Submission No 1412

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 13 August 2023

I fell pregnant with my husband and I's first child in or about March 2021. I was 30, fit and healthy, with no pre-existing health conditions nor was I taking any medication. I booked myself into the birth centre at in Sydney's facilitate a medically unassisted vaginal delivery.

My pre-birth appointments were with the birth centre at . From approximately halfway through the second trimester onwards, I was expressing concern that the baby was sitting high, and that I was experiencing strong rib pain including pain that meant I was hardly sleeping, and heartburn/reflux. My concerns were dismissed. I was told everything was fine and that pregnancy is uncomfortable and I should have expected that.

When I went for my final scan around the 36 week mark in late December 2021, I was told my baby was transverse lie (lying horizontally across me) and wedged up under my ribcage. I was told my birth plan was no longer viable, that a vaginal delivery was impossible, and that I needed to come into hospital as soon as possible for monitoring until a caesarean section could be scheduled. Given it was a few days before Christmas, I was told to attend hospital on the day after Boxing Day 2021.

I did so, and during the course of my stay in the antenatal ward I was housed in the same room with three different women. Each of the three women were put into my room for the purpose of being induced into labour. The experience of listening to women go into labour whilst I was waiting for a caesarean I did not want was unpleasant, but one of those women later being confirmed to have been COVID positive therefore exposing me and my unborn baby to the virus along with the consequences that followed was far more unpleasant.

On 29 December 2021 at or about 2:07pm I had a caesarean section.

My pre-procedure health questionnaire notes "Transverse lie baby positioned under ribs". was on full notice of the complication being experienced.

I entered the surgical theatre and was told by a nurse that I needed to 'curl over' for my spinal. I noted that I had a baby in my ribcage, and that I would have difficulty doing that as it would be painful. The nurse held my shoulders down to hold me in the right position, and the anaesthetist then permitted a student to attempt to insert my spinal. I know that occurred as I could hear the anaesthetist coaching the student through the task.

At no time did I consent to a student inserting my spinal, nor to any parameters around how long any student would be permitted to attempt insertion.

I was expressing to the nurse that I was in pain, and crying with pain. The nurse relayed this to the anaesthetist, and he said eventually said words to the effect of "give her a break, sit her up", and "we will put in another local". This response alone indicates there was no understanding of the actual issue. Although I was well aware of the fact that I had a student repeatedly stabbing my spine with a needle, being in a curled position and held down by a nurse was the most painful position I could have been asked to maintain, noting I had my baby's knees positioned in my ribcage. Even after being 'given a break', the anaesthetist permitted a student to continue to insert my spinal, with the nurse holding my shoulders down. The anaesthetist eventually stated words to the effect of "give it to me, I'll have to do it", and the spinal was inserted.

My case was medically difficult and high-risk, and yet a decision was apparently made in that moment that the welfare of the patient was secondary to the opportunity to show a junior how to insert a spinal. It was obvious that I was in pain. I had a baby under my ribs and was physically being restrained. I needed a 'break' as they inserted the spinal. The anaesthetist still made a decision to prioritise the interests of himself and the hospital ahead of those of his patient. This decision meant that I entered that surgery feeling helpless and terrified, in the knowledge that I had voiced on several occasions that I was in excruciating pain and been ignored in favour of a 'teaching opportunity'.

If a healthcare professional lacks firstly the medical knowledge to know that a transverse lie baby under the ribcage means that maintaining a curled over position is excruciatingly painful, and secondly lacks the ability to put themselves into the shoes of their patient who is in obvious pain and distress, they should not be practicing medicine.

The 'Trainee Specialist' surgeon then commenced the surgery, but could not extract our baby. My husband and I heard a call placed requiring the attendance of the consulting obstetrician on an emergency basis. The consulting obstetrician attended, and authorised a t-incision. The left arm and leg of our baby were then grabbed and pulled with such force that our baby's left leg was fractured, and he sustained an Erbs Palsy/brachial plexus injury to his left arm where the nerves attach to his spinal cord.

Our baby was taken immediately to NICU, without coming to me.

Given the nature of the issue requiring surgery, I fail to see why the consulting obstetrician was not there from the commencement of the operation. It certainly appears to be the type of case that would have warranted it. The decision for the consulting obstetrician not to be present from the commencement of the surgery created a distressing environment. It was astounding that was on full notice of the complex and potentially high-risk case before it and took no steps whatsoever to take additional precautions or ensure the most experienced surgeon available was undertaking the task.

After the caesarean section, I was taken to the recovery ward. Whilst in the recovery ward I experienced uncontrollable and intense shaking, and other issues, including feeling very cold. The recovery team debated in front of me the treatment to be applied, and discussed openly in front of me being unsure about the treatment. I had gauze placed in my mouth to stop me from breaking my teeth as I shook, and was draped in a vacuum bag filled with heated air. This made it difficult to communicate, though I was conscious. A senior nurse at one stage appeared and reprimanded a junior nurse as she had apparently disconnected the tube that drained my catheter, such that the catheter had been draining directly into the bed.

Not only was it concerning to see this interaction, but no action was taken to clean the bed or replace the sheet below me. To her credit, the senior nurse apparently realised this interaction was inappropriate and apologised to me. It was terrifying to be conscious but restricted in my ability to communicate, and having it be clear that the practitioners around me were not sure how to handle the situation. The situation was made worse by how unhygienic it felt to be left in such a state.

After the recovery ward, I was moved into post-natal but experienced chest pain. I was in the process of being transferred to cardiac intensive care when realised one of my roommates from pre-surgery was COVID positive and thus I was a contact.

As a result of being exposed to the COVID-19 virus by one of my roommates in the antenatal ward, less than 24 hours after the caesarean section I was marked as a COVID-19 contact. After a brief stay in the cardiac intensive care ward, I was transferred into a private room in a COVID-19 section of the postnatal ward. Conditions in the COVID-19 ward were concerning. My hospital stay coincided with the period in time where, as I understand it, a number of days are identified as days on which the hospital staff are required to be paid more as they are 'holidays'. The hospital, as I experienced it during this time, was drastically understaffed.

In the COVID-19 ward, I experienced the following:

- I was detained in a room with a window, which did not open;

- My husband was not permitted entry, nor were any other visitors;

- My baby, once he was released from NICU, was brought into the room with me;

- I was in extreme pain following an extensive surgery, and yet had no-one with me to assist me to get out of bed to attend to my baby when he cried;

- If I pressed the buzzer for staff to attend (not the emergency button), it would be a minimum of half an hour but more often 45 minutes before a staff member attended to enquire what I had called for;

- If I advised I had called for pain medication, it would then be at least a further 20 minutes before such medication was able to be produced;

- My pain medication frequently wore off before more was provided, I suspect not because staff forgot but because they were so overloaded they had no opportunity to bring the medication earlier;

- My food, which due to my garlic and onion intolerance was the same inedible meal of undercooked boiled chicken, packet mashed potato and boiled beans every day, was more often than not left on the top of a bin just inside the door and behind a curtain, as staff did not want to enter the room;

- My food was not only frequently left out of reach on top of the bin, and out of sight, but no real effort was made to wake me, meaning that I often awoke alone, in the dark, well after my pain medication had worn off, to struggle out of bed to find my stone cold dinner left on top of a bin along with my long-ago due pain medication; and

- I had two small bins in the room, in which I was instructed to throw all meals and associated packaging, my diapers, and my son's diapers, along with all other rubbish.

- These bins were overflowing by the conclusion of my stay (had not been emptied during my stay), and I was well aware they smelt, and had not been emptied in a timely fashion.

To be clear:

(i) I do not accept that the understaffing at this period of time was the sole result of the COVID-19 virus. There was a deliberate decision to reduce staffing over the holidays.

(ii) The vast majority of the nursing and midwifery staff that I encountered were lovely, kind, caring, and very professional. It was, however, abundantly clear that they had all been pushed to their breaking point by the sheer volume of work.

My experience with was haphazard, disconcerting, and categorised by mistakes at every turn. There was no way in which I could have felt safe or assured that I was being given the best and most appropriate care.

I lodged a complaint detailing all of these issues with the HCCC. The HCC referred the matter for some form of conciliation conference. I made enquiries about the conciliation conference and was told that the would not be required to undertake any actions promised at the conference, nor would I be told who the was proposing to send in attendance. It was obvious to me there was no utility in such a conference, and further that the HCCC lacks the resources to take action where it is required. Apparently disciplinary action is reserved for the top couple of percent of most serious cases. That is staggering, given the thousands of complaints the HCCC receives every year.

Ultimately, the HCCC found, following an appeal I lodged:

While the review did not find that the treatment departed from the appropriate standards of care, it is acknowledged and understandable that these complexities would cause you significant distress. The rationale behind the initial assessment for assisted resolution was to provide you with support from an appropriately skilled facilitator to work through your outstanding questions with the Hospital.

This decision is attached.

I have no interest in "working through my outstanding questions with the hospital". There are no such outstanding questions. The standard of care was below that expected by an ordinary member of the population at every turn. That is not a matter for discussion between the patient and the hospital, nor could the hospital be trusted to mange the issue independently.

Frankly, the system is broken.

The care I experienced was shocking at every turn. It was beyond horrific to be pregnant and then a new mum recovering from major surgery with an injured newborn and be subjected to what I dealt with.

It has cost us thousands of dollars in treatment for our son's injuries. has been accountable for none of it. I hold hope against hope that our son will have no lasting effects from this, and that he will remember none of it. I will not be so lucky. The damage done to me is real, lasting and debilitating. It affects every facet of our lives. The system has to change.