

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I gave birth at 41+3 weeks in 2020. After hoping to avoid an induction, I was told the last appointment of the day that that it was necessary to induce immediately due to pre-labour rupture of membranes and possible meconium staining. Meconium swabs were described as unclear verbally, and it was not mentioned in my discharge summary.

After the exhaustion of many hours of labour with very little break between contractions due to the induction, I was fully dilated and had been pushing for two hours when I was told that I would need an emergency c-section as the baby was 'stuck'. At this point, I was too exhausted to argue.

I will never know for sure whether the induction was warranted, however I do now know that multiple interventions such as swabs, vaginal examinations and a foetal scalp electrode were far more likely to introduce an infection than the rupture itself, and kept interrupting the flow of labour.

I know that around 10% of inductions are due to pre-labour rupture of membranes, and yet, a Cochrane review on induction versus waiting for spontaneous labour in this scenario questions the low quality of the research supporting this.

I found out at the time of the c-section that baby was posterior. In hindsight, I strongly believe baby turned due to the induction (as was positioned correctly at all check-ups, including that immediately before the induction). I had a strong painful back labour for the entire duration of a 12 hour labour with no pain relief (my preference), but wonder why no one ever mentioned that baby may be posterior (given it was likely obvious to them) or suggested positions that may have turned baby. I wonder why they didn't turn off the syntocin drip as soon as labour was established instead of increasing it given my near-constant contractions, or discussed the option of pain relief to provide some rest, before moving straight to a c-section.

I question why I wasn't given the option to head home and wait a day for induction, when I did ask. At the very least, a night of sleep (at home or monitored in the hospital) would have meant I wasn't being induced in the early evening, already exhausted before labour even began, with labour kicking off around 11pm.

My partner was not offered to cut the cord even though it was in my birth plan (we were told cord clamping was delayed but I question how both things can be true at once, especially given I did skin to skin immediately and the cord is not visible in photos), and he was not reminded to do further skin-to-skin while they waited for me in recovery, instead handed our bundled-up baby. After also being awake all day and night, at this point after midday the next day, he was also too shocked and exhausted to think of it, and it saddens me to know this.

Knowing now what the painful recovery from a c-section with a newborn was like, I wonder how much harder it made everything, from breastfeeding to bonding with my baby to adjusting to day to

day life as a new mum. I question why the interventions that lead to the unacceptably high rates of caesarian and instrumental births are a standard of our medical system in NSW, and the high rates of induction are a core part of this. I've heard of private obstetricians that routinely book all mothers in for induction at 39 weeks. Surely this cannot be medically indicated for everyone, and is done for the convenience of health professionals over the physical and emotional health of mothers and babies.

We must investigate, we must change and we must do better.