Submission No 1158

INQUIRY INTO BIRTH TRAUMA

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Partially Confidential

To the Select Committee on Birth Trauma

Introduction

My name is Lucy Kay and I am making a submission related to my personal experience of induced labour, subsequent emergency caesarean and trauma that has resulted from how these procedures were undertaken. I will be addressing the terms of reference:

- Experience of birth trauma which related to current practices in obstetric care, and the physical, emotional and psychological impacts of birth trauma

I am , living in Sydney, and I have a strong and supportive family, partner and social network. Despite this privilege, I experienced significant trauma resulting from the birth of my first child in October 2022, so I write this submission primarily to advocate for those more vulnerable than me, who have had similar experiences to me, but for whom the consequences have been far worse. I am willing to give evidence at a hearing.

Induction of Labour in Australia

The Australian Institute of Health & Welfare describes birth induction as 'an intervention to stimulate the onset of labour. It is performed for a number of reasons related to both the mother and the baby, such as 'maternal or baby medical conditions and post-term pregnancy' (Coates et al., 2020 in AIHW 2023). Depending on the reasons for the induction, the process can include applying prostaglandins to ripen the cervix, applying pressure to the cervix by inserting a 'balloon catheter' to encourage it to shorten and open, artificial rupture of membranes (breaking the bag of waters) and using synthetic oxytocins (Pitocin) via a drip to cause contractions. In this submission, I will use the following terms:

Induction: referring to induction of labour as described above
Cervadil/Prostaglandins: medication delivered through a vaginal insert that assists with labor by softening the cervix and preparing it for birth.
Balloon Catheter: A device inserted through cervix into the uterus with a balloon-like end. The balloon is inflated with saline solution. This balloon puts pressure on the cervix and encourages it to open.
Rupture of membranes/breaking of waters: when the amniotic sac is ruptured to help trigger labour.
Synthetic Oxytocin Drip/Pitocin: drug that imitates natural labour by making the uterus contract
Cardiotocography (CTG): used during pregnancy to monitor fetal heart rate and uterine contractions
Cannula/Obstetric Cannula: a thin tube inserted into a vein or to administer medication or blood (such as in a blood transfusion).
Speculum: a duck bill shaped instrument that holds the vagina open

Prevalence of Induction of Labour

Induction of labour is a rapidly increasing procedure. 41% of births in Australia are induced and this has increased from 26% in 2004 (AIHW, 2023). Induction of labour increases the risk of emergency caesarean section, infection and bleeding and a less positive birth experience when compared to spontaneous labour (Coates et al. 2020; Grivell et al. 2012 in AIHW, 2023). The significant increase in inductions in Australia has not resulted in improved maternal or neonatal outcomes (AIHW, 2020; AIHW 2023).

My Story

The trauma and obstetric violence I experienced had nothing to do with the fundamental required processes of an induction but relate to how this process was carried out. I believe this represents a significant opportunity for hospitals to improve the way inductions (and births) are carried out, thereby reducing poor birth outcomes for women and their babies.

I was scheduled to have my labour induced as I was concerned about reduced movements of my baby at 40 weeks. The induction process was to include all steps highlighted in the section describing inductions – Cervadil applied to the cervix, a balloon catheter inserted 12 hours later, artificial rupture of membranes the following morning, immediately followed by a synthetic oxytocin drip to trigger contractions and labour.

The First Day

- We arrived at the hospital at around 9am and Cervadil tape was inserted an hour or two after we arrived, after which we were free to come and go from the hospital, returning for 4-5 hourly Cardiotocography (CTG) assessments of the baby. We were given a fact sheet about the induction process and the midwife advised that, as the room had no one else in it, my partner would be able to stay until late. We assumed to support me through all procedures of the induction.
- In the late afternoon, a midwife said I could now remove the Cervadil and performed a cervical examination. She was unable to detect any movement or opening of my cervix.
- We were asked to then remain in the hospital room to await the following procedures. At about 10pm at night, a nurse/midwife approached us advising an obstetric cannula would have to be administered. Two nurse/midwives return to administer this and it became clear that one was training the other. I screamed in pain during this procedure, which ended up taking minutes and I looked over at my partner who nearly fainted. He later told me this was due to witnessing the practitioner's shaking hands as she tried to insert the cannula, and the blood pouring from my hand. The cannula (until it was removed) was incredibly painful.
- Soon after this, a midwife came to our room and told my partner he would need to go home. We knew that we still had another procedure to be performed that night – the balloon catheter (inserted via speculum). We had absolutely no idea that I would have to undergo invasive components of the process of inducing the birth of our first child alone and would not have consented to this if we had known ahead of time. We both cried and the midwife said 'yeah I always get this reaction', and walked out.
- Hours later, at around midnight, doctors came to collect me for the next procedure – inserting the 'balloon catheter', and tried for approximately 30 minutes (for the

duration of which I had a speculum in) but were not successful. I remember the blinding hospital lights and crying throughout and was sent finally back to my room alone. On the way back, one of the doctors glanced at my bloody, bruised cannula in the top of my hand and commented 'that will need to be re-done'.

- Following this, a midwife undertook another cervical examination and applied more cervical ripening gel to ideally take effect overnight.
- I spent what was left of the night in tears due to the pain in my hand, the contractions related to the Cervadil, but mainly because I was alone.

The Second Day

- My partner returned early in the morning and I had more cervical examinations performed by different midwives. None were able to locate and/or establish that my cervix had 'opened' enough to proceed to the next part of the induction process which usually occurs on the second day. I do not recall the number of cervical examinations undertaken but I recall that some were incredibly uncomfortable. None were undertaken by a doctor.
- The damaged cannula was assessed by a senior doctor. This was done by trying to flush it and was incredibly painful. The doctor seemed concerned about how the cannula had been administered and removed it subsequent to determining that it would not function. It bled profusely when removed and I still have a scar on my hand from it.
- I was told I would need another cannula. We asked the doctor who attended to wait until I was able to apply numbing patches as I was very fearful based on my prior night's experience (my only experience of an obstetric cannula). The doctor was impatient and didn't want to wait for the patch to take effect even when I expressed that I was fearful due to my prior night's bad experience. She said in response to my fears 'well, you're about to have a baby'.
- Towards the end of the day, no one had been able to establish that my cervix had opened enough to have my waters broken and it was implied that the induction had failed and that the only option now would be to return the next day to book in for a caesarean section.
- After this, we asked to go home which was approved, and had the second cannula removed, to return the next day for a caesarean. We got to go home at about 11pm.

The Third Day

- We returned to the hospital the next day, and waited for several hours. We had accepted the fact we needed to proceed with a caesarean but there seemed to be confusion about how to proceed with us as we didn't fit into the 'emergency' or planned caesarean categories, despite the fact that we were advised to proceed with an induction due to concerns for the health and safety of the baby.
- Eventually, after several hours, senior obstetric consultant came to speak with us, with a junior doctor. She expressed concern about proceeding straight to a caesarean due to being a low-risk pregnancy.
- The doctors were able to examine me without causing me any discomfort or pain, and stated that she could locate my cervix and that it had opened enough to proceed with the next stage of the induction – rupture of membrane. She stated that the

location of my cervix may have contributed to the difficulty in other practitioners locating it, and seemed concerned about the fact that I had not been assessed by a doctor the previous day.

- I note that doctors on this day were overtly concerned with not subjecting me to any further pain or discomfort which highlighted to us the problematic occurrences of the previous days.
- We were taken to the delivery ward and a cannula (my third) was administered without pain. The same doctor ruptured my membranes, and the oxytocin drip was administered.
- Labour started and became intense quickly and after several hours, I asked for an epidural (despite the fact that this was not in my original plan for my birth) and I asked if it could be low dose as I needed some relief but wanted to experience the labour. The midwife replied 'oh no, you don't want to feel anything'.
- The resulting epidural was powerful, stronger on one side and made me shake, itch and immediately after it was administered, the baby started experiencing heart rate decelerations (distress).
- We were told an emergency caesarean was now the only option.
- We were prepped for the surgery and I was given a spinal block on top of the epidural, which made me cold, shakey, lightheaded and sick.
- As we were about to be taken into theatre, another emergency took precedence, so we were taken back down to the delivery ward.
- We were left alone in the room with the CTG displaying the baby's distress to us from approximately 830pm at night until 10pm. I was paralysed due to the spinal block and felt very unwell.
- My partner experienced significant anxiety due to the CTG monitor showing changes in the baby's heart rate and the perceived lack of medical supervision. The doctors had been very concerned about the fetal distress, and recommended the caesarean, so it was confusing and worrying to us that we were then left unsupervised for two hours
- Nearly two hours later, we were finally taken up to theatre and baby was delivered with no issues. I believe I had a haemorrhage but I was not advised of this at any point during or after the surgery.
- The baby breastfed straight away, in the theatre, with no issues then or ongoing.
- In recovery, a midwife grabbed my breast without asking permission, hand expressed a bit of colostrum and 'shoved' it into my baby's mouth.

The Physical, Emotional, Psychological & Economic Impacts of my Birth Trauma
My experience of birth has resulted in significant psychological trauma. I can't think, talk or write about my induction and birth, particularly the first night of the induction, without experiencing distress and I am unlikely to consider having more children. I will need professional support at some point to enable me to more fully move past my experience. My physical recovery was prolonged as a result of my traumatic experience. I suffered weeks of depression subsequent to my baby's birth despite his and my physical health being fine.

Recommendations

Like all mammals, positive birth experiences centre around maternal perceptions of safety. Attempting to induce labour medically without implementing interpersonal and environmental protocols that support initiation of labour and labour progress is a missed opportunity in the current system, and will continue to result in failed inductions and poor physical and psychological outcomes.

I believe there are very simple practices or characteristics of the process that, had they existed, my experience would have been completed different – even if each step and medical 'process' had been exactly the same.

- Ensure women are allowed a support person for all birth-related, invasive procedures and all parts of an induction of labour.
- Perform such procedures at appropriate times, ie, not in the middle of the night (and in the absence of a support person).
- Undertake training with potentially painful procedures (such as administering obstetric cannulas) at more appropriate times and settings.
- Ensure policies prohibit physical interference in breastfeeding without the mother's permission and if this exists, ensure they are embedded.
- Create spaces that are designed to encourage labour from the perspective of parents.
- Ensure policies privilege listening to parents during the birth process
- Take steps to remove narratives that suggest that pain should be expected and born by women during pregnancy and labour.

I believe taking steps like these would reduce the prevalence of birth trauma, improve maternal satisfaction with birth process, improve the rates of success with inductions of labour, thereby reducing the occurrence adverse outcomes including expensive procedures such as caesareans.

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