

Submission
No 1396

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 15 August 2023

Partially
Confidential

I had a very positive pregnancy experience of my first child at age 32 under the care of the MGP program via [redacted] Hospital in 2023.

I had a fantastic birth that involved no interventions or pain relief and included the support of my midwife and private doula to also physiologically birth my placenta without assistance.

I left empowered, cared for and that my family's best interests were always prioritised by my care providers during my prenatal appointments and throughout labour and birth. I'm so grateful for the continuity of care I was afforded through the MGP program.

I was advised I had sustained a stage two tear during the delivery of my daughter (in the birth centre's water bath) and that it would require suturing. My midwife advised that she didn't have enough experience in this and would request the assistance of an obstetrician.

The obstetrician arrived and was clearly very displeased to be called to assist as it was a public holiday and they were due to finish their shift. I was very eager to understand how the procedure would involve as I didn't have any prior experience with a similar procedure. The obstetrician was very dismissive of sharing details and said that I would use the gas like I had during labour. I informed them that I hadn't used the support of gas throughout labour or at any other time throughout my life and therefore needed information to understand how to use the machine. I was dismissed that it is a very easy tool.

The obstetrician requested that the gas be organised. While this was happening the obstetrician did an examination. They wanted to feel around and asked for consent. I said I would prefer to wait for the gas. They asked a second time explaining that won't use anything sharp and just their fingers. Again I said I would prefer to wait for the gas. They appeared frustrated with delays sourcing gas.

A gas tank was sourced and I was given the mouth piece. I began breathing in the gas though couldn't notice any change. As the obstetrician was just about to commence the anaesthetic injection I voiced that I didn't feel any different. It was then just prior to the administration of the injection that it was discovered that the gas was not connected and therefore not working. Had I not spoken up I would have been in significant pain. Alternative gas was sourced, meanwhile the obstetrician again suggested using their hands in the interim to continue their examination.

Once the gas was checked to be working the procedure commenced with the injection. I was under the impression after the injection that the medication was administered. I was then very shocked and jumped backwards when an additional needle was administered. I was told by the obstetrician to stay still as that would ensure that the procedure would be done as quickly and safely as possible. If it was communicated to me that multiple injections would be

given and/or across the procedure I would have been mentally and physically prepared. It should also be standard procedure for the gas to be checked that it is functioning.

At another point of the procedure I also moved due to pain. The obstetrician was again not impressed by my reaction and said that they weren't using needles and it was just their hands. I don't know if there was an assumption because I laboured without intervention that I would be comfortable, though I think there needs to be more education on the sensitivities of these procedures and the option to use pain relief.

I note my midwife stayed by my side and held my hand throughout the procedure. Without their support I would have struggled and fear would have been sent to theatre for the procedure via a GA by the obstetrician (something suggested at one point).

I also would like the committee to note my traumatic experience with respect to establishing breastfeeding. My daughter was diagnosed with a 95 per cent tongue tie at one week old. The week leading up to this private diagnosis via an IBLCE resulted in infected nipples, staph infection, low supply and much stress and concern. My daughter lost 11 per cent of her weight and was jaundice.

This is something that had had the expertise and there was consistently across hospitals and hospital staff, namely those working postnatally would have been identified earlier and therefore a plan could be actioned. The delays caused by latch issues continued for months and resulted in much expense and stress (private IBLCE consultations, medications, breastfeeding tools etc) in order to encourage and support my supply and support my daughter to latch.