

Submission
No 968

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 15 August 2023

Partially
Confidential

In 2021, I had my first child at the _____ (NSW), as part of the MGP program. Unfortunately, my designated midwife with whom I had developed a relationship was on leave for 6 weeks during and after my birth. Consequently, I did not receive the continuity of care I had hoped for. The care I received was unsatisfactory, and as a result of severe neglect during labour, poor communication throughout and an obstetric emergency I experienced a traumatic birth. I was traumatised both emotionally and physically, and continue to suffer the ramifications.

Gaslit & Alone:

I did not go into labour naturally, and therefore at 42 weeks gestation it was recommended I have an induction. I was admitted onto the pre-natal ward at 6am and given the pessary by the midwives on shift to induce labour. Later than day, at approx. 2pm, I started having contractions. These continued to increase in frequency and discomfort over the course of the afternoon. By the evening time, I was in acute discomfort. As the evening approached, we were informed that my husband (my birth partner) had to go home due to a COVID policy that partners cannot be on the ante-natal ward. I was extremely upset at the prospect of being left alone in labour overnight. However, the midwife convinced us that it was the right thing to do.

Following my husband leaving, labour continued to increase in intensity. Whenever I enquired about moving to the delivery suite and / or my husband returning I was continually told “[you are] definitely not in labour.” I was in pain and experiencing regular contractions, and it was incredibly confusing and concerning that my experienced was denied repeatedly. I felt as if I was being gaslit. Furthermore, due to remaining on the ante-natal ward (as opposed to being transferred to the delivery suite), there were only a small number of midwives covering the whole ward overnight, and I did not have anyone designated to care for me. As a result, I was totally alone in managing my labour. In fact, I have never felt so alone in my life. At approx. 2am, while I was in the bathroom trying to manage contractions, my waters broke. There was a lot of liquid and blood – this was extremely frightening as I did not know what was happening and had no support. I pressed the call button - the midwife on duty came in, told me that my waters had broken, offered me a glass of water and left the room stating that my husband could not return yet.

Neglected:

After a full night of labouring alone without any support, my husband was allowed to return, and we were transferred to the delivery suite at 5am. Within minutes of arriving, I began vomiting profusely. I believe this was due to the adrenaline running through my body as a result of being in a state of anxiety and fear throughout the night. I was vomiting uncontrollably, while contracting at the same time. Despite the first vomit being noted in my records at 5am, I was not given any anti-nausea for at least 6 hours, until approx. 11am. During this period, my husband & I were once again left alone in the room for extended periods. Several hours after the vomiting had started, I became so dehydrated and exhausted that I started to lose consciousness. It was at this point I begged by husband to “get someone” because I thought I was dying. I was finally tended to. Unsurprisingly, my labour slowed down, no doubt due to the adrenalin and dehydration, and it was advised I was given syntocin and an epidural.

Poor Communication:

Following the epidural, things calmed down and I had a few hours of respite that afternoon. A approx. 7pm I was informed it was time to push. With my husband by my side, I started pushing. I was receiving positive feedback from the midwife about the progress: “you’re doing really well, the baby is coming, you’ll meet your baby soon!” Subsequently, it was a total shock when the room was

filled suddenly with medical staff requesting that I sign a consent form for an emergency C section. No one had communicated to me that things were progressing anything but positively. As such, the sudden chance and suggestion of a C was a shock. I later learned that the hospital has a “1 hour push limit policy” after which a C-section is indicated. If one of the midwives had explained what was happening (as opposed to the contradictory praise), I would have been able to make an informed decision. However, as no one gave me an indication that a caesarean was on the horizon, and instead I was under the false impression my pushing was going well, I was bewildered and declined the C-section. I had been in labour for 38 hours by this stage.

“Folded in Half”:

At this point, the team wheeled me to the operating theatre and said I had “15 minutes” to get the baby lower down, otherwise a C would be performed. Upon entering the operating theatre, I was transferred to an operating bed and continued to push. A ventouse was used and then, unbeknownst to me, an obstetric emergency occurred: Shoulder Dystocia (whereby the baby’s shoulders become lodged in your pelvis bone). I have since learnt that there are mere moments until this can become fatal for the baby. To “dislodge” the baby, the medical staff lifted my legs in the air and pushed them up towards my chest, while simultaneously pushing my head and shoulders down towards my legs, all while another member of staff was pumping down repeatedly on my bump. I am aware of the McRoberts Manoeuvre involving bending legs backwards, however I cannot find any literature on the use of my arms and head alongside this. Essentially, I felt as if I was being “folded in half” repeatedly. While this was occurring, I began to vomit again. As I didn’t have control over my head, I began choking on my own vomit and for the second time in this labour, I thought I was going to die.

Alone & Afraid Again:

Eventually my baby was dislodged and came out, but they were white and floppy. My immediate thought was that they had died, and I remember thinking this was the most frightening and worst experience of my life. My baby was rushed into another room to be resuscitated while I lay on the table in a state of shock, and once again no one communicating with me what was happening. The room was full of medical staff, and yet no one took the time to talk to me about my baby all while they did things to my body. Thankfully, my baby survived. They were placed on my chest for ‘skin on skin’, however I felt completely numb to the experience and it was far from the “golden moment” brimming with oxytocin I was hoping for. Moreover, this moment was cut short after 2 minutes by the midwife taking the baby from me. I was wheeled out of the operating room, into a lift and to the recovery ward...alone. Once again, throughout this entire episode I was not informed as to where I was going, where my baby was going and why. I was on the recovery ward without my baby, my husband, or my midwife for nearly 2 hours. I did not know if my baby was ok. From memory, I was screaming loudly “where is my baby!? I’m in shock! Please someone help me!” However, the nurses on the ward were unable to give me any information, and there were other patients there no doubt disturbed by my distress.

Finally, I was reunited with my baby and husband in the post-natal ward about 2am. My husband told me that he had been placed in a waiting room with other people, where he proceeded to remove his shirt and do skin on skin himself, knowing how important this is for newborn babies. I am thankful to him that he knew to do this, and yet devastated that it had not been me, and that I had otherwise been alone and afraid during what is meant to be magical bonding in the immediate hours after birth. Equally, I was totally confused as to why a baby born only minutes before in such emergency circumstances, had been left to do skin on skin with the father in a waiting room.

Shock, Trauma & Lack of Care

Following the birth, I was in a state of shock and trauma. I could not make sense of this experience, and I was offered zero support by the hospital. The morning after the birth, I had a very unhelpful “debrief” with the doctor who used medical jargon to explain what had happened: shoulder dystocia. At the time this phrase meant nothing to me, and she did not explain it in lay man’s terms. Instead, she stated that a percentage of babies die and / or are brain damaged by shoulder dystocia. While I now know that I was one of the lucky ones as my baby suffered no long-term effects, the debrief was confusing (I thought she was telling me my baby had brain damage) and inappropriate, as opposed to sensitive, therapeutic, or helpful. I was in hospital for a week due to the damage from the birth, and not once did anyone offer an appropriate trauma informed debrief or supportive conversation.

Following discharge, because my midwife continued to be on leave, many of the post-natal check-ups were over the phone and brief, simply focussing on whether was breastfeeding going well. The few home visits that occurred felt like they were “ticking a box”. No one spoke to me about my birth experience nor acknowledged what I had been through. It wasn’t until I had my 6 weeks check up with the GP, when she asked about the birth and I burst into tears and said the words “shoulder dystocia” that she was the first person to explain exactly what it meant, and that this is one of the most traumatic and dangerous things that can happen in birth. Finally, I felt validated and as if I wasn’t going mad – for weeks I had wondered why I felt so awful and yet no one had acknowledged what had happened or even spoke to me about my birth. I had been so disoriented, expecting to be in a “new joyous born bubble” and yet I had been feeling numb and afraid. I thought that perhaps the birth was normal, and I simply wasn’t resilient or enough of a “warrior woman” to cope.

Mistakes Made:

My GP was the first care provider to truly validate and advocate for me. She was shocked at the hospital’s lack of follow up care considering what had happened. She arranged a debrief for me with the hospital, during which the consultant doctor admitted multiple errors including; my birth partner should never have been sent home (the nurse on duty had made a mistake on insisting this), she confirmed I was in labour despite the staff repeatedly denying my experience, I should have been transferred to the delivery suite earlier, they should have given me anti-nausea tablets 5 mins after I had first vomited as opposed to 6 hours later, and she admitted they had severely neglected throughout the labour by being left alone on the ante natal ward overnight, and multiple medical notes from the delivery suite stating “due to acuity of workload, cannot check on patient”.

Effects:

I will never recover from that experience. I was robbed of so many moments that otherwise should have been joyful new parent experiences. In the immediate aftermath, I suffered nerve damage in my leg and back as are result of the body compression manoeuvre and I could not walk. I was bed bound for a week in hospital with a catheter – not ideal for bonding with your baby. After a week I could “hobble, though barely weight bearing. Over time my leg strengthened, however I was unsteady and needed support to sit or stand up, and it was not safe for me to stand or walk holding my baby. While that injury has now resolved, I continue to suffer pelvic floor damage. I have had a second baby via planned C section now, and yet my post-natal physio appointments only focus on the injuries suffered in my first birth over 2 years ago. Emotionally, I suffered from anxiety and traumatic flashbacks. I work in mental health myself and therefore have been able to manage and process this experience effectively using my own tools. Had I not had this fortuitous knowledge, I am

certain I would have suffered enduring post-natal depression. There is little space in society for woman to discuss their birth trauma owing to the assumption that a “healthy baby is all that matters.” While I am so grateful that I have a healthy baby, I know that two things can be true at once; I can love my baby deeply and hate the day she was born and, just because I love her, does not mean I am not traumatised. I liken my birth experience to being in a car crash – an objectively traumatic experience. Had I been in a car crash however, it would have been more socially acceptable to share how awful it was and expect to receive an appropriate supportive response from service providers.

A Note on the Danger of the “Natural Births Narrative:”

I’d like to add a word on the current cultural obsession with “natural births.” Prior to giving birth, I completed a well-known birthing course by a private provider. Much of the content was based on hypnobirthing principles. While many of the techniques and tools were practical and helpful for the birth, the underlying message was deceptively toxic; woman should aim for a natural birth at all costs. I was given the impression that a positive and natural birth experience was within my control if only I employ their techniques i.e. repeat positive affirmations and visualisation, do the correct breathing techniques, use the word “surge” as opposed to “pain” to describe contractions etc. The birthing course absolutely sent the message that a caesarean could impact your bond with your baby, that epidurals or pain medication might prevent you from breastfeeding etc. However, through my own birth experience, and hearing many others, it is abundantly clear that birth is largely out of your control and factors such as gestation, the weight of your baby, the size of your baby’s head, the size & shape of your pelvis, the position of your baby etc, directly affect your ability to “birth naturally”, no matter how many affirmations you repeat. The current narrative of these birth courses and many public health systems inadvertently imply that birthing naturally is best and is down to your personal strength & resilience.

Reflecting on my birth experience, I pushed back on having a c-section as a direct result of this narrative, and was wrongly convinced that a c-section was a “lesser” way to birth and would negatively impact my baby. However, conversely a vaginal birth nearly cost my baby’s life. Furthermore, throughout my pregnancy I was repeatedly informed of all the risks that a c-section birth could incur, and yet not once were the risks (to both mother and baby) of a vaginal birth discussed, including the myriad of injuries a mother might suffer, and the risk of foetal mortality or brain damage. Given I was at 42 weeks gestation and had a big baby, I was at risk of the above and yet this was not highlighted with me once. Instead, C sections had been discussed so disparagingly in my pre-natal appointments and in the birthing course, and yet I was then being asked to consent to one happily in the moment. The information of ‘natural birth’ vs C section is totally skewed.

Final Thoughts:

From a psychological perspective, if people are communicated with effectively and in an empathetic manner, and emotionally supported during a frightening experience then this can mitigate the experience being processed as traumatic in the long term. Regardless of whether shoulder dystocia would have occurred, had I been properly and compassionately informed of what was happening and not been left alone, then I believe that my birth would not have been experienced as traumatic as it was. As such, I believe care providers need to be trained in trauma informed care and communication, especially when frightening experiences are happening in real time. This would make a huge difference to mental health outcomes for mothers.

Equally, I understand why the birth pendulum has swung in favour of natural birth, for too long birth has been over medicalised and not women centric. However, perhaps the pendulum has swung too far in the other direction and the social pressure to “birth naturally” comes at a cost, including risks to mother and baby, and / or a sense of “shame” for those who either cannot or chose not to birth vaginally. Alongside the trauma of the experience, I was distressed by how my expectations and hopes for my birth were shattered based on an idealised view of birth and a misguided understanding of how much influence I could have over my experience. As such, care providers and courses need to share realistic and unbiased views on natural / C section births.

The system is broken, and now so are too many women.