

Submission  
No 969

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

## Hyperemesis gravidarum

My birth trauma at Private Hospital was exacerbated by the fact that the midwife had no understanding of hyperemesis gravidarum and almost caused me to choke to death. Everything in my birth was going well until the morning midwife finished her shift and was replaced by afternoon midwife who had no capability to understand the patient's needs and to prioritise patient's care or care about me in the slightest bit. She reset the blood pressure monitor on so tight that I was in severe pain (this is in despite of having an epidural). What was the medical need for this, the woman was a sadist.

The midwife then raises the oxytocin level to bring on labor quickly to fit my private obstetrician's schedule (it's unclear if she consulted the obstetrician before or after she did this) as she has another patient who may need a caesarean. Prior to leaving me (as I'm not a priority) she puts me in a painful position (because this is good for birth) and doesn't care about my pain. As I have had an epidural, I can't move.

At no time was I ever asked for my input – I would have happily waited to after the caesarean to have the labor progress without oxytocin. Raising the oxytocin level induced a severe and violent hyperemesis gravidarum episode that almost caused me to choke to death on my own vomit. To be clear, I vomited so violently and was strapped into the bed in a position that I couldn't move for any position relief, I had no relief, and I was drowning in my own vomit. I couldn't breathe and felt like I was dying. All sounds of violent howling and vomiting are ignored. When the midwife finally come midwife comes in while your husband is cleaning up the vomit and she goes ***"oh that is normal near delivery."***

To avoid birth trauma midwives, need to be trained in how to manage the care to a hyperemesis gravidarum patient. It needs to be illegal to raise oxytocin levels for a non-medical reason without the patient's consent. Any raising levels due to the doctor's schedule needs the patient's consent.

## Severe Pelvic Floor Injury

Due to hyperemesis gravidarum, I developed heart complications and shortness of breath from 6 weeks into pregnancy. I couldn't walk down hills or on the straight without severe shortness of breath. There was no risk assessment or adjustment undertaken by my private obstetrician/midwife to see if I even had the ability to push for the birth stage. Taking deep breathes was almost impossible for me. I failed at the pushing stage. However, my assessment is given my severe shortness of breath from 6 weeks on is that I should never have been put in the position of a natural delivery.

Forceps (with an episiotomy) were needed to be used as I fatigued quickly. However, I was not given any alternative such as a vacuum. I did consent; however, it was not informed consent as I was not made aware of any risks beforehand or the severe risk of pelvic floor injury. Due to the forceps usage/epidural, it is likely I sustained a severe pelvic floor injury and could not move without peeing myself. I complained about my left hip and the pelvic floor problem to the nursing team but was not provided any treatment. Just told to go and see a physio.

Six months later it was discovered by my women's physio that the left hip injury was caused by the collapse in pelvic floor, and left hip trying to hold it up. To this day the left side of my pelvic floor is incredibly painful, and any internal examinations now bring me to tears. Despite specialised physio

treatment, TENS machine and pelvic floor exercises I still have incontinence (STRESS, URGE, OVERACTIVE BLADDER) issues today. My private obstetrician apologised and said half way through the delivery she really wanted to just push the baby back up and go for a caesarean. My only resolution is to wait until after I finish child birthing years to have bladder sling surgery.

### **Failed Epidural**

When the private anaesthetist attended to give my epidural, he was angered that Private Hospital did not have the correct medicine in stock. The previous night midwife said that “I have told them to order them, but they won’t”. He had to use other medication. In response to a complaint to Private Hospital they maintain, I was given the correct dosage and epidural worked correctly. Well, something must have gone wrong, or my medication must have run out, because by the time I got to active labor I was in severe pain and screaming continually like a pregnant woman who didn’t have an epidural in labor. I felt everything. I do not believe that the afternoon nurse checked that there was appropriate medication for my epidural remaining. I had my epidural at 5:00am and gave birth at 4:55pm.

### **Ramifications of Induction**

I was induced @ 37 weeks because the scans taken at Public Hospital, wrongly showed that the baby was in the bottom 5<sup>th</sup> percentile for abdominal growth. In reality she just had really long legs and sonographers may errors in all scans after 20 weeks. It is likely due to being induced, my baby was born with respiratory distress, which was misdiagnosed by Private Hospital as minor. The afternoon midwife at Private Hospital also forgot to give me antibiotics until I was fully dilated for Group Strep B

The revolving door of contractors working in the Special Care Unit who failed to relay information on her deteriorating condition to Private Paediatrician almost caused my baby to die in their care. Private Hospital deny everything because there are no records – of course there were no records made – they employed contractors who didn’t make accurate records because they failed in their duty of care to my baby . I was lucky, that one of the contractors was a NICU Nurse from Public Hospital, who told me my daughter should have been sent to NICU after 24 hours of being born. Watching my daughter almost die, was more than any of the personal trauma listed below combined. It affects me until this day.

### **Breastfeeding**

After I gave birth, I was left all alone for 2 hours. Eventually my husband came and helped me shower. Then I was informed that my daughter had breathing difficulties and would be in special care. My daughter would only be fed glucose through a tube. At no time did any of the maternity team visit me and tell me I needed to pump to start supply.

As a hyperemesis gravidarum sufferer right up to birth I never had the health to research birth or breastfeeding. Each day I was trying to survive.

2 days later I was informed by a Special Care Nurse that I needed to hand pump. None of the maternity team showed me how. I watch videos online, but it didn’t work and was given ridiculous syringes that were impossible to fill. I eventually got a nurse who tried to help, but milked me like a cow that my

boobs were so bruised that I could not try. She also lost the milk from the syringe – so all that for nothing for my baby. Two days later the maternity nurses finally decided I could use a pump, because other women no longer needed them. It took 2 more days to built up to 30 mls. My milk supply never came.

Even pumping four hours a day I could not get more 60 mls even with motilium. In the end I pumped so hard for so little that I sustained scars to my boobs – they bleed from all the pumping.

My baby would not feed from the breast as they had developed an inclination for bottle only feeding.

I feel strongly because my baby was in special care, I was forgotten about by the maternity team and not given appropriate care to start my breastfeeding journey. My baby was formula fed, due to Private Hospital failing me and my baby. As a formula feeding mum, I was never could enough. The messaging from Australian Breastfeeding Association – is only breast will do. Well I tried everything and nothing worked. The scars are there to prove it.

Private Hospital failed in multiple ways to provide necessary care. This has left a lasting impact on my physical and mental health.

If you care about preventing birth trauma, there needs to be funding made available for mandated breastfeeding training program and pelvic floor training program giving to all mothers in hospital, that also provides information on formula feeding.

The risks of procedures need to be explained to pregnant mothers in a universal health document during pregnancy. Informed consent training needs to be given to pregnant mothers. As I was a first time mum, I trusted Private Hospital, but now realise they never cared about my care or informed consent.