch and sweep, which did bring on spontaneous labour. I birthed a slightly above average sized baby of 3.75kg, with a first degree tear only. Though the intentions of my care

providers were no doubt geared towards my ultimate safety, how necessary was the emotional strain it placed on me? The outcome is evidence enough that I did not require medical intervention to birth my baby. The real issue though, is the manner in which these interventions were raised. It was reasonable for my obstetrician to flag a baby's weight in the context of tearing. What was unreasonable was the lack of balanced communication and the continued assertiveness to intervene. Most appointments, I would leave highly deflated that I had to be in the uncomfortable position of fighting for MY birth, and this just doesn't feel okay in the context of this pregnancy.

Inductions aside, I have experienced the spectrum of birth, from the traumatic if you will, to the absolute eutopia that is so achievable in birth. What went wrong I have already previously submitted, but what I did not cover was what made my amazing birth(s) so wonderful. After my second baby was born, I experienced a hormonal high I never knew possible, and an overwhelming feeling of awe in myself and my abilities. My entire post-partum felt lighter and smoother, an entirely different experience for the better. An experience I largely attribute to the huge boost I gained from a birth that instilled confidence and wonder in me. So what was the magic recipe for this birth? It wasn't a 'perfect' birth – I was induced (gel), and I didn't have access to birthing pools or other desirable birthing tools. In truth, what made it so perfect was that there was just nothing. I was in a hospital room on the ward, labouring in peace and silence by myself in a dark room overnight. No noise, no medical equipment, no fuss – just me alone in my birthing zone. No one to shroud me in fear or doubt, no observations to disturb me, just myself intuitively following my bodies lead. In this manner, I was able to proceed to full dilation in a couple of hours before I felt the need to alert staff for assistance, and my son birthed not too long thereafter.

Medicine has a huge place in birth, and I've been thankful for it along my journey many times. But it is an intricate balancing act between over-medicalising a natural process and intervening at the appropriate times. Medical intervention during birth has led to some detrimental effects for me personally, whilst my best experiences have occurred when medicine has taken a back seat. It does lead one to strongly question the prevalence of medical intervention in modern births, and is it producing the right/desired outcomes? Naturally, we focus strongly on mortality, but do we look at the use of intervention against the mental/emotional/physical state of women following the births of their babies? These outcomes are just as relevant, but seemingly unconsidered when offered by practitioners, in my experience. Had I been provided with a balanced view of my options in my first pregnancy/birth and felt adequately consulted in making a joint and informed decision about the procession of my birth, I have little doubt that the physical outcome (third degree tear, levator avulsion and faecal incontinence), and certainly emotional outcome could have been entirely different. How sad that something so small, could have made such a big difference to the course of my life.

Original submission:

I am a 34 year old mother of three beautiful boys, aged 5, 3 and 16 months. I reside in the _____ region of NSW. I also suffer with faecal incontinence following my births, and I don't believe this needed to be my story.

Early in my first pregnancy, I applied for continuity of care through the midwifery group practice at _____ Hospital. I was not accepted into the program. To secure continuity of care, I opted for private obstetric cover instead.

At 37 weeks pregnant, I was informed by my obstetrician that I would need a vaginal examination, which I consented to. I was given little to no information about what this examination entailed. I was surprised to find myself in significant pain while a 'stretch and sweep' was performed, a procedure I was not familiar with at this time. I left the appointment bleeding with no sanitary items offered. I had to go straight home to change out of my white pants before I could continue on with my day.

A couple of days later, I found myself in the delivery suite of _____ Private Hospital preparing for an induction. Sometime later as I became fully dilated, I was directed to start pushing my baby out. This is the point at which, upon reflection, I feel that birthing decisions were being made by the medical team around me without adequate information being passed on to myself or my husband. After just half an hour of pushing, and within minutes of the obstetrician arriving, we were informed that my baby was "stuck and having trouble rounding the bend", and a ventouse delivery was advised. In hindsight, I have a lot of questions around the necessity of such a procedure at this point, and certainly was not made aware of the risks involved. However, being a first-time mother and a compliant patient, I agreed in good faith to an episiotomy and the use of vacuum instrumentation. My very average-sized 3.41kg beautiful baby was birthed at the oddly convenient time of 5:48pm. The obstetrician sutured my perineum in the delivery suite, but there was no discussion as to the extent or nature of my injury.

Following transfer to the ward, my post-partum care is not what I would consider adequate for establishing a new mother on a successful path to recovery. It took two to three days before I overheard in a nurse's handover in the corridor outside my room that I had sustained a third-degree tear. I learned that I had torn to my external anal sphincter by googling it myself. I did not know at this point, that third degree tears are recommended to be repaired in an operating theatre, which was not of course my experience. It took four days for me to have my first bowel motion post birth, and I was not offered anything to assist this process, which in hindsight I find remarkable given the nature of my injury. Nurses on the ward seemed so busy, that several times they forgot to get me the Panadol that had been promised to me, to the point I was in tears. I couldn't even sit without the aid of an air-filled cushion, yet I had to fight to receive simple pain relief. There was certainly no personalised physiotherapy or related care provided to talk me through my injury or to stress the importance of correct movement and exercise to protect my continence...that information was printed in one of the many generic handbooks lumped on you alongside your newborn baby. Furthermore, my obstetrician did not discuss with me in the hospital, or at my 6-week check-up, what a third degree tear could mean for my continence, the importance of following it up with a women's health physiotherapist, or the impact it could have on future births.

I left the hospital believing I was facing a recovery like any other woman. I thought it was normal to waddle my way through a 200m walk at two weeks postpartum, because I was told gentle walking was great in the early weeks. I was not at all understanding of the severity of my injury, and that it was not in fact common. In the months that followed, I became aware that I was facing some issues around faecal incontinence. I have invested considerable time and money ever since visiting physiotherapists, colorectal surgeons, urogynecologists, anal rectal physiological testing labs, debriefing services, etc – and expect I will continue to for the rest of my life. However, with a near-complete right levator avulsion (pelvic floor muscle almost completely detached from bone) in combination with a poorly repaired third-degree tear, options for symptom improvement are limited.

Though I am mostly able to manage my symptoms presently, my condition never leaves me, it is something I need to plan for every day. Without delving into prolapse and other conditions I find myself also needing to adapt to, my first birth was life changing in ways that I had never considered. I planned on coming out of my birth with a baby, not faecal incontinence. I'll never truly know what should have been done differently. However, I wholeheartedly believe this outcome could have been avoided with better information, collaboration and with encouragement in the delivery suite, rather than jumping straight to the next medical intervention when the urgency to do so just wasn't there.

I have since vaginally birthed two more beautiful sons, under private obstetric care with another care provider. It has taken considerable strength for me to opt for vaginal births. It was not until I was 30 weeks pregnant with my second baby that I was informed that it was not advisable for a symptomatic person following a third-degree tear to have a vaginal birth. I find it incredible that this knowledge had not been shared with me at any point earlier, only to crush my dreams of birth redemption into my third trimester. However, following some research, a lot of opinions and soul searching, I decided it was time to take my birth back into my own hands, and I declined the caesarean, twice over.

Though I took my births into my own hands in a far bigger way for my second and third children, with drastically better outcomes, I was still subjected to some of the pitfalls of the hospital system that really let birthing women down. Though I felt stronger to advocate for myself in particularly my third birth, it saddens me that I felt that I had to. The emotional toll to block out medical noise and to just trust in my body and intuition was huge, I would consider it all-consuming. The most exhausting part of requesting a vaginal birth was explaining why I wanted it – I never really understood why I should need to do this? My obstetrician, (though he tried in his defence), just could not grasp that almost primal desire to want to birth your own creation. I was even once told to not worry, the caesarean scar is below your bikini line - as though that was the prevailing factor making me reluctant to take that path!

Symptomatically, I have deteriorated a little as warned following these subsequent deliveries, but I do not for a second regret my decision. For the additional hardships I have endured to live these experiences, my eyes have been opened wide to just how incredible birth is when you are empowered to do it as intended. I feel privileged to be one of a seemingly increasingly few who know how uplifting birth can and should be.

And in conclusion, I attempted once more on my third baby to gain access into the midwifery group practice at _____ Hospital. Despite arguably being at my most vulnerable and needing that continuity of care most I was, yet again, unsuccessful.