

Submission
No 1378

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I'm 39 years old and I currently live in the
old and a 2 month old

NSW. I am the mother of a 7 year

I had my first birth at the) through a shared care
model in 2016 and my second birth in 2023 with a private practicing midwife at home.

I am making a submission to this inquiry as my first birth, ending in an unplanned and
unwanted 'Emergency' Caesarean Section (CS) was a traumatic experience with ongoing
negative consequences for my physical and mental health and wellbeing and that of my
family.

My recent Vaginal Birth after Caesarean (VBAC) at home was a completely different and
overall very positive experience.

First birth in 2016

I was unable to access my first choice model of care.

I wanted a medication and intervention free birth. I tried to book in to the MGP at at 8
weeks pregnant which was my local hospital at the time. I was advised that the program was
already full. From the alternate options, I chose shared care through my GP as it seemed like
the best alternative at the time. I saw a different midwife almost every visit and none of these
midwives were present at the birth. Homebirth either through a hospital program or private
midwife was not presented as an option for a first time mother.

I don't believe I received unbiased, evidence-based information during pregnancy to make
informed choices in pregnancy and labour.

I did the glucose tolerance test and GBS test as well as routine blood tests and scans which
were presented to me as compulsory tests with no discussion about options or consequences.
Thankfully I had a healthy pregnancy aside from quite extreme nausea and vomiting.

My partner and I completed the Calm birth course and we hired a doula and I prepared myself
mentally and physically for labour and birth. Leading in to the birth I felt prepared and
confident of having the birth I wanted barring major medical complications however I was
completely unprepared to understand the interventions I would be pressured into or the
effect the hospital policies on monitoring and scheduling could have on my physiological birth
and my experience.

I experienced a cascade of interventions for which I did not give informed consent.

At 40+5 I had PROM and went to the hospital to get checked. I was offered induction which I refused as I knew my body was showing signs of pre-labour, I was offered a VE but refused as I did not see the benefit and knew it could be a risk for infection, I was advised that a water birth or labouring in the bath was no longer possible (a policy I was unaware of despite having indicated it as a preference).

I laboured at home with the support of my partner and doula however I began vomiting and after a prolonged period where I couldn't hold down water we decided to head to hospital.

For the next 12 hours my partner and doula were able to shield me from most unwanted interventions including VEs which I did not want. The hospital staff insisted I wear the CTG monitor and once the waterproof one ran out of batteries I was denied access to the shower for pain relief despite this being really effective. On asking whether it could be removed for a period I was told "no". I also questioned why there were so many people in our room including several midwives sitting on the floor in the dark with a laptop. I was told that it was because our birth room was so calm and relaxing and they could get their paperwork done. At the time it made me very uncomfortable given I was naked and labouring and doing things like stimulating my nipples to encourage labour however at the time I didn't feel able to ask them to leave.

Once we reached 24 hours after PROM and about 20 hours of active labour the attitude of staff changed and despite me feeling well and no signs of fetal distress we began to feel pressured to accept interventions and there were a series of incidents which I believe led to the ECS and my birth trauma. Specifically I was given interventions that I did not consent to including vaginal examinations and internal procedures which continued despite my protests. I was also coerced into agreeing to interventions I didn't want thinking I was acting in the best interests of my baby and that to refuse could result in serious injury or death to my baby.

I cannot think of any other time where someone putting their hand inside your vagina, causing pain and refusing to remove it would not be considered serious sexual assault. This took place several times with witnesses and I was made to feel as though it was my fault and that I was being difficult and that ultimately I should be grateful that my baby and I were alive.

Several instances that contributed to my birth trauma are outlined below

1. The CTG signal kept being disrupted by my movements and I was told I had to have a 'little clip' on the baby's head instead if I wanted to keep active in labour unless I wanted a bunch of doctors running in every time the connection was disrupted and then "they would MAKE SURE I couldn't move". It was not explained that this 'clip' was in fact a screw that they would screw into babies head and regardless I felt I had no choice. In order to attach the fetal monitor I had to lie down with my feet in stirrups. I estimate that it took between 4 and 5 contractions to attach which I was not expecting, especially as the midwife did not stop during

contractions. I was also held down by another midwife putting pressure on my thighs during this time. I felt vulnerable, scared and powerless. About 2 contractions in something happened and I experienced extreme pain that did not stop with contractions through my back, pelvis and down my legs. I screamed and asked the midwives to “stop”!. They did not but instead completed the attachment of the fetal monitor while I continued to cry and say stop. By the time they let me up the pain had lessened and instead I had some numbness in my perineum. I asked the midwives what they had done but they dismissed my concerns. I have since discovered I have extensive damage to my pudendal nerve which although gradually improved still (7 years later) affects my ability to defecate as I do not have much sensation in my rectum and which my physio believes may have happened at this time.

2. A new midwife came on shift and insisted on doing a very painful VE during a contraction which I tried and failed to refuse she announced “Well this is not going anywhere! We need to hurry this along now” I was devastated as I thought I was going well if slowly. I had been feeling capable and had not even considered asking for pain relief. The midwife then brought in a OB who told me I was too tired after more than 24 hours active labour and should have a C-Section. I didn’t feel too tired and I refused but began to doubt myself.

3. I was told that I was somehow unconsciously stopping the cervix dilating due to some sort of tension and that an epidural with Syntocinon was my only chance at getting my baby out safely and avoiding a C-section. Feeling defeated I agreed on the basis that an epidural would counteract something I was doing wrong. I have no recollection of being told the risks of an epidural or the rates of success – just being pushed to sign. The epidural did not work properly and while I was on the bed paralysed, unable to move my torso or legs but I could feel every contraction and with the syntocinon and the inability to move the pain was suddenly unbearable. I called for the syntocinon to be switched off and was refused. I could not speak properly but yelled ‘turn it off turn it off’ and was told ‘we cant’. My partner stepped in at this point and prompted me to use the words “I withdraw consent” which resulted in it being turned off quickly and being able to explain that the epidural had failed. A request for the anaesthetist to return was made but he was in theatre and so I waited approx. 2 hours for a repeat epidural attempt and my contractions continued naturally at much bigger intervals though they were still unpleasant as I could not move. I refused Syntocinon during this time.

4. The second epidural worked and I re-consented to Syntocinon once I was sure it had. As the epidural wore off I realised I was no longer receiving Syntocinon and it was explained to me (at least an hour after the fact) that there had been fetal distress and that the drip had been turned off. I began to feel very afraid for my baby and confused and angered by why no one had bothered to tell me he was in distress. An OB explained that my chances of having a vaginal birth were now very low. That there had been significant fetal distress and as they did not want to give me any more Syntocinon my only option was a C-Section. As soon as the consent document was signed staff rushed in to remove me from the room and leave my partner to pack up. We asked for 15 minutes to mentally prepare but staff seemed very impatient pacing, whispering to each other and checking if we were ready every few minutes so I began to panic that the baby was in danger from the delay. I became very afraid but then discovered there was simply a shift change in the surgical team that they were trying to fit us

in before. We received a lot of push back against immediate skin on skin with the reason that the theatre would be too cold and that baby needed to be kept warm. I was surprised by the need to push this as I had thought it was hospital policy to facilitate.

5. I found the procedure extremely frightening. I was uncontrollably shaking and spasming. I was also very afraid that I still had a lot of sensation in my legs and body. I had expected to be essentially numb and no one had told me I would still feel things. After my recent experience of the epidural I was terrified I would feel the operation and was crying and hyperventilating. Once they started cutting I calmed down a bit but felt very dehumanised by the counting of theatre staff of instruments and calling out blood volumes to each other. Doctors attempted immediate cord clamping and my partner had to shout to insist on delayed cord clamping but the clamp went on before pulsing stopped. Baby was taken and immediately wiped down and weighed then returned to me for skin on skin but I was only allowed a couple of minutes before he was taken away and my partner followed him. Baby was returned to me in recovery (I now know that my partner had to put pressure on staff for this to happen as quickly as possible and that if he had not insisted and hassled every passing staff member I may have had to wait much longer to have him returned to me)

Immediately following the birth of my son I blamed myself and my body for the way birth had turned out. I was unable to lift him or move freely for more than 8 weeks due to the pain from the CS site and unable to play sports or hike for more than 2 years due to pelvic pain. I also experienced debilitating nerve pain for at least 6 months both on my skin around the incision site and internally in my pelvis.

I also began to experience the symptoms of vaginismus though it was several months before this was diagnosed. As a result of the vaginismus which I believe is at least partially due to forced VEs I spent 3 years doing therapy with the pain clinic at , a specialist womens pelvic floor physio and a psychologist. I was unable to have penetrative sex for 2 years after the birth due to the pain and it was another 18 months (3 ½ years after the birth) before I could experience it as pleasurable. I continue to have a lack of sensation in my rectum.

Second birth in 2023

By contrast, my recent birth 11 weeks ago has been an empowering and positive experience. There was no question in my mind that I would be attempting a VBAC and I was surprised when I began to research what a big deal it seemed to be.

At 8 weeks pregnant I contacted my local hospital and it was then that I discovered that despite the wishes of many of the midwives who worked there they were unable to offer VBACS. As a result I would need to birth at .

From the first interaction with medical staff I began to be concerned about my chances of experiencing a 'natural birth' and when, at my first pre-natal appointment I was given a list of things I MUST consent to in order to have a vaginal birth including CTG and regular VEs I began to research my other options. I listened to and read everything I could find on physiological birth, risks and interventions. I requested a written copy of hospital policies for VBAC and vaginal birth including time limits from [redacted] Hospital and was refused.

I began to look at [redacted] Hospital as an alternative and also research private midwives and came to the conclusion that a private midwife and a doula was my best option.

Although the cost required many financial sacrifices I was able to find an amazing local doula and privately practicing midwife and from that time onwards my experience changed.

At each appointment of approximately an hour I was treated with respect and spoken to like an adult who could process information and make informed choices about pregnancy and birth. I was given as much information as I wanted and never felt pressured to make a specific choice. Despite initially planning on a hospital birth I realised that with my past trauma a home birth would be the safest and best option for me.

My midwife, partner and I had candid discussions around risks, our plans for contingencies and what I might find triggering.

In the end I had a beautiful water birth with a physiological third stage and although I received a 2nd degree tear, healing from the pregnancy and birth has been incredibly straight forward so far. I did have one VE during labour which was done with consent and in an incredibly sensitive and trauma aware way that did not disrupt my labour. A very short placental cord and baby needing to move positions a lot to descend meant an extended second stage but the support of my 2 midwives and doula and their knowledge of physiological birth meant that what almost certainly would have been another traumatic experience in hospital just required a lot of hard work from me and baby and careful monitoring and suggestions from them. I had several hours of skin on skin and was able to bond immediately with my baby. Even if I had needed to transfer to hospital the relationship I had with my midwife and her knowledge of me would have meant that I could trust her to act in my best interests and I believe that would have helped how I felt about the outcome and the autonomy and power I had regardless of what happened outside of my control.

Several days after birth I did have some fevers and throughout the monitoring, a trip to maternity at [redacted] and blood tests revealing it was just a cold I was supported and helped by my midwife who answered concerns in the middle of the night and kept a close eye on me enabling me to avoid a risky visit to emergency with a newborn and handle the situation safely.

The future

It is my hope that this inquiry will lead to more (ideally all) women being able to access free and/or subsidised midwifery continuity of care as I believe that is the best way to avoid birth trauma. Medicare rebates for homebirth (not just pre and post natal visits) would greatly reduce the financial barrier for many women to have safe and positive physiological births. I also hope there is a review of how hospitals offer monitoring and interventions and that women are given information and not pushed or coerced into making decisions either because they don't know they can or because they are frightened. The reliance on VEs and the way in which they are routinely used needs serious review and staff who do not force them on women need to be protected from negative consequences. Hospital staff also need more training to be birth trauma and sexual assault aware and this should begin from the first prenatal appointment.