

Submission
No 1094

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

Birth Trauma Inquiry Submission

I'm Lisbeth-Ann Legge, I live in _____, I'm 42 and a mother of two boys, my eldest is 8yo, my youngest is 5yo.

Both children were born at _____ Public Hospital.

My eldest was born 4/10/2014 via cesarean section due to a failed induction at 40 weeks.

My youngest was born via VBAC 27/6/2018, supported through MGP & by doula at 40+4weeks.

I have been a committee member of _____ for the past five years.

Since my 1st birth, I been an active member of multiple online support groups to help women to navigate birth, demonstrate they have choices, and sharing evidence-based research, including information on breastfeeding & postpartum.

Overview 1st Birth – 2014

Pregnancy

- I was not aware there were different options available for care during pregnancy, birth or postpartum. The GP referred me to the hospital, I followed the process & attended the Antenatal Clinic following the standard practice & process.
- I had no complications, it was a normal, healthy pregnancy aside from my above average weight gain – I was not diagnosed with Gestational Diabetes – however it was suggested the diagnosis was 'missed' when fundal height started measuring more than 2 weeks ahead.
- During the third trimester routine scan, I was diagnosed with a 'big baby' – measuring on the 97th percentile. As a result, my care was transferred to the High-Risk OB Clinics for all further appointments.
- My student midwife did not attend these appointments (unsure why).
- As a first pregnancy, I trusted the system to care for me & my baby, I was increasingly concerned about the assumed 'risks' of having such a large baby.
- I accepted stretch & sweeps at all appointments from 37 weeks – my cervix was soft & dilating, which lead me to believe baby would come soon.
- By the time we neared 40weeks, I had been conditioned to believe I was overdue & needed further medical intervention to support a healthy birth.
- Driven by the fear of the 'high risks' mentioned at each appointment (big baby & going over due date), I accepted an induction at 40 weeks.
- At no time was I counselled on the risks associated with an induction, I was of the understanding that it was 'normal' & safe.

Observations

- I was not provided an appropriate level of information to provide my informed consent to any of the routine procedures offered & carried out.
- I was groomed for induction by the actions & continuous commentary of risks.
- There was a total lack of risk balanced, evidence-based information provided to support the health care providers recommendations or any maternal decision-making process.
- I was told what they would do, & what would happen next – I was never asked!

Labour

- Arriving at the Birthing Unit at 7am as instructed on 3rd October 14 – my partner & I waited in the waiting area for over 3 hours for ‘a room to become available’ – it felt more like, to be remembered, as no one spoke to us at all in that time.
- A midwife/nurse walking by noticed we had been there for hours & took us to a Birth Suite, where we waited for another 1-1.5hours to be seen, or assigned a midwife?
- I was prepared for induction with a cannula into the back of my hand.
- I was instructed to get on the bed so the midwife could complete a Vaginal Examination (VE) & that she would use a hook (she held it up) to insert & break my water.
- I was told the drip would be connected to the IV to bring on the contractions.
- At this point, I asked to be given time to move, walk around & see if labour would commence after AROM, but was told ‘there’s no time for that, you’re here to have a baby today.’
- This response left me feeling dismissed, like I was a nuisance & silly for even asking to have a say in how my birth would happen.
- I was assured they would just start on the lowest dose & once all that was done, I was left with my partner.
- Cramping, tightening & then contractions started & continued to build in intensity. I was pacing the room as best I could with the IV pole, swaying my hips while leaning forward to use gravity & movement as a support & distraction.
- The midwife would come in, turn up the drip & leave again – there was very little engagement, let alone support, encouragement, or guidance.
- I was also attached to the CTG & whenever the trace on baby was lost, she was coming in to ‘fix’ it, another nuisance & told me, ‘You need to stop moving so much’.
- After about 6 hours things started getting intense, I was struggling to stand or breath during contractions and my body felt like it was starting to push so we called the midwife.
- I told her the contractions where overwhelming & I felt like I needed to push, so she put her hand on my belly & agreed ‘they are big’.
- At this point she suggested I use the shower, but I was starting to shake & fearful I would slip & fall in the shower, so I tried sitting on the birth ball I had from home, but that made the pressure unbearable, so I moved to kneeling on the floor, leaning on a chair for support.
- The next part is blurry as I was becoming distressed, but a few things have stayed with me, & all for the wrong reasons;
- Changing in positions had not changed the urge to push, I was getting very vocal at this point & the midwife commented, ‘if you keep making that noise, you won’t be able to talk tomorrow.’
- She told me if, ‘if you push now, he’s never going to come out.’
- Adamant that I could not help it, she told me to get on the bed so she could ‘check’.
- That particular VE was extremely rough & painful, it made me gasp in shock at the ferocity of it & I still remember feeling the instinct reaction to kick her away.
- She then told me, ‘You’re only 6cm, you have hours to go yet’.
- I remember feeling completely overwhelmed, distressed, and frightened at this point. I was exhausted, staying on the bed, trying to fight against my body to stop the involuntarily pushing, like I had been told.
- Each contraction crashed through my body, causing me to lose control of my bladder & bowels.
- At some point, I begged for an epidural and endured another 2 hours waiting for it.
- I remember being told to sit on the side of the bed & not move by the midwife.

- The anesthetist advised he would work between contractions but then exclaimed, 'do we even have time for this?!' which resulted in another VE (7cm).
- Once the epidural was placed, I had relief & was able to rest.
- The midwife shift changed & I welcomed a known midwife who had done 4 hours of wellbeing monitoring for me after a minor car accident in the last trimester.
- She checked in regularly, asked me how I was feeling, & if I needed anything.
- She explained that due to being induced, there was a time limit looming for recommended cesarean.
- I was not dilating at a favorable rate since the epidural placement, but baby was monitoring well, so if I wanted, she could push it another hour or so to give me time.
- When she came to tell me the OB was coming in to recommend cesarean, I just cried & told her I was so done, that if she told me to push now, I didn't have it in me, I was completely exhausted.
- The OB came in with the consent form to sign – I have no idea what he said – I just signed it.

Observations

- I experienced Obstetric Violence under the 1st midwife.
- Dismissing my request for time after AROM before the drip was started - I did not give my consent – but it was done anyway using coercive control.
- The VE that triggered a flight or fight response, was physical assault.
- The way she spoke to me on numerous occasions was dehumanizing, disrespectful and in the context of the situation, where I was vulnerable & needed her help, I'd say abusive.
- Telling a woman to go against a forced bodily function (i.e., involuntary pushing during a chemical induction) is inhumane, causing unnecessary, avoidable trauma.
- I was uninformed of the risks of either epidural or a cesarean section prior to labour & birth. Given the circumstances, I was in no position to provide informed consent at the time. This information should be offered & counselled prior to labour.

Birth/Delivery

- I waited for the surgery to be prepared alone – my partner was told to get ready elsewhere, I did not see him until my surgery was commencing.
- The only person who spoke to me in the surgery was the anesthetist.
- The medical team spoke amongst themselves, I remember the feeling of pressure & pulling, & my entire body being shaken, with comments about my baby being 'stuck in there' – it was like I did not exist.
- There was no immediate skin to skin, he was held up & taken away – he had APGARs of 9 & 10 after the birth so there was no medical reason for this.
- Once wrapped, he was placed on my chest, but I was unable to hold him as I was shaking so much – I felt completely disconnected & remember thinking 'is that it...?'
- My partner & baby went to the ward while I was closed up & taken to recovery.
- I remember violent vomiting, uncontrollable shaking & feeling like I was freezing cold.
- I was separated from my partner & baby for 3hours before being taken to the ward.
- My baby was born just after 3AM on 4th October, 2014 – approx. 15hours after the induction commenced – he was 4.165kg- not excessively huge as repeatedly told.
- Only a couple of hours after arriving on the Maternity Ward I was told to get up & have a shower – apparently this is normal once the epidural has worn off & the catheter is removed. I still don't have words for how this made & still makes me feel.

Observations

- Transferring from Birth Unit on to Surgery is a routine process – there was little if any regard for my experience – I felt like I was just a vessel -the surgery was done to me.
- The lack of immediate skin to skin was significantly detrimental in my ability to bond– we were told in the hospital antenatal classes this was ‘routine practice’.
- Again, this part of the experience demonstrated to me that my experience giving birth was of little value – no one asked me what I wanted or needed to feel safe or supported.
- The expectation that I could shower, care for myself & a newborn within hours of major abdominal surgery, a physically & emotionally exhausting labour is astounding.
- The entire experience from labour to delivery & on the ward completely diminished the personal enormity of birth for myself, my partner, our baby – our family.
- I walked away from this experience shellshocked by the way I was treated, the lack of consideration or support offered, and without any acknowledgement of what I went through physically or mentally.
- No birth debriefing discussion was held prior to my discharge.

Postpartum

- After being discharged the repercussions of my birth experience developed further.
- Difficulty with my milk coming in late on day 5 rather than day 3.
- Baby lost too much weight – more than 10% of his birth weight.
- A sleepy baby / lazy latch were the reasons given to me.
- I was lucky to have another known midwife attend my day 5 home visit (she ran the antenatal birth classes) & asked me if I wanted to explore formula or continue breastfeeding given, I had explained my milk was turning white & I was feeling full.
- Over the next 6 weeks I developed severe back pain – dismissed as normal.
- By 8 weeks pp we were still struggling to obtain consistent & acceptable weigh gains.
- I admitted myself to Emergency after a back spasm so excruciating, I nearly dropped the baby.
- Testing & scans showed I had a ruptured disc (L5/S1), I also had mastitis but was unaware of the pain during feeding as the back pain was so significant – this was the only reason the Dr’s took me seriously & a cortisone injection was placed.
- Once I had relief from the back pain, feeding progressed & we established breastfeeding successfully by week 13.
- Unfortunately, the cortisone wore off & I was readmitted via Emergency – this time with ‘suspected PND’.
- On the neuro ward in a private room as a private patient, I was told I had to wean my baby so I could take the drugs they wanted to prescribe – I cried uncontrollably for hours so the nurse asked another Dr to come & see me.
- Thankfully, this Dr reviewed my case & agreed to recommend surgical removal of the ruptured disc.
- 12-18 months later, physically healed & still breastfeeding my toddler, I realized I was mentally unwell.
- I sought a mental health care plan & was diagnosed with PTSD because of the birth & postpartum trauma I had experienced.
- My relationship with my partner was boarding separation.
- We both required individual mental health care plans & then additional support through couples counseling that we were required to pay for (unfunded via medicare).

- It was nearly 3 years after the birth of my 1st before I was capable of functioning in a mentally & physically well capacity.

Observations

- Home visits in the early postpartum were not enough to support me the way I needed – the nurse heard my story, but no additional help or support was offered.
- Mothers group & drop-in Lactation Groups provided some support, but it was limited due to the group nature.
- I had a significant need to be successful in breastfeeding to help me bond with my baby & prove to myself I was not a complete failure at motherhood.
- I had major anxiety about being separated from my baby, so much so, that a trip to the local store for groceries had me in a nervous sweat.
- I had to educate myself on the reasons for the difficulty I experienced in trying to establish breastfeeding – there is evidence to support that my experience was due to the medical interventions of induction, epidural & cesarean, which have impacts on breastfeeding success – none of which were discussed with me at any stage.
- At my booking in appointment, I had advised that I was sexually abused as a teenager & there was never any additional support or care provided to acknowledge this information.
- Given my entire experience & the multiple touchpoints I had throughout my pregnancy, labour & postpartum period, it clearly indicates how fragmented care allowed an obviously vulnerable consumer to fall through the gaping holes in our current system.
- I feel like the trust I had in health care has been destroyed as a result of my experience. I was left to fend for myself when I was at my most vulnerable & needed help. I didn't fail, I was failed & I have had to survive despite it.

Overview 2nd Birth – 2018

My second pregnancy was a very different experience. Having learned the hard way the first time, I spent the years between reading to understand more about physiological birth, my options, and preparing for next time.

Pregnancy

Knowing MGP was hard to get into due to lack of resourcing, I applied as soon as I found out I was pregnant & was lucky enough to be accepted.

The care I received from my appointed midwife was nothing short of amazing, examples of the things she did that made a difference included:

- Asking about my first birth, completing a debriefing session & answering the questions I still had about the way things unfolded.
- We figured out he was posterior & had a deflexed head position, hence the involuntary pushing, the slow decent, the getting stuck.
- She validated my feelings & my newfound understanding of the medical implications I had experienced & not known the first time (for example difficulty breast feeding, the loss of birth weight for bub being excess fluids at birth weight & that baby should have been measured again after 24hrs to find the baseline).

- My induction was unnecessary & normal gestation for a first-time mother can be 41-42 weeks and beyond.
- I saw her at most appointments, she asked me to think about what I wanted & didn't want next time, always ensuring I had the information I needed to make decisions & time to consider my options.
- She counselled me in relation to a repeat cesarean to ensure we had a plan, should that eventuate & was able to assure me I would not be separated from my baby because she was there for us – I was extremely emotional at this realization & only then realized how deeply the separation at birth with my 1st had impacted me.
- That routine procedures & policies were recommendations not requirements.
- VBAC was entirely attainable, my birth preferences were evidence based & she supported me in everything I wanted & needed.
- She also met with my partner, who was unhappy about me choosing VBAC. She listened to him, helped him process his own trauma, & confirmed that what I was doing & wanted was safe for me & our baby.
- Prepared me for the 'routine' appointment with the OB's, explaining what they would talk about & preparing me to advocate for myself to have a VBAC.

I also decided later in pregnancy to hire a doula to support me to labour at home, and as a backup plan in case my MGP midwife was unavailable, as well as to support my partner. My pregnancy & birth preference to VBAC was a massive shock to him. He couldn't understand, 'why I'd want to do that to myself again'. At one point I thought I was going to have to birth without him, as he wasn't coping – his own trauma from our first birth was huge. Thankfully, working with both MGP midwife & doula, he found confidence, support & assurance – this was a game changer for us & our outlook on this next birth. We both went into the final weeks excited to welcome our baby.

Some of the challenges I experienced in my preparation for VBAC:

- Hospital Policy doesn't 'allow' pregnancy to go past 40wk+7 / 40wk+10 (depending on who I spoke to).
- I needed an OB to 'sign off' or give me permission to have a VBAC – they confirmed I was 'suitable' but we would discuss the risks of VBAC at the next OB appointment after 34 weeks – I had to ask about the risk of a repeat cs.
- I had a partial previa at 20 weeks scan & a marginal cord insertion.
- I was a geriatric pregnancy (over 35yo).
- Baby couldn't be too big – or too small.
- The risk of VBAC was associated to every appointment I had (that wasn't with my midwife).
- I took my Birth Preferences to the Mode of Delivery appointment for sign off.
- I was again told there was a risk of rupture, I would not be allowed to go overdue & I needed to book for induction – I declined.
- I also declined cannula on arrival, CTG monitoring & VE's unless there was a medical indication something was necessary.
- I intended to await spontaneous labour until 42 weeks, with well-being checks if I felt required or medically indicated.
- I expected expectant management & would not be scheduling anything based on their routines or policies.

Labour/Birth

- My labour commenced at 40wk+3, with a spontaneous release of waters.
- Surges started within the hour; waters remained clear.

- I laboured at home & called my doula as the intensity increased & I needed support.
- She called the hospital & messaged my midwife.
- We headed into hospital when I was shifting into active labour.
- I had my birth preferences were respected on arrival & went straight into the Birthing Unit with the team midwife who met us at the door.
- My MGP midwife arrived, my body started bearing down, she guided me on maternal positioning, how to get the most from each surge.
- My bub was turning from ROA & needed active movement to support rotation & decent – we worked together to get him moving, intermittent monitoring throughout.
- After slow to recover heart rate decelerations, my midwife asked if she could do a VE to understand more about what was happening – I consented.
- We also got him on the CTG monitor to ensure he was ok & keep an eye on his heartrate.
- An anterior cervical lip was evident, his head was skewed & off center. HR was still slow to recover after each surge. I had options, we discussed & agreed to the next step.
- Manual movement back of the cervical lip, with the surges, to clear the way for his decent & hopefully correct his head position & improve his HR monitoring.
- It worked! I felt it as he clunked into position in the next few surges, things settled from there, he was monitoring happily – the attending OB was asked to leave the room.
- After a respite in surges, I changed position again & the extraordinary feeling of the Fetal Ejection Reflex kicked in – surprising us all.
- Born in three surges, almost headfirst on the loo, my BIGGER (4.5kg) baby was born. Completely natural, not even gas, from my amazing body!
- I had immediate skin to skin, all checks were completed with baby on my chest.
- Cord clamping was delayed, we waited for white & my partner cut the cord & announced our surprise sex baby – another boy!
- The surge of love, connection & exhilaration of birthing my baby is something I will never forget.
- Baby was amazingly alert & calm, he latched & fed successfully during our initial skin to skin. I was left with him on my chest for as long as I wanted & until I was ready to have a shower.

Observations

- The continuity of care that I experienced in pregnancy, set the foundations of trust & respectful care required to support physiological labour & birth.
- Even with medical indications that suggested baby was unhappy, I was given information about what was happening & options to consider & decide what to do next. My midwife worked with me & for me throughout the entire experience.
- Her understanding of what I wanted & needed from this birth experience, enabled her to facilitate a careful & considered approach that supported an amazing birth experience.
- Being treated with care & consideration, my health & wellbeing as well as that of my baby, & my partner - our entire pregnancy & birth was a healing experience.
- After having such an amazing birth, I realize just how poorly my first birth was managed & that I was robbed of that opportunity the first time.

Postpartum

- After spending the next night on the Maternity Ward, I was discharged from hospital.
- I had frequent visits from one of the midwife team when my midwife was unable to.

- My MGP midwife made sure to attend a visit & complete a debriefing session to ensure I had all the answers to anything about this birth.
- I entered motherhood of two with confidence, mentally & physically well – feeling capable & complete.
- Baby established breastfeeding quickly & easily, without any of the complexities I had endured the first time.
- The difference this birth has had on me & for my partner is profound.

Recommendations for Change

As a result of these two very different births, under very differing models of care, I have a lived experience perspective on how different things can be. I would like to use this experience as well as the information I have learned through my advocacy work to make the following suggestions for recommended changes for the Select Committee to consider;

- The Towards Normal Birth 2010 policy (rescinded 2023) was never implemented let alone monitored to drive accountability to those who were responsible for its enablement. Any future policy health directives need to have a clear outline of the change management plan, enablement & implementation timeframes, including targets & ongoing monitoring to ensure adherence. If there is no accountability assigned, the words are not worth the paper they are written on.
- Continuity of Care Models & Frameworks can no longer be sidelined due to lack of staff, lack of funding, lack of accountability or care factor to make it happen. Proven to be the most satisfactory model of care, with the least risk / best health outcomes & most cost efficient – it is beyond inadequate that consumers must continue to advocate for this in modern day medical systems. Again, any future systemic change needs ironclad change management, implementation & enablement strategies clearly defined, that are monitored, managed & enforced to an accountable party.
- Obstetric Violence is ‘normalized’ in our current birth process & practices. Women are not asked, considered as individuals, or informed on their care. Routines are carried out, explained away & coercive control is routinely used to make women comply to the personal practice or hospital policies of their care providers. The culture festers with ‘I’m not allowed’, ‘they won’t let me’, ‘I didn’t realize I had a choice, or I could actually say no to that’. The AMA Maternal Decision-Making 2013 position statement is rarely practiced let alone enforced. Bodily Autonomy is a basic human right – no where else would the daily practices carried out in routine Maternity Care be acceptable or tolerated.
- Hospital Policy & Routine Practice are not based on current evidence-based information. It is only designed to mitigate the risk of litigation under the guise of ‘doing something’ is better than ‘doing nothing’ & keep people alive at all costs. Introducing know risks, to mitigate possible or assumed risks is a poor Risk Management Protocol in any other business model. Horrifically, the soaring rates of intervention, & birth trauma are a direct result – something needs to change. Given NSW LHD develop & maintain their own policies, there should at the very least be a minimum requirement to provide a written review & amendments to prove a reflection current, evidence-based, trauma informed practices.
- Health Care Providers Training & Accreditation Protocols do not support or facilitate ‘updated’ medical training or guidance. Trauma informed, current evidence-based practice needs to be instilled to erode the current culture driven by arguably archaic,

outdated training materials that treat birth as a pathological problem, requiring intervention to solve. For example, any textbook that references the Friedman Curve needs to be burned or binned.

- As a consumer, an advocate & a curious observer, there is an obvious Power Imbalance, easily felt & experienced in the Maternal Health Space. To change the landscape of our birth culture & create lasting change, this dynamic needs to shift. Birthing women need to be listened to, heard & respected. Care providers who support physiological birth need to be levelled up within the hierarchy that tends to sit with Obstetricians. Shared decision making has its place between the subject matter experts on both sides of birth – the final decision rests with the person they are working to support. We live in 2023, why do we still practice in the dark ages?!