Amy Ramsey's Report of Birth Trauma Caused by Obstetric Violence & Violation of Human Rights by the Tasmanian Health Service & their Contractors

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Submission for the House of Assembly's Select Committee on reproductive, maternal and paediatric health services in Tasmania

This story and the subsequent recommendations
relate to the committee's following topics:

- maternal health services
- birth trauma
- perinatal mental health services
- pediatric services for young children
- Reproductive services
- the Child Health and Parenting Service

Sections

Victim Impact Statement

I spent the majority of my daughter's first year of life wishing I hadn't survived her birth. Until she was about 8-10 months old, I was fighting a daily battle to build connection and attachment to her and with great shame recognised that I would have turned back the clock and never conceived if it meant erasing my birth trauma and PTSD. I'm still in deep mental pain due to the actions of the midwives and medical staff that day who stripped me of my right to any choices about what was happening - stripped me of my human rights. It was the worst thing that has ever been done to me, the longest lasting single torture event that I've ever been forced through.

My daughter's birthday was the worst day of my life. An event I'd looked forward to all my years was turned into a violent, dehumanising episode of intentional physical and psychological torture. I entered Burnie's North West Private Hospital full of hope not knowing standard practice of evil and dehumanisation and disdain for patients within.

Now I dream about the staff; sometimes in dreams I'm again the victim and go through the emotional realisation that I'm powerless and about to die under others' will and nothing I say will stop them from containing me and ending my life and I can feel myself fading and my vision going dark while my killers show no mercy. Sometimes my dreams position me as the villain and minor dream confrontations escalate to blind rage and unspeakable acts of violence. After dreaming of killing adversaries by way of ripping out their tracheas and carotid arteries or forcing them into burlap bags and beating them against the concrete sidewalk like a bag of ice, I wake in my sweat, consumed by thunder and fear-energy in my chest that radiates across all of my skin from fingertips to lips to toes. I wake from dreams about pure terror, hate and injustice and turn sideways to look at my sleeping baby and try to be a calm, sane and loving mother and partner.

Sometimes the dreams are abstract birth horror sequences like giving birth to raw chicken parts with scales or being unsure if I've given birth or am alive. The dream characters that I war with now include others in my waking life who belittle me, disrespect my authority in spaces where it is owed, or treat me dismissively, including people encountered in my former professional life. I say former because I am unable to return to work. PTSD is at bay some days, only mildly reducing my cognitive skills and memory, but other days, it severely limits my cognitive capacity and I'm barely able to mother through the anxiety, irritability and inability to hold on to a thought or make a decision. Some days, my only effective calming tool through gasping tears is the intrusive-thought phenomenon common to trauma victims called 'revenge fantasies'. These intrusive thoughts include making the main midwife responsible for my torture beg for death as hopelessly as I did. And I'm disgusted and ashamed. This is never who I wanted to be.

My Birth Trauma Story Letter - Unedited Past 7-Feb-2023

Please see the full attachment.

I am unable to withstand rewriting or editing my written birth story for submission to the committee. Instead, I have included the full document titled [redacted] ***birth story and associated complaints - written 7 Feb 23'.*** My full birth story was written out, addressed to and submitted to multiple parties on February 7, 2023 and reads as a letter.
If the Select Committee will be publishing submissions online, please de-identify my letter or ask me to remove sensitive medical record information from the end of the above named document.

Story Updates from 7-Feb-2023 to 14-Jan-2024

Retraumatisations, Corruption and Failings by the Tasmanian Health Service and The North West Private Hospital

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The meetings that have followed my letter sent on February 7, 2023 have been horrendous. The THS and private hospital have taken no ownership of what happened and in fact vehemently deny my story. The gaslighting, unmasked aggression, manipulation and lies have halted my recovery and worsened my PTSD and depression with each meeting.

The day after I digitally sent my birth story letter out, the Australian Medical Association of Tasmania published a press release calling Burnie's North West Private Hospital maternity service unsafe to continue as is. The AMA called for the state government to end the contract with the private hospital immediately and take back control of public maternity services in the region. This started a chain of events that eventually did lead to the THS ending the contract early and taking control of the maternity services. Today, the THS leases the private hospital's maternity unit and has hired the private hospital's maternity staff. This means that mothers go to the same hospital and are treated by the same midwives and staff guilty of mistreating, abusing, disrespecting and traumatising patients under the previous contract. There has been zero accountability or repercussions for abusers and perpetrators of obstetric violence.

I forgot to include in my full birth story letter that at the Open Disclosure meeting, it came to light that the junior midwife who attended the majority of my labour, [redacted], made up her own pain scale recordings rather than asking me. No mention of action taken about this malpractice has ever been presented to me nor have her reasons for doing this been explained and I have been barred by the THS from securing a meeting with her.

In another meeting, the CEO of the Private Hospital, [redacted], aggressively insisted that no part of my story happened and that I made it up. In the same meeting he declared that HR from the upstream corporation was not involved because he and the Head of Nursing who was also in attendance were well trained in how to meet with people after trauma. He continued to angrily deny my story and also deny that the Australian Medical Association's press release on Feb 8 2023 was true. He also denied published facts from the independent review of the maternity service completed a few years prior. During this meeting, it was revealed that the midwife who caused my torture had only been given one formal warning for both my complaint and for another woman's complaint. I am close friends with the other mother and she showed me her letter advising that a formal warning had been issued. It turned out that the private hospital had carefully worded it to make the other mother believe that her complaint had resulted in a formal warning. [redacted] insisted that the offending midwife, [redacted], had been warned once about empathy and had received adequate training and a difference in her behaviour was

satisfactory. He did not care that she abused me or others, shattered my mind and directly caused me many months of suicidality which in reality are not over. [redacted] choice to dehumanise, bully and torture me combined with the total absence of repercussions for her actions may still be the cause of my death. It is my hope that she knows this fact regardless of whether she accepts her guilt or not.

I was also told in this meeting as in previous meetings that my questions would need to be answered by the midwives and anesthetists in attendance as the leadership staff in the meetings did not have insight into those choices. Later, I was barred from meeting with the relevant staff. I was instead offered a meeting with a private obstetrician to discuss my notes. I declined this meeting because discussing my on file notes would be futile; the notes were grossly inaccurate and incomplete, so much so that they might as well have been another mother's notes. During a previous meeting with [redacted], [redacted], [redacted] [redacted] it was admitted that there had been 'transcription errors' because my theater notes were grossly inaccurate, but there was no address about the other falsified records or omitted events.

The meeting with [redacted], [redacted], [redacted] and [redacted] had initially been delayed against my will. [redacted] rang me the day before the original meeting was scheduled to take place and gave me no other option than to accept that it be postponed. That morning, my story had been published in the local paper along with another mother's story. [redacted] insisted that the reason the meeting must be postponed was to give them time to comb through the version of my complaint letter that I'd sent through to two parties intended to attend the meeting as support for me - perinatal mental health worker [redacted] and new maternity social worker [redacted]. [redacted] had received my email and for some reason taken it to [redacted] even though [redacted] was allocated to MY support. I advised [redacted] that the letter was exactly the same as I had previously submitted but she refused to take my word for it and refused my permission to ignore the copy sent to [redacted] At the meeting, when it eventually happened, they denied my assumption that they'd canceled my meeting due to the story in the paper. They didn't know that I had been made aware that mine was not the only birth trauma meeting they canceled for that date. The gargantuan effort from the THS to sweep the maternity abuse under the rug has been utterly crushing and has altered my view of medicine as a whole and blacked my trust in Tasmanian services. In that same meeting, [redacted] tried to bar my obstetric violence advocate that had accompanied me from speaking at all, but [redacted] could name no policy restricting an advocate from speaking. Leadership staff who attended those meetings sternly declared that my claiming my records were falsified was a very serious allegation. I stood by my words. I still fail to understand why the allegation has not been taken further.

Many months later, I am still waiting for the OHCC to carry out their investigation as they indicated recently they were still waiting for a response from the THS. I hold very little hope for their ability to conduct a real and efficacious investigation as their head, [redacted] was recently implicated in parliament for wrongdoing as part of the child sex abuse inquiry. If the Health Ombudsman cannot be trusted to act in the interest of some of the most vulnerable in our society, children sexually abused in state facilities, rather than excuse their abusers as a

political maneuver, how could it be even in the realm of possibility that his office could act in the interest of mothers who have suffered obstetric violence?

I am at a loss for words strong enough to express my puzzlement that this inquiry is looking at both birth trauma reports and the interests of the midwives who caused many of the traumas. I'm unsure if anything will come of this submission, but I have no other avenue of spotlighting the people in leadership who have fiercely covered up and defended the actions of the midwives and other staff who stripped me of my rights, subjected me to torture and falsified my medical records. AHPRA chose to go no farther as, although they stated that they fully believed the story, they didn't feel they had evidence that the offending midwife was likely to reoffend and they are not a punitive body. I pressed criminal charges, but the police weren't sure how to investigate and passed the case on to CIB who have been unsure of how to move forward. Frighteningly, the senior midwife who ordered my torture, to my knowledge was looking for work in another Australian state as early at April 2023. I'm unsure if she was successful, but without a punitive body to take action against her, she will be able to continue relocating and harming women.

After many months of promised mental health help for the birth trauma victims of Burnie's North West Private Hospital, support was finally offered to SOME, NOT ALL, of the complainants. The THS advised these women that their complaints were 'lost'. These complaints included falsified medical notes, surgical procedures done without anesthetic, an agency midwife leaving a woman to push for eight hours while refusing to heed her concerns, and sending a partner home after telling him his freshly postpartum fiance may not live through the night because she was a public patient in a shared room and would not be offered a private room where he could also stay unless he paid the exorbitant fee.

The support service offered by the THS to some of the women is online counseling services from the Gidget Foundation. Oddly, although from the THS' end, we patients of Gidget were supposed to have total anonymity, to 'take up' the offer of support we had to ourselves email [redacted] of the THS to ask that our information be sent to Gidget. Emailing [redacted] was incredibly difficult after the very negative outcomes of my previous meetings with her. Being forced to reach out to a member of THS staff for this matter was quite inappropriate for myself and the other trauma survivors as many of us have retained lawyers and I am also pursuing criminal charges.

Gidget are an outstanding service, but it seems that to add more sessions for an individual patient, the process is not as the THS originally advised. Rather than the Gidget counselors determining that a patient needs further support and holding the final authority, they must submit a clinical summary to [redacted] and ask her to approve more sessions. This completely erases the anonymity promised by the THS for the birth trauma and obstetric violence survivors.

Confidential Story Update 23-Jan-2024

This portion of the story discusses my daughter's private medical information and has been redacted to respect her privacy.

[redacted]

I noticed [redacted] when she was about 1 year old. I decided we'd had more than enough appointments, discussed it with her father, and we agreed that we'd keep an eye on it and hope it resolved naturally. Over the next 3 months, [redacted] I became concerned [redacted] I made an appointment with the CHaPS nurse [redacted]

I need to make clear that this complaint is not about the CHaPS nurse. The CHaPS nurse who saw us was, just as every appointment we'd attended with her previously, outstanding. Although I was initially shocked, the nurse, Nikki, soon realised my alarm and talked me through her observation.

[redacted] I could barely breathe in through the shock and worry [redacted]

For background, after the horrific birth, I needed to leave the hospital as soon as possible to be safe from further abuse and be allowed to sleep. We were forced to stay until my daughter was 24 hours old for a physical check. This was despite the fact that the antenatal clinic midwives advised each time that I asked all the way through my pregnancy that I would be allowed to leave the hospital 4 - 6 hours after birth, just as the Midwifery Group Practice patients were permitted to do. I was devastated to not be allowed to leave the hospital as soon as [redacted] returned the morning after the birth. I tried multiple lines of negotiation asking if the extended care midwives could check her heart at home or if I could just bring her back the next day. This was against hospital policy and we were forced to stay all day in the noisy open alcove room. During the pediatric check just before we were finally discharged, [redacted] He never mentioned anything might be abnormal [redacted] I accepted that because the doctor checked her over, this must be normal.

Fast forward back to the October 2023 CHaPS appointment. [redacted] advised that I follow up with the GP. [redacted] referred to the pediatric clinic at The Mersey Hospital. [redacted]

The pediatrician who we saw was wonderful and cannot be faulted. [redacted]

[redacted]

All of this reopened my birth trauma wound, realising that I was forced to stay longer in the hospital for no reason other than for staff to tick a box and get a paycheck. They forced me, a patient with a known psychiatric history who had just been through such horrific trauma that I had begged for death, into exhaustion induced hallucinations so that they wouldn't have to provide a private room to a public patient and wouldn't have to do extra coordination work to accommodate our early departure. I hated myself so profoundly for assuming that the staff at Burnie's private hospital who were operating under the THS contract had looked after my baby any better than they had me. I hated myself for not being concerned with my baby's wellbeing at her birth and for the months of disconnect from her. I hated myself for not immediately loving her the way I had planned and not being the parent she was owed. We were lucky to get out with our lives. Nauseatingly, my ongoing debilitating PTSD now seems a fortuitous outcome from a birth with the Burnie intranatal service. No one there was invested in our health, wellbeing or care.

Story Updates from 15-Jan-2024 to 13-Sept-2024

This section is a continuation of the previous updates section which was written for the first enquiry (dissolved due to the calling of an election): Retraumatisations, Corruption and Failings by the Tasmanian Health Service and The North West Private Hospital

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Since the dissolution of the previous enquiry due to the calling of an election, a number of things have happened regarding my complaint. This update section contains only the most pertinent events, as another lengthy written reflection would further harm my mental health.

Dismissive letter from the Minister for Health

Mid-February 2024, I received via email a letter from the Minister for Health, Guy Barnett. His letter advised that he had taken advice from the Chief Executive Hospitals North West regarding my complaint. He reminded me that I had been told of changes being made to the maternity service and should feel heard because of this but did not indicate who would be enforcing those changes (a question that the THS and NWPH staff had been unable to answer during a meeting with me). He noted that I was receiving support from the Gidget Foundation but did not indicate that ongoing additional sessions would soon be ceased. He acknowledged my OHCC correspondence and finished the letter without accepting that staff harmed me or violated my rights or committed obstetric violence. The letter also made no mention of the final meeting in which the NWPH's CEO, [redacted], had aggressively denied that any of my story ever happened and had accused me of lying. In essence, this letter was a tokenistic correspondence meant to absolve his office of further follow up with my complaint.

Deceit by the THS regarding Gidget Foundation Support Victims

Although my submission did not make it to publication in the previous enquiry whilst it was still active, it seems a part of my writing was quietly addressed without acknowledgement. I had noted that the THS had promised NWPH birth trauma victims an anonymous process for accessing additional sessions from the Gidget Foundation; however, the process was not in fact a safe and anonymous process for the trauma victims. After the dissolution of the previous enquiry committee, the process was changed to reflect the original promise of safe anonymity for victims. Instead of THS employee [redacted] reading a clinical summary and deciding if the

trauma warranted additional support, Gidget Foundation clinicians were given the authority to sign off on additional session requests. Whilst this was a positive change, any sincerity of goodwill towards the trauma survivors was short-lived. The Gidget Foundation has advised me that the THS is cutting off additional 10-packs of sessions. They feel they've done enough to warrant a stamp of good-health on the psyches of trauma survivors. Continuing to fight this battle to see justice against a system and leadership committed to covering up their crimes with ticked boxes is stifling my recovery. **It is doing me nearly as much harm as giving up the fight would do.** I hope to live to hear them admit their crime and own the abuse practices rather than just apologise that trauma victims' experiences didn't match their written record of events.

Inefficacy of the OHCC

The OHCC advised me of their decision to discontinue any pursuit of my complaints as the hospitals led them to believe that they'd taken thorough action despite my advice that the investigations and actions were farcical, misleading and inadequate.

Ongoing Impact

I continue to suffer with PTSD symptoms. My sense of mental wellbeing within a day fluctuates greatly and unpredictably. I cannot regulate my moods, anxiety, thought spirals or productivity. I'm at the mercy of intrusive thoughts, low-cognitive load capacity, overwhelm and all-consuming-suspicion of medical providers. Regarding medical providers, I'm involuntarily quick to doubt their sincerity, to panic, catastrophise and assume the worst when appointments get canceled or calls not returned. I cannot trust their intentions but also cannot trust my own cognitive interpretation. I'm ashamed to admit that suicidal ideation is still part of my PTSD state of being. My suicidal thought chain still ends the same way as it has done; I cycle through the ideation process and arrive at the minor comfort that comes from knowing I can end myself and my suffering, but I always decide that I'd not leave my daughter and partner to ever be at the mercy of such dangerous people (the THS) without me here to defend and advocate for them.

As a final note, the reach of my obstetric violence trauma has irreparably damaged a number of family relationships with those unable to understand my trauma response and unable to cope with my symptoms like severe hypervigilance. I hope that one day I will see true actual justice for what was done to me. The guilty parties being publicly held accountable and accordingly punished as well as national policy and law change could be enough of a stepping stone to help me move forward and salvage what's left of my mind. The catastrophic damage to my one and only mind and life would not be for nothing if those things could come to pass and better Australian society.

Recommendations:

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1. Recognise Obstetric violence as defined by the World Health Organization, raise public and medical field awareness through robust campaigning as has been done in South American Countries, loudly condemn such abuse and criminalize the acts as has also been done internationally. Obstetric violence (OV) is a form of gender based violence, yet purpetrators are shielded from accountability in Australian society.

2. Train police in handling and investigating obstetric violence reports as they are not just malpractice or medical negligence but truly are forms of assault.

3. Quickly create a robust, accessible and thorough punitive body for prosecuting medical staff who commit obstetric violence. Create this punitive body in consultation with those most affected, actual victims with lived experiences. Also include prominent obstetric violence advocates such as Amanda Duncan of Launceston, members of Health Consumer's Tasmania's Birth Trauma Peer Support Group, Maternity Advocate Tegan Murphy of the NW Coast, and other national and international advocates as their knowledge and experience is invaluable and unmatched by current THS staff.

4. Make permanently accessible to the public the AHPRA records of midwives and other maternity care staff. Also make permanently accessible to the public complaints against maternity staff and care providers which did not result in action from AHPRA.

5. Require all THS services and their contractors to screen prospective employees for risk of danger to patients including past workplace offenses and complaints, past AHPRA complaints and conditions, international employment history and discipline, and digital traces of malice towards patients. Employ experienced digital media specialists to carry out these investigations rather than tasking human resources or similar employees. Consult digitally skilled maternity care consumers and advocates with lived trauma experiences in Tasmania to choose adequately skilled digital media specialists for this role. *I am a digital media specialist and would happily be involved in this task force.

6. Protect patients from harm and cover-ups by the current North West Private Hospital's CEO, [redacted], by barring any future THS contracts across all care areas from being negotiated with the private hospital to look after public patients. Also bar Mr.[redacted] from ever holding employment with the THS.

7. Investigate the handling of recent (since the implementation of the North West's 'Integrated Maternity Service') reports and complaints of obstetric violence, birth trauma and maternity care malpractice including [redacted] (Health Complaints Commissioner) handling of birth trauma reports. Additionally, carry out punitive actions

against staff guilty of malice towards patients and obstetric violence. Protect patients by barring the guilty staff from obtaining any future employment in Australian healthcare.

8. Investigate and correct the ineffective, inaccurate, misleading/miscommunicating process of record sharing and referrals between health care providers and departments in the North West.

9. Make it policy to refuse no perinatal patients or their partners who seek mental health help and also fully cover the costs of their care - they are on maternity leave and have limited income.

10. In collaboration with mothers with lived experiences, with Health Consumers Tas and with statewide perinatal mental health services, create a dedicated in-patient mother and baby mental health service. Following the closure of the Hobart based hospital, 3 beds in an existing ward elsewhere is grossly insufficient.

11. Train, free of charge, more social workers and mental health support workers from our area under the proviso that they work in the region for a set small number of years.

12. Implement community based maternal mental health face-to-face support groups facilitated by CHaPS social workers. As part of this service, with a view to end cycles of multi-generational trauma that are not uncommon on the NW Coast, offer free Circle of Security Parenting courses to all interested parents (not limited to at-risk mothers, but instead inclusive of partners, grandparents and other carers). Make these classes accessible by offering a variety of class times including weekends. Further the Circle of Security Parenting support by also implementing ongoing and frequent face-to-face discussion meetings facilitated by social workers as ‘coaches’ to help parents improve their parenting practices.

13. Implement free doula training services and a scheme to provide a free doula to be available to every perinatal patient so that women may choose to have a knowledgeable party on their side to advocate for their rights in labour. Partners are vulnerable to medical bullying, lies and coercion.

14. To help the obstetric violence birth trauma survivors heal and reclaim their lives:

    a. Publicly acknowledge and denounce the abuses and remove involved staff, both the perpetrators and those guilty of covering up their abuses.

    b. Where possible, arrange restorative justice meetings with the victims to speak to their abusers (midwives, jr midwives acting under senior midwife orders, obstetricians, anesthetists, etc.) Literary evidence supporting the practice of restorative justice as a profound psychological healing tool is extensive.

15. Implement continuity of care for maternity services from early antenatal stages through to post-partum care. Also further develop the available care models to give mothers on the NW Coast real choice between Midwifery Group Practice, Obstetric lead care, etc.

16. Upskill the entire NW Coast maternity service to be aware of current best practices regarding genetic testing services (currently available in Launceston, but unknown and unavailable on the coast). Also, subsidise this service (Expanded Genetic Carrier Screening available through VCGS https://www.vcgs.org.au/) as the NW Coast represents a concentration of disabled demographic and parents would benefit from the option to seek genetic counselling.

17. Upskill the entire NW Coast maternity service to train them in current best practices regarding trauma informed care. Include in this training the different forms of Obstetric Violence and the resulting harm caused to patients. Include in this training also specifics about how to recognise subtle Obstetric Violence and how to recognise personal professional failings of this nature.

18. Upskill the Extended Care Midwifery home visiting service to provide 'Neuroprotective Development Care' rather than disjointed breastfeeding advice. The NDC model has saved countless families' wellbeing in terms of breastfeeding and sleep. The home visiting midwives' practices are very outdated, sometimes incorrect, and the lack of continuity of care with them means they give competing advice and create complicated action plans for mothers resulting in post-natal depression, exhaustion, breastmilk oversupply and infant breast aversion.

19. Provide free of charge the menengiccocal vaccines to all Tasmanian children.

20. Require that doctors and other practitioners alike register with AHPRA using the name under which they practice - or that they provide the name that they practice under to AHPRA as part of the openly searchable database. I've searched at length across the depths of the internet and cannot find any evidence that the training doctor who finally delivered my baby still exists today. I will never be able to gain the portion of healing that would come from telling her which of her actions contributed to my life-altering torture and trauma. If it is her intention to be a good doctor who does no harm, she has the right to hear me name her actions which violated my voice and my rights.

7 Feb 2023

Amy Ramsey's Story of Obstetric Violence & Birth Trauma at the NWPH

Dear [redacted] (Chief Executive of Hospitals NW), Jeremy Rockliff (Minister for Health) and Tasmanian Health Complaints Commissioner,

Thank you for taking the time to read my story. It really does mean everything to me. It was very difficult to write down and even more difficult to reread to edit, so I apologise for the length and any disjointed segments. Please let me know if any clarification is needed; It's very important to me that you understand what happened at the NWPH and that something comes of it. I have written out and submitted my story in association with the current investigation into the NWPH instigated by Tegan Murphy and a few other women. I have also included some medical notes supplied by the hospital at the end of this letter. I'll have another Open Disclosure Meeting about my trauma organised in the near future and invite you to join.

I've written out my experience chronologically so that a full record of the problems I encountered are also included, but I'll outline the main issues:

- I was denied adequate pain relief and intentionally tortured by the Midwife-in-Charge both emotionally and physically. My constant pleas for intervention and pain relief were ignored and the oxytocin not turned off and I was lied to for hours being told that no intervention or pain relief was possible. Only after a new Midwife-in-Charge came on shift was intervention and pain relief considered, albeit too late to make any difference for me. It all finally ended mercifully in theatre with pain relief, an episiotomy and forceps assistance, but the psychological damage was already done.
- In the open disclosure meeting that came months later, my abuse was justified with an explanation of how labouring women do not have rights and are routinely not listened to. The reasoning for denying me pain relief was also changed from what I was told on the day of the trauma. Excerpt from my notes from the meeting:
    - My written question:
        - Is there anything different I could have said that would have gotten me the help I needed when I was begging for pain relief and interventions and was blacking out, dissociating and expressing suicidality?
    - [redacted] answer:

    - She said, ‘essentially no, probably not’. She said they expect for women to 'act differently in the pushing stage and it usually is horrific'. [redacted] said that 'women say all sorts of things during that part of labour and midwives have to interpret what they think is really going on' rather than adhere to the wishes of the labouring woman. She went on to say that 'no one in the room knew how bad it really was', but I dispute this. I told them over and over again how bad it was.
- If policy will not be changed, the antenatal service now needs to disclose to prenatal patients that they will lose their decision making rights once in labour. The antenatal service will also need to disclose to patients at the prenatal appointment that addresses pain management planning that, as per the anaesthesiology department at Burnie, epidurals are not expected to have any efficacy in the pushing stage and no pain relief will be available.
- The Midwife-In-Charge was shockingly unprofessional and rude. She was disdainful towards me and entirely unsuited to work in a caregiving position. She received at least 2 formal warnings last year with no punishment. She also has a history of registration problems with AHPRA due to her conduct in other states. She regularly causes birth trauma.
- My medical records contain fabrications about 'discussions' and entirely omit my distress and requests during the traumatic portion of the labour. Contrary to the midwives' notes, I was not compliant in 'choosing' not to have more pain relief.
- The after care was absent. [redacted] told me that I 'slipped through the cracks' because I was discharged on a weekend.
- I want acknowledgement that the wrong thing was done in withholding pain relief and I want to understand why that happened. I also want action taken against the decision maker(s) responsible - what might have been a really special memory or even just a tolerable memory on the most important day of my life was intentionally taken away and willfully made to be torturous, traumatic and the worst day of my life. The obstetric violence has laid waste to my mental health and caused irreparable damage and time lost. I would also like to discuss compensation by way of the cost of all of my private ongoing aftercare reimbursed.
- Patients are in imminent danger entering the NWPH maternity unit and letting them continue to operate unchanged until the end of the contract is knowingly sentencing many women to obstetric violence and abuse.

Antenatal Incidents Preceding the Trauma

For the sake of putting everything in writing, I've included all grievances. The push back that I faced when pursuing prenatal genetic testing should have informed me of how my right to choice would not be honoured later.

I got pushback, shame and dismissal for asking for genetic testing. The midwife who did my first telehealth appointment at 10 weeks as well as the obstetrician, Dr. [redacted] (and the G.P.) all did the least they could possibly do to answer my genetic testing queries. I ended up sourcing genetic testing services out of [redacted] and did the blood collection in Launceston.

The midwife who spoke to me on the phone at my 10 week appointment didn't have real answers to my concerns even telling me that they would test for cystic fibrosis 24 hours after the baby was born. This upset me deeply as it ignored that I was asking for the ability to choose to terminate an unhealthy fetus.

Once I had coordinated with the genetics lab out of [redacted] I needed a doctor's signature for the NIPT test but I did not need a signature for the genetic carrier screening. Dr. [redacted] signed the NIPT form (the Victorian company had a far better NIPT test than the NIPT that I'd initially been offered and already paid for and had) but felt the need to quiz me about the sensitivity of the test. He then asked why I would want genetic testing for things like cystic fibrosis if I had no family history. I reiterated that I don't know much about my dad's family. I also told Dr. [redacted] that most Australians who have C.F. have it because their parents had no family history of the disease and didn't know that they needed to screen for it. When I was leaving, he opened the door and then shut it again to turn to me and ask 'what would you do with genetic testing information anyways, at this stage it would be about management?' I had to bluntly tell him that if the genetic screening came back with something terrible that I would be making a very different decision. I felt judged for wanting to avoid sentencing a new human to a medically difficult life as well as making mine and my partner's lives avoidably difficult.

The Trauma

It's worth knowing what happened in the days leading up to my water breaking at home on [redacted] because the events of the previous week caused stress.

On Monday the 4th of July at my 38 week appointment, I mentioned to the midwife that my baby hadn't been moving as vigorously. I had mentioned this to the student midwife who saw me at my 36 week appointment by herself and she hadn't been concerned. The midwife who saw me at the 38 week appointment did some monitoring and ordered an ultrasound.

On Wednesday the 6th of July, I was squeezed in for the ultrasound. While the baby seemed fine, the ultrasound tech realised that she was quite large for gestational age. He asked how I'd planned on delivering and if I'd had extra growth scans. He didn't understand why the antenatal clinic hadn't ordered more scans as he noted the baby had been large at both her 12 and 20 week scans.

- My baby was indeed macrosomic, weighing 9lb 7oz at birth. Dr. [redacted] assured me when he met with me after my 20 week scan that the baby's size at that stage was no predictor of birth size. He also was cross with me for meeting with him to review the growth scan telling me he didn't know why he was seeing me because 'obstetricians look at scans, we don't talk about them.' I advised him that I didn't request the appointment, but rather was told to show up as it was a normal step in prenatal care.

Before I left the radiology building, the ultrasound tech had called the antenatal clinic at Burnie to ask them to review the scans and call me that day to discuss. He did not feel that I should go to 40 weeks with a baby so large.

Later that evening, July 6th [redacted] Dr. [redacted] (trainee obstetrician) rang me to discuss the scans and go over my options. Our discussion included shoulder dystocia, elective induction, elective c-section and taking no action. She advised that I could come to the clinic the next day to see her in person, have a cervical check and make a decision.

I went to the antenatal clinic on [redacted] and met with Dr. [redacted]. I decided that I would like to try for an induction but asked her if we could change the plan to c-section if it just wasn't going well. She assured me that even though that increased risks that we could do that. A midwife assessed me and advised that my cervix was not favourable. It was organised that I would come to the Huon Ward on Sunday the 10th of July for cervical ripening and would be induced on Monday the [redacted].

The next day, [redacted], my water spontaneously broke at home at 1 p.m. I rang the Huon Ward to advise and then rang my partner as he was at work in Launceston. Waiting for him to get home, I showered and finished getting our bags and snacks ready. Once he got home, I finished all the final tasks and tried to lay down to rest but with no amniotic fluid left, this was quite painful. I was unable to lay down in any position so instead knelt over a large exercise ball. We began to time my contractions and applied the TENS machine that I'd hired. Once my contractions were close together, we rang the Huon Ward to ask to come in.

On the hour-long drive to Burnie, my contractions became irregular but I began feeling a painful urge to urinate just before each one. Twice in the car, I wasn't able to hold it and urinated into the towels I was sitting on (luckily we'd also put plastic sheeting on the seat under the towels). We arrived at the hospital at about 6pm, gave the midwives a gift bag of snacks for them to put in their break room (as a pre-thank-you) and went into the assessment room with a midwife named Amber. In the assessment room, my contractions continued to be irregular and I

continued to have painful urges to urinate just before each one began. I went to the toilet more than once and each time urinated notably massive amounts. Back in the assessment room while sitting on the birth ball I was unable to resist during contractions but couldn't get up so urinated on the ball. [redacted] determined that I was only 1 cm dilated. She spoke to the Midwife-in-Charge and then Sam (my partner) and I were offered the choice to go stay in one of the units owned by the maternity service (possibly owned by the group practice?) up on the hillside. We accepted this, paid for the accommodation and headed to our unit. Later, I found out from my medical records that the Midwife-in-Charge had actually instructed [redacted] to offer either for me to be admitted all by myself with my broken waters and Sam sent home or use of a unit. I don't recall being offered admission by myself but would have been really upset by that suggestion.

Once up in the unit, I tried again to lay down but was unable to be comfortable even between contractions. Laying down wasn't just uncomfortable, it caused pain. I knelt by the bed for a while and then moved into the shower when the contractions were getting more difficult to tolerate. I had asked the midwife [redacted] if there would be a bathtub in the unit and if I could get in it. She said there would be a tub and that it would be safe to get in. There was no tub. I laboured in the shower while Sam timed my contractions. When I could no longer cope with the pain, we rang the ward and asked to return so that I could have nitrous oxide and pain relief.

Although flexible about what the birth might look like, Sam and I expected for the process to be safe, for my pain to be managed, to be listened to and for medical staff to act in mine and my baby's best interest. None of those things happened. What might have been a special or even just tolerable memory of the most significant event of my life was instead torturous, traumatic and the worst day of my life with lasting psychological damage.

We returned to the ward at about 11:45 p.m. I was still only 1 cm dilated but was in quite a bit of pain, was beginning to become overwhelmingly thirsty (lasted through the entirety of labour) and began using nitrous oxide. Quickly, I was told I would need to wean off of the nitrous oxide but was not given alternative pain management. My medical record reads that I was given a heat pack and warm blanket and the lights dimmed. None of those things are pain relief.

Very soon I was asking for pain relief and to get in the bathtub. I wasn't allowed to get in the bathtub and was given some tablets for the pain. They had zero effect and I was still pleading for help. Sometime in all of this I tried labouring on the toilet and also commenced vomiting. Finally, I was allowed to try the bathtub. In the bathtub I laboured for only 2 contractions. The pain was already far too intense and unmanageable for the bath water to do any good. My medical records read that I was out of the bath before 2:30 a.m. The midwife, [redacted] entered the room just as I began sobbing in the tub. She said, "Oh, Amy!" and came over to help me out and give me a gown. I was still holding the nitrous mouthpiece in my teeth and growling the word "Epidural!" through sobs. I was again denied the epidural that I was requesting.

The Midwife-In-Charge came into the delivery suite with [redacted] and I was given a shot of morphine in my thigh during the height of a contraction. The morphine didn't take the edge off of

the contractions but did give me a sick-slurring-my-words-feeling. I was told to rest during contractions but couldn't. I was in far too much pain. My medical record falsely states that I was able to doze between contractions. This was not the case. Each time [redacted] (the Midwife-in-Charge) entered my room she kept telling me that I wasn't even in labour and speaking to me like a school bully.

Soon, I was begging again for the epidural. I was talked into labouring upside down on my head in an inverted position with my head and arms on a chair and my feet on the bed. My medical records read that this was to help reposition the baby in case malpositioning was causing the pain to be so intense and unbearable. This did nothing to alleviate the contractions that followed once I was back on the bed.

After some more begging, I was finally permitted an epidural. My medical record states that the epidural was inserted at 5:44 a.m. Once the epidural started working, I was able to sleep for about 90 minutes before I was again in pain and although it was more manageable pain, I was too uncomfortable to rest. I resumed breathing nitrous oxide.

Sometime in the early morning hours, the on-call obstetrician arrived at the hospital, entered my room, didn't approach me or speak to me, but complained to the midwife that he was woken up 5 times the previous night. This was now a second person who came into my room with a rude attitude and felt bothered to be there.

The pain was becoming so unbearable that I was repeatedly accidentally pulling the mouthpiece off of the nitrous tube and in desperation to get through the contraction was biting directly on the end of the tube. Oxytocin was added to my IV shortly thereafter (medical record states about 8 a.m.). Soon the epidural wasn't effective at all and I was asking for pain relief. After some begging, a bolus top up was eventually given. It worked but relief was short lived and I was soon pleading in agony for another bolus. With more begging, a second bolus was given. During one of the boluses, the background infusion was increased in my epidural.

Lunch came but I was too nauseous and exhausted to eat and was still using the nitrous. I began vomiting large amounts of the 7+ litres of water I'd already drank (I'd vomited smaller amounts prior to this stage). I would understand later that I was in transition during that time. In an effort to be positive, after really rough contractions I would say, "That was a good one". I also tried to speed up the dilation process by expressing colostrum since it was no use trying to rest.

Dr. [redacted] came in to check me and advised that I was dilated 10 cm but that we should wait out 'the hour of descent.' After she left, I changed position to try to encourage the baby lower. As soon as I turned over on my knees with my forearms on the back of the bed, the pain suddenly changed. This is when the trauma began.

The epidural was already not working well, but at this time a new breakthrough pain in my left pubic bone began. It was the worst pain I've ever felt, dwarfing the pain of the contractions. It made my vision dark, made me vomit, made it difficult to hold myself up and difficult to breathe.

I asked the midwife, [redacted] for pain relief. She called in the Midwife-in-Charge, [redacted], to speak to me. [redacted] had already been rude and intimidating throughout each interaction with me. [redacted] entered the delivery suite, stood back from the bed with her hands on her hips and told me I couldn't have any more pain relief because she didn't think I'd be able to push, that my pain was my fault because I'd gotten the epidural too early and that I hadn't even been in labour and I'd have to just use the nitrous. She then left while I was crying. I asked another midwife if I wasn't supposed to have the epidural when I got it and she assured me that it was ok that I'd gotten it when I did because I'd been in distress.

- I'd like to note that my medical records reflect an inaccuracy. It is recorded what a discussion was had about the risks and benefits of a denser block and that I was happy to proceed with just the nitrous oxide. This is entirely untrue. I was given no choice to have more pain relief as I'd requested and was instead forced to attempt natural childbirth. I consider whether the junior midwife wrote the notes and if she wrote those words because staff are bullied and intimidated by [redacted] Or perhaps [redacted] wrote the lie down herself. Either way, it demonstrates intentional infliction of suffering.
- My medical records also upsettingly do not include any notes in the following hours about how much distress I was in or how I was constantly begging for intervention and pain relief and methods of suicide. There are also no notes about my dissociative comments, "I feel like I just got here. Where was I just before? When did I get here? I feel like I was somewhere else." There are also no comments about me giving up when it was clear that my voice was not welcome and no one would be helping me. There is no record of me stopping pushing, stopping verbally responding, stopping asking for help and stopping looking at anyone. The notes read something about 'not wanting to push'. It was not a matter of want. I couldn't. I was in too much pain and in a dissociative trauma response.

My long-held worst fear was happening; I was being forced to attempt natural childbirth. I continued to plead for help. At this stage I began going in and out of a dissociative state.

Dr. [redacted] came in during the hour of descent and I asked her for help with the pain. Before she could answer, [redacted] told her that [redacted] had already spoken to me about not having more so that I could feel to push. [redacted] looked at me and reiterated that this was good pain. I continued sobbing and begging and biting down on the nitrous tube.

For the next few hours, I pleaded to everyone who entered the room for pain relief, general anaesthetic, vacuum, forceps, c-section and methods of death. I was told over and over that the pain I was in was good pain and that I needed to feel to be able to push. They kept saying that no pain relief was possible and that no intervention was possible. They kept telling me that the only way the baby was coming out was me pushing and that interventions couldn't happen.

The pain was so unmanageable and prolonged that I was in & out of a dissociative episode. My past dissociative experiences had only ever been brief moments and experienced during anxiety panics and intense stress and depression. I'd only previously experienced dissociative

memory loss during profound depressive episodes. The dissociative episode that happened at the NWPH was very long lived. The depersonalisation and detached feeling continued through the birth and on for weeks after. Although moments of dissociation had already begun earlier in labour, from the time I was advised I'd dilated 10 centimeters and then repositioned and started having the backsliding blinding left pelvic pain and was denied pain relief by [redacted] I stopped feeling like any of the experience was me and didn't feel in my body. I felt like there was a pocket of stagnant air between my skin and the rest of the room, like I was just the air between my body and the room. I felt out of my body, completely disconnected from the present and only really 'there' for the agony.

I've lost pockets of time in my memory of the labour and am repulsed that I don't know what I said or did. I don't know if I expressed some of the more awful thoughts that I was having about not caring which of us lived or really if either of us lived at all and feeling devastated for Sam that his life was going to be ruined; however, I do remember begging for intervention and pain relief. I begged for any and all pain relief. I begged by name for forceps, vacuum, c-section, general anesthetic and death. I must have also begged for something to help me have energy because I remember being told that adrenalin would slow down labour. I felt profound despair that the person closest to me couldn't help and wouldn't address my pleas and the people trusted to take care of me refused to help in the way that I knew I needed.

I cycled through letting go and accepting death, sadness that I wouldn't live to see how it ended, grappling with never seeing Sam again, fearing death, having no preference who died as long as it ended, dreading the consequences of causing my child unnecessary disability, grieving about leaving Sam as a single parent, accepting that no one was going to help me and going quiet, considering how to achieve death quicker, regretting getting pregnant, fearing the pain that would come after the next contraction, wondering why I was even there and later wondering why so many people were in the room.

I assumed that the dissociated floating disembodied sensation was just part of what death felt like. I thought my life with Sam was over and that we'd never be together again outside of that room. I thought I was living my last moments with him and that we wouldn't both be walking out of the hospital. The sadness that he was watching me die made me regret that we'd decided to have a baby.

Only when I gave up, stopped pushing, stopped answering and stopped looking at anyone was help called for. The anaesthetist came and determined that a new epidural should be placed higher up but that they'd waited too long to call him. He said I could no longer safely sit up and be still for a new epidural. (This was confirmed at the first debrief meeting with Dr. [redacted] in the weeks following the trauma.) The anaesthetist was only called back because I was dissociated and stopped pushing or responding to anyone, not because of my pleas. My words didn't matter. I wonder now why no one turned off the oxytocin to check whether I could sit up and be still.

After the anaesthetist visited, I was forced to continue without pain relief. During the horror, Dr. [redacted] and a midwife tried putting my feet against their stomachs as if this would make me push. I was still telling them I needed more pain relief. They also urged me to put my fingers up my vagina to feel the baby's head in the hopes it would motivate me to overcome my pain and push more. I'd already forgotten what we were doing there. I was no longer thinking about my baby. I just wanted to die.

No one turned off the oxytocin through this. After each off-the-richter-scale contraction, a worse pain lasting longer than the contraction would follow. It felt like the left side of my pelvis was breaking apart over and over again. In the few seconds between the end of the bone breaking pain and the next contraction, if I was lucid I begged for pain relief and all of the interventions I could think of and a firearm and other methods of euthenasia.

My partner believed the perceived experts in the room and echoed their refusal to help. I would come-to when a contraction would begin and see my partner holding my face repeating the things the medical staff were saying; he was answering my pleas with untrue reasons why I couldn't have any help.

I felt profound despair that my partner and the people caring for me wouldn't address my pleas and that no help was possible.

Then, suddenly, the message changed and pain relief and intervention became possible when Dr. [redacted] advised that we were going to theatre. That decision wasn't made because of my begging, but rather because they felt I'd been pushing for too long. My wishes had no place in any part of the process. (Note added on 10 Feb 2023 - there was now a new Midwife-In-Charge on shift.)

Sam now struggles with the realisation that he didn’t advocate for me and wasn't on my side, but instead accepted and echoed the message that there was no possibility of pain relief or intervention when I was experiencing immense trauma. We both have to live with the knowledge that I had no one with me during the worst moments of my life who was on my side. Sam has had to come to terms with knowing he betrayed me and participated in my trauma.

Through all of this, no one worried about the bizarre things that I was saying. In my dissociative state, I told medical staff that I felt like I hadn't been there, like I'd just woken up. I told them I’d just gotten there. I know now that dissociation during childbirth is not uncommon and should have been recognised, but truly, I should never have been in pain severe enough to cause a dissociative trauma response.

In preparation to head to theatre, the oxytocin was turned off and Sam was sent to change into scrubs. Intervention was finally happening, but I’d been begging for hours and the psychological damage was done. My mind was shattered. I didn't want to be a mother anymore and at the same time, didn't know I was there to have a baby. I didn't want to be alive. When I did remember about the baby, I didn't care if she died or if I died. Rolling through the hall, I

viscerally knew what we were doing. I thought about my disabled students and sobbed imagining that I'd caused my child unnecessary disability all because I wanted to avoid a c-section recovery. I was still contracting without pain relief and wailing through the breakthrough pain through the halls but not as horrifically as with the oxytocin.

In theatre, I only intermittently remembered what we were doing there and why I was there. If I'd been asked, I would have been able to identify that I was having a baby, but my present mind had forgotten what was happening.

After a few minutes in theatre, I was finally out of pain. Sam was brought in and positioned by my head. The midwife, [redacted] felt my belly and told me when to push. Dr. [redacted] held up my baby and I was genuinely surprised by the sight of her. I'd forgotten about her completely. My daughter was on my chest skin-to-skin with me for a short time. My medical records state that we were skin-to-skin for over an hour, but the photos from my partner's phone prove otherwise. I was made to hand the baby to my partner and then started shaking and struggling to stay awake. I didn't know but I was hemorrhaging.

The photos also demonstrate that there was not delayed cord clamping as is recorded in my medical records and was requested in my written birth preferences.

Eventually, Dr. [redacted] said that I'd lost about a litre of blood and that my haemoglobin would be checked tomorrow. That measurement meant nothing to me and I wasn't sure what the implications were. My baby was put in the bend of my arm to wheel me to a shared room, but I couldn't stay awake to look at her leaving theatre. Medical staff kept congratulating me and I wasn't sure why because I still felt like I was in something awful.

Once in a curtained-in corner of the 4 bed open alcove in the ward, Sam put our bags down and went to go change clothes. While he was out, a lady, maybe a nurse or a cleaner, she was never introduced, began scolding me about my bags. She wanted me to move them. I had come out of theatre minutes before, still had a catheter placed, was laying in a bloody gown and had only been epidural free for a few minutes following the pain relief that was finally given in theatre. I clearly did not place the bags on the floor. She began moving them herself.

I was then told another person would be coming to help me get cleaned up and 'wash my back.' I don't know if this meant my backside or actually my back. No one ever came to clean me up and I laid in my blood, sweat and birth tissue all night. I'd been unwashed and in the same gown since about 2 a.m. when I'd gotten out of the labour suite bathtub. I had dried blood all over me including under my fingernails from when I'd been made to try to feel the baby's head in my vagina to try to motivate me instead of giving me the pain relief and intervention I was begging for.

Sam came into my curtained area of the shared space. He fed me some dinner while I held the baby. Then, as he was being sent away for the night, I asked him to get the midwife because I could feel gushes of blood pulsing out of me. He left and the midwife who'd been in theatre with

me, [redacted] came in. She pulled out and held up the peri pad and said this wasn't a lot of blood. She meant this to be reassuring, but I was still in a dissociative state, didn't know if I was still haemorrhaging, couldn't trust the medical staff and was now separated from my partner. [redacted] placed a new peri pad under me.

I told [redacted] that I didn't think I would wake up for the baby and she insisted that I would. I asked how I would get her and she said to ring for them. If I hadn't asked, no one was going to tell me that. I would have tried to get up and get her on my own.

Later, I called a midwife in because I was still worried about feeling so much blood pulsing out of me. Someone then stuck a baby nappy on my right bum cheek, not under my bottom where it could catch blood. I thought I might bleed to death before Sam came back in the morning and was again devastated for him.

Through the night, I asked a midwife to check my catheter bag because I felt the urge to urinate. She insisted that it was fine. I could see urine backed up in the tube.

Laying crusted in my own blood and other dried fluids in my filthy hospital gown sweating, I told [redacted] that it was too hot in the room but she said that it wasn't hot and that I felt hot due to the drugs leaving my body. I was told I was wrong about everything I was feeling, even my perception of the temperature. I continued to sweat until the moment I was allowed to leave the hospital.

The lights went out, but the night did not become peaceful. I did sleep some, but woke frequently in fear and hearing all sorts of disruptions. I heard another woman labouring in the night and laid in my bed in panic. I also listened to another woman upset in the bed across from me and then later a different woman sob in distress in that bed. Medical staff were in and out having discussions with these women while I was needing to sleep. The shared room was only an alcove and had no doors so I also heard hungry babies in other areas screaming. Medical staff were also in and out doing various things for my care such as giving me injections in my belly, looking at my IV and heel prick blood sugar testing my baby. I woke up and cried in shock and despair from 4 - 4:51 am. I pulled it together for a few minutes around 5 a.m. because I was told someone was coming back to feed my baby some of my defrosted colostrum. I didn't want to be vulnerable in front of them for fear of further abuse.

The dissociation still wasn't over. I had no emotion towards [redacted] and continued to feel nothing for weeks and wasn't sure that she was real or even mine. I had the thought that it wasn't normal to not care if your baby died and also wasn't normal to be welcoming to that idea and I didn't think I should say that out loud. I also thought that I might bleed to death before Sam got back in the morning and was again devastated for him. The depersonalisation and derealisation towards [redacted] was not the common reports of 'not falling in love with your baby straight away' because 'sometimes it takes time.' Intellectually, I knew what happened and that she was mine, but I still wasn't sure if it. I felt detached and that [redacted] was not real. I wasn't able to think about my existence with any permanence. I struggled with the thought that I actually had in fact died

and was maybe just existing in thought and was just imagining what my life would have been like had I survived.

In the morning, very early, my catheter was removed and I was encouraged to go shower. I collected my clothes, headed to the shower and struggled to get undressed. I was bruised everywhere including on my belly, around my shoulders and clavicles and up and down my legs. The skin on the back of my arms was rubbed raw and burning from trying for so long to curl up and push while still on the bed in the delivery suite. Once in the shower, I found there was no soap in the dispenser. I was already nude and in the shower so I just rinsed and then struggled through drying and clothing myself. Someone later gave me a bar of soap, but I was too exhausted to stand in the shower and do it all over again.

An anaesthetist then came to check my back. He asked if I'd had an epidural the day before. He didn't know about the trauma. I started crying saying it hadn't worked. He still needed to see my back.

Sam arrived when visiting hours opened. Soon after, Dr. [redacted] came to debrief with me but kept it short as I told her I was too flipped out to go into it. She mentioned that I'd been in too much pain to be able to push. She discussed debriefing in a few weeks.

Following a labour so traumatic that I was expressing suicidality throughout, I was asked to stay in hospital for more care due to my complex mental health history. More care was absolutely needed, but I was put in a shared noisy room and would be separated from my partner if I stayed another night and would be left with people I couldn't trust and in danger of my prime abuser returning. I wanted to leave immediately. I wanted to be discharged and Sam to take me home from the moment he arrived and so I tried to appear ready to go, even pointing out to people not interested that my milk was already in and the baby was latching. We hadn't even named her yet. I couldn't cope with staying there without Sam with medical staff that I was afraid of and with the imminent return of [redacted]

I was made to stay until my baby was 24 hours old so that her heart could be checked. I was unable to sleep during the day due to noise in the ward. We were finally allowed to leave in the evening when it was already dark. By the time we got home an hour away from the hospital, I was hallucinating from exhaustion.

Compounding the Trauma After Discharge From the NWPH

The Extended Care Midwifery Service commenced the next morning, Monday the [redacted]. From the first visit, I said that I needed trauma counselling. This began the frustrating and damaging process of struggling to advocate for myself while still dissociated and grappling with

fresh trauma, flashbacks and nightmares. I was also learning to be a new mother and recovering from an episiotomy.

Getting help on the coast was impossibly difficult. I asked for help from every practitioner who saw us. I'll abridge some of the story by saying that endless referrals were made to a series of services that I can't even remember. Everyone had lots of phone numbers for me to call but no one to answer those phones. Each department handballed to other departments insisting that the others had staff, but in reality those staff didn't exist.

Many referrals were written, some I've never heard back from, some I was rejected from, and one even rang when [redacted] was 2 months old ([redacted] a hospital maternity social worker) to merrily tell me it was her last day of work and that I was accidentally put onto a list entitled 'do not use' but that [redacted] was almost 3 months old so they could not help me. She offered to refer me to Perinatal Mental Health but I declined citing that they'd already twice made it clear they wouldn't help me.

Perinatal Mental Health said they did not feel that I would imminently hurt myself and that they deal with postnatal depression and not birth trauma. The man who rang me to inform me of my first rejection had access to records of my previous suicide attempts via drowning. The second rejection came by way of the lovely CHaPs nurse, [redacted] who unsuccessfully appealed the previous rejection on my behalf.

In an effort to fill the mental health support gap, I was booked for extra CHaPs appointments with nurses who didn't even realise I was there for mental health help rather than a baby checkup. After Perinatal Mental Health rejected me twice telling me to go see my G.P., the G.P. referred me to a social worker who turned out to be a weight loss life coach, not a trauma counsellor. I had to pay out of pocket for the visits anyways.

I was finally picked up by an excellent CHaPs social worker out of Launceston, [redacted], who was lending a hand due to the understaffing on the coast. She got me involved in a Circle of Security Parenting course based in Launceston and helped organise a referral for me to receive virtual therapy from The Gidget Foundation. My baby was 5 months old before I had an actual EDMR trauma session. Later, she appealed to perinatal mental health to revisit my previous 2 rejections because I was deteriorating. She was successful and I've had a few meetings and phone calls with them.

I wish I could write that I'm finally alright (it's early February 2023), but maybe it's been too little too late. The stress of constantly reliving the trauma and having to drive the fight has been more than I can cope with. I've gotten on the waitlist for a mother and baby inpatient psych unit for which I'll be footing the bill.

At the first debrief meeting following our discharge from Burnie, Sam and I met with the obstetrician who actually delivered [redacted] Dr [redacted]. Organising the meeting was unreasonably difficult due to people answering phones but resisting putting any effort into their

jobs. It was really good of [redacted] to meet with us and I thanked her for finally intervening in the labour and ending my torture; however, she said something that demonstrated a fundamental misunderstanding of trauma and access to care in this region. She told me that I was the perfect person for this to happen to because I was already engaged with mental health. She felt like that made it ok. [redacted] went through the whole of the labour and birth events and was able to fill in some blanks. She advised that once it was clear that I was in too much pain to push, the anaesthetist was called back to see me. At that time, he determined that a new epidural should be placed higher up but that it was no longer safe to do so as they'd waited far too long to call him (No one discussed this with me and the time or thought to turn off the oxytocin to lessen contractions). Dr. [redacted] said she was told I was managing well in the room. I noted that I most certainly was not 'managing well'. She apologised for not being more present in my room and noted that she'd been dealing with an emergency. She was not told how much I was struggling. She apologised 'if I felt like I wasn't listened to'. She asked if I wanted apologies from any specific staff, but I declined as I don't want to face or hear from my abuser or listen to her try to absolve herself. Dr. [redacted] also indicated that she would refer us for another debrief in a few weeks with the supervising obstetrician, Dr. [redacted] She would not be there as she was moving on to another hospital. Her notes from my medical record were very clear that my trauma was the forced lack of pain relief. She was also clear that the next debrief should include a midwifery leadership presence as I'd indicated that midwives not listening to me and being cruel caused the trauma.

At the second debrief meeting, which was also unreasonably difficult to organise, Sam and I met with Dr. [redacted] We had both thought that he was a paediatrician because we'd been told a paediatrician would be present in theatre and he seemed to be the only other doctor. At the meeting, no midwifery presence had been organised and Dr. [redacted] hadn't read Dr. [redacted] notes. He thought that my trauma was the use of forceps. He advised that we'd need a meeting with the anaesthetist and a few others because he couldn't answer questions about the abuse during labour.

At this stage, the Launceston CHaPs social worker, [redacted], became involved and helped to set up an Open Disclosure Meeting as I was deteriorating under the stress of the trauma and the struggle that is coordinating with the NWRH and the NWPH. The meeting included [redacted], Dr. [redacted] an anaesthesiologist/anaesthetist who'd had nothing to do with my care, [redacted] the social worker (via zoom), Sam and myself and a close friend, Laura. I was asked to send my written questions ahead of time so that they could 'determine who should be involved'. We finally got to this step in part because I'd contacted the hospital to reopen my discharge satisfaction survey. I'd been too unwell to fill it out initially. From the survey came official complaints. The meeting participants were very kindly spoken, but it felt as though they were working hard to explain away any wrongdoing.

In the Open Disclosure Meeting, a large chunk of my questions were skipped because of the ongoing investigation into [redacted] obstetric violence. Those questions have yet to be answered.

- I'd like to also include that I informed [redacted] that [redacted] had previously had conditions on her license due to an incident that happened in the Northern Territory in 2017. [redacted] indicated that she did not previously know this information. [redacted] hadn't disclosed her professional disciplinary action upon being hired here in Tasmania.
- I uncovered this information when I learned [redacted] surname. A friend showed me that [redacted] had tried to add her on the social media platform, Snapchat. [redacted] had been her midwife and caused her to have a traumatic and dangerous birth last year.
- [redacted] also had at least 2 formal warnings last year arising from incidents in which she caused trauma.

Many of my other questions were answered, answered poorly, answered in ways that gaslit me or answered with careful half-truths. **(I will include my list of questions and the recorded answers at the end of this document.)**

During the meeting, [redacted] said that I'd not been referred for mental health help because I'd been discharged on a weekend so she hadn't done Monday morning rounds to see who would need referrals. She rationalised that it was fine because she said the Extended Care Midwives are excellent at debriefs and counselling. I note that no debrief or counselling came from them and that is not their job or their training.

The anaesthetist was prepared with an explanation meant to re-educate me about the efficacy of epidurals. I found it offensive and misleading. At the time of the obstetric violence, I had been told repeatedly that the reason for withholding adequate relief was because they felt I wouldn't be able to push and kept insisting that this was 'a good amount of pain.' The man in the meeting told me that more relief could not be given via epidural because it would have endangered my breathing and they would have had to move to theatre first to be able to control my breathing. He also insisted that my epidural didn't fail and had been working because the boluses had had effect. He insisted the epidural hadn't failed despite the lack of pain relief. I note that during labour, the midwife, [redacted] told someone, "Yes, she did have an epidural but she might as well not have' due to the complete lack of pain relief. The man in the meeting also said that pain is 'expected to feel different' in that stage of labour due to different nerves being affected. He did not acknowledge that I was without pain relief and used the very offensive language of 'feel different' so I asked why epidurals were used in labour if they were expected to fail during the worst part. He then countered that they were not expected to fail, just to feel different in the pushing stage. He said that Dr. [redacted] had been wrong and that the anaesthetist who'd been called back to my room when I stopped pushing or responding would not have inserted a new epidural higher up because the existing epidural was fine and because the pain was meant to 'feel different' anyways. This man's explanation directly contradicted the debrief discussion with Dr. [redacted] and also my own memory. The anaesthetist who returned to my room when finally called determined that a new epidural higher up would be needed, but could no longer be safely placed as they'd waited far too long to call him and I would be unable to safely sit up and be still. It's worth noting that no one turned off my oxytocin to check if I could sit up and be still while the anaesthetist was visiting. It's also worth noting that once we went to theatre, my

existing epidural was topped up just fine without any breathing support required or even discussed.

Also during the meeting, [redacted] asserted that my pain 'is whatever I say it is'; however, in practice this is clearly not hospital policy. Although [redacted] and the others in the meeting were very much trying to be kind, validating and compassionate, there was heavy spin to defend the hospital in every answer. During labour, everyone parroted [redacted] decision that I was wrong about my pain and that it was ‘a good amount of pain’ and that I had to suffer that much in order to push. [redacted] also said that no one in the room knew how bad it was even though I told them over and over again. The pain was so bad that I went into a dissociative episode. I find it difficult to believe that what was being witnessed by the medical staff was expected to have a happy outcome.

[redacted] explained in more eloquent language how labouring women do not have rights as standard practice. The written question that I supplied was as follows: "Is there anything different I could have said that would have gotten me the help I needed when I was begging for pain relief and interventions and was blacking out, dissociating and expressing suicidality?" [redacted] answer was as follows (agreed with by [redacted] She said, ‘essentially no, probably not’. She said they expect for women to 'act differently in the pushing stage and it usually is horrific'. I counter that claim noting that births should not be expected to be 'horrific' with a working epidural. [redacted] said that 'women say all sorts of things during that part of labour' and reasoned that they can't be listened to because 'midwives have to interpret what they think is really going on'. She went on to say that 'no one in the room knew how bad it really was', but I dispute this. I told them over and over again how bad it was. [redacted] prohibited pain relief.

In October, the complaints officer, [redacted], rang me about ten till 5 on a Friday and was really pressing me to tell her that the Open Disclosure Meeting went well and that another meeting wouldn't require the presence of the obstetrician, anesthetist or public hospital involvement at all. I kept saying I don't know who would be in the next meeting and that it wasn't resolved because there were many unanswered questions due to the investigation still going on. She kept rephrasing her questions and asking me to agree and then finally said that she was glad I was happy that the meeting went well. I agreed the meeting went well, but would be having another after the investigation ends.

Eventually, the hospital’s investigation of [redacted] conduct during my labour concluded. I was notified via a letter in my email from [redacted]. No accompanying phone call came or explanation about why a practitioner whose actions continue to cause such suffering only received a formal warning. I really don’t know what aspect of her abusive behaviour she was actually warned about. I lodged a complaint with AHPRA. I received the letter from [redacted] on a Friday and my already poor mental health took a tailspin. What happened to me didn’t matter and was actually condoned by the hospital. I rang a mother and baby inpatient psych unit in Hobart to find out about insurance requirements. I wanted to be admitted but my psychiatrist was on holiday and I didn’t have the capacity to take the steps to secure a referral from an

alternative doctor. I was very close to my lowest. I then felt it all over again when a friend of mine who also had a negative experience with [redacted] complained. She received a letter identical to mine informing her of the same outcome; [redacted] had been given another formal warning with no repercussions. No phone call came with the delivery of that letter to her ([redacted] either. That sort of news isn't safe to deliver in that way. I then researched electroconvulsive therapy for trauma as I couldn't consider the option that my psychiatrist had suggested. She suggested that I think about an inpatient stay at the NWPH in their psych unit as they have a trauma treatment program. Having already been abused in that facility, I'm fully aware of how unsafe I would be there.

In December, I finally received my requested medical records. They were littered with inaccuracies and omissions. As well as those mentioned earlier, a few of the other untruths included but aren't limited to the indicated skin-to-skin time after delivery (photo evidence proves it was not the recorded >60 minutes), that I had not had antibiotics (I'd been on IV antibiotics from 18 hours after my water broke), and that I'd not hemorrhaged (I lost about 1 litre of blood in theatre). The medical records also state that I'd had an emergency c-section, had no anaesthetic complications and didn't have an episiotomy, none of which were true. Also incorrect were records on the 'APS Monitoring Chart of Patient Controlled Analgesia' (I didn't have PCA at all, so I'm unsure why this chart was used to record) stating that I hadn't vomited, incorrectly noting when I was awake and when I was asleep, and incorrectly noting my pain on the pain scale. I also suspect that the Bromage Score recordings were incorrect as the sensation in my legs was most certainly not the same early in the day as it was during the pushing stage when I had no pain relief at all. I also note that my discharge summary states that my baby was fed expressed colostrum at the time of birth, but I don't recall her being fed in theatre. Some pages in my released medical record are entirely blacked out as well as some notes partially covered on other pages making the pertinent information unreadable instead of just covering names of practitioners. I also note that in the midwives' notes, not all of my requests for an epidural were recorded prior to an epidural actually being inserted. The midwives' records of my on-rest and on-movement pain on the pain scale were incomplete (many on-movement recordings were skipped only noting that I had no pain between contractions) and also inaccurate.

My medical record did, however, demonstrate that my memory had been correct about referral to the Burnie Mirena Clinic for contraception 6 weeks postpartum. Before discharge, it was communicated to me that I would be referred to the Burnie Mirena Clinic, but I was put onto the Mersey list and not informed. I didn't find out until a few months later when I rang to ask about my progress in the queue. I then learned that the Mersey has no Mirena Clinic; they actually only do 2 individual insertions per week in the gynecology clinic. The person who spoke to me on the phone forwarded my referral on to Burnie at that time as she did not feel that the Mersey would be able to fit me in 'this year' (2022). I then rang Burnie to find out how long I would wait. I was put on a 'planned appointment' list meaning a cancellation list. I eventually sorted out contraception privately from another clinic.

In February 2023, I found out the day before it was scheduled to happen, about a public community meeting with the NW Maternity Transition Service to be held at the Paranaple Centre in Devonport. The only other two members of the public who attended the meeting were women who I'd told once I'd heard about it. I questioned the methods of publicity and the Transition Team advised that Facebook advertising had been used as well as inclusion in the Child and Family Centre calendars. The event was not in the East Devonport CFC February calendar. I later sent a screenshot of the calendar to the transition team. As a former digital media specialist with a background in Facebook marketing, I have thoughts about how much effort went into reaching the community. Because no one I've spoken to saw any Facebook ads for the event, I suspect that the ad either had an extremely small and ineffective budget greatly limiting the reach, inefficacious demographic targeting parameters or that no ad ever actually ran. I only heard about the meeting from Tegan Murphy who had been told in-person at a meeting with hospital personnel regarding poor maternity services. I thought it very important for me to go to the Paranaple Centre meeting as I'd been told by [redacted] from Perinatal Mental Health that the Transition Team wanted to speak to me. I'd not heard from them and had twice asked [redacted] also from Perinatal Mental Health and covering [redacted] load while she was on leave, to ask the Transition team to get in touch with me. I had no guarantee that I'd ever get to speak to them and had no contact details to reach out to them.

In the meeting with the Transition Team, what I heard is that essentially, a dangerous situation is being allowed to continue until November 2024. At that time, nothing will visibly change because the same facility will be used by way of renting the space and the same staff will be employed under the public payroll rather than the private. I hope the public takeover of the maternity service will yield real change, but am horrified that women will continue to face such terrible treatment until then and will be making every effort to spread the word amongst the birthing community.

During the meeting, we three members of the public were asked to share what brought us there. I began sharing what had happened to me and said that if I'd known labouring women didn't have rights as a standard practice in the private hospital as per [redacted] advice in the Open Disclosure Meeting, I would have turned left out of the driveway and headed to Launceston instead of Burnie. As I spoke those words, [redacted] interjected directing me to speak with her in the hallway but I declined and continued speaking to the group. I told them how it was never disclosed in the antenatal appointments that I wouldn't have the right to choose adequate pain relief or intervention and wouldn't have the right to determine how much pain I was in. I told them I wanted to stand outside of the hospital everyday and turn women away telling them what would happen to them once they were unable to get up and leave. I told them how I would bring criminal charges if I could but that I can't afford the legal fees. I told the table group how I regret not having the presence of mind to pull the oxytocin line out of my hand or at least wrap the IV line around my neck to better communicate my despair and suffering when I was pleading for hours.

Emotional Toll

If I'd had adequate pain relief I would have been rested before reaching the pushing stage. I would have actually been able to push instead of only being lucid to push every now and then. Maybe I would have even been able to deliver her without instruments and an episiotomy. I wouldn't have begged for a c-section, vacuum, forceps, general anaesthetic and death. I wouldn't have dissociated. I wouldn't have spent the first weeks of motherhood thinking I'd died and was existing in thought. I wouldn't have suspected my baby wasn't real. I might have even been capable of loving her or regarding her at all at the time of her birth. Instead, I wasn't allowed adequate pain relief. My daughter's birth was the worst day of my life. It haunts me even in my nightmares. Rare are days without tears, flashbacks and constant anxiety and few are the nights without violent and disturbing nightmares and sleep broken by hypervigilance. The ripple effects of my trauma of obstetric violence have touched every part of my life and relationships. I'm still struggling to know if I can live with what happened. The trauma of the forced torture of oxytocin without pain relief has plunged me into devastating depression, unshakable anxiety and ongoing PTSD symptoms. My fear of medical staff causes me heart palpitations and I shake in panic and sob after meeting pregnant women who tell me they are booked for Burnie. I'm so afraid for them.

I fear going back to work and don't think I can be a teacher anymore. How will I enter classrooms of 28 people who don't want to listen to me when I can't cope with my trauma of not being listened to? The main theme of my nightmares are abuse in labour and violently making abusers, both medical staff and my own former students) listen to me. I cry at so many things, even insignificant passing comments about pain.

I know I'll never be reimbursed for the money I've spent trying to fix my mind and there's no way to make up for the time lost with my daughter to mental suffering. I also know my earning power is compromised by my PTSD. I don't know when it will be better. The abuse I suffered during labour has ruined new parenthood, stolen my happiness, stolen my peace, drained my wallet and compromised the future of my career.

I'm a child abuse survivor but the abuse that I suffered labouring at Burnie's NWPH was the most calculated thing anyone has ever done to me to inflict intentional torture. I don't yet know if I will live to see the other side of my current mental health battle. I'm in a lot of pain.

When I'm overcome thinking about that day, I wish I had died instead of come through it with a broken mind. I've done everything I can and am no better for it. I can't return to work in this condition, but I can't keep living in my current situation and will need the capacity to make money again. I wish I'd had the foresight to know how awful everyone else already knew the NWPH was and had known that they abuse labouring women.

The thing that happened that day, refusing me pain relief, not listening to me, lying to me, physically torturing me, belittling me, leading my partner to support the torture, has destroyed who I was and undid all of the years of work I put in to achieving good solid mental health.

If things ever get better and we want a second child, the only way I know to have a safe birth is to hire a private midwife to attend the hospital with me to be my bodyguard and enforce my patients rights. I don't think I should have to pay for that. I also don't think I should have had to pay such an inordinate amount for all of the therapy and counselling and transport to those services that I've needed and will continue to need. I'll also soon be footing the expense of an inpatient stay at a mother and baby unit as a last resort to turn my mental health around.

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My Questions submitted prior to the Open Disclosure Meeting

In the weeks after the birth, Sam and I met with Dr. [redacted] She advised at that time that the decision to go to theatre was only made because the baby had been on my pelvic floor for a very long time. The assistance was not prompted by my hours of pleading or distress.

- Is there anything different I could have said that would have gotten me the help I needed when I was begging for pain relief and interventions and was blacking out, dissociating and expressing suicidality?
    - Answer: [redacted] said, essentially No. Probably not. Said they expect for women to act differently in the pushing stage and it usually is horrific. She said women say all sorts of things in that stage and midwives have to interpret what they think is really going on.
    - My afterthoughts: Do women who are not listened to during this stage give thanks afterwards for not giving in to their pleas?
    - My afterthoughts: is the expectation that women will plead for help during this stage and it should be ignored?

Dr. [redacted] used the word 'traumatic' the morning after the birth before I had spoken to anyone. Weeks later in a meeting with [redacted] she understood that the labour and lack of pain relief was the traumatic portion of events. In a later meeting, Dr. [redacted] was under the impression that the trauma was the forceps portion of events.

- At the time of the birth, which aspect of labour and delivery did medical staff determine to be traumatic and at what point was it recognized that it was traumatic?
    - Answer: Births are determined traumatic if there was some sort of physical intervention like forceps for vacuum.
- If trauma was recognized as it was happening, why was intervention withheld when I was begging for help?
    - Answer: No one in the room realised how bad it was.
- Was my dissociative state recognized while it was happening?
    - Answer: No. The whole table said no one has ever heard of disassociation during labour. Further, [redacted] said that birth trauma is rare and that they never hear about it.

- Why was the anesthetist who came to the ward to check my back in the morning not informed before seeing me of the epidural failure and trauma that ensued?
    - No real answer to that - They said that rounds are made to check on anyone who's had an epidural the day before.
    - My afterthoughts: This tells me that they still didn't realise that the pain was traumatic rather than the theatre portion.

Questions about pain management in early labour:

- Why was I dissuaded from pain relief when I was struggling and began asking for it on Friday night? I was repeatedly told to rest even though I was unable to find a position of relief and had not been able to 'wean off' of the nitrous oxide as directed.
    - Answer: Once there's an epidural in place, there are timeframes and a snowball of interventions. I think they said getting an epidural before 4 cm can slow down or stop labour?
    - My afterthoughts: I read a stat that epidurals slow down labour by an average of 7-8 minutes.
- Why, when I was already struggling in early labour, was I dissuaded from using the bath as pain management? By the time I finally got into the bath it was too late to be of any benefit. I was able to stay in for 2 contractions but was already sobbing in agony and exhaustion.
    - Answer: They said the bath in early labour is not a relief, does not help the pain, slows it down. They said getting in the bath earlier than 4cm can stop or slow down labour.
- I was finally allowed tablets of some sort and when they were ineffective, was then allowed a morphine shot but still wasn't able to be comfortable or rest. I was finally allowed an epidural when the bath was of no help and I was already at the stage of sobbing in pain.
    - Was there a reason that I had to beg for an epidural for so long?
        - Answer essentially in the above questions
    - When the epidural was only effective for 1.5 hours and I was no longer able to rest or go without nitrous, and the 2 top ups weren't effective enough to let me sleep or to rest, why was a new epidural not offered then?
        - Answer: The anaesthetist said that my epidural was determined to work and be in a good spot because the bollisses were effective.
        - My afterthoughts: My expectation for a working epidural is being able to rest comfortably enough to sleep and not need nitrous. I still feel the epidural wasn't working well enough. Why at the first bolliss, could the ongoing pain med not be upped then? Why wait to do that for the second bolus? Were my ongoing requests for pain relief and more bolisses not indication that the epidural wasn't doing enough??????

Questions about the refusal to provide pain relief at the start of the 'hour of descent' when the unmanageable breakthrough pain began: - no Q's answered from this section as an investigation has begun. [redacted] said that she spoke to [redacted] and [redacted] and was told that [redacted] had a discussion with Sam and I when I started the hour of descent and we agreed not to have more pain relief. I made it very clear to [redacted] that we did not have a discussion. [redacted] completely prohibited any further relief.

- Once I reached 10 centimeters, changed position and began having the left pelvic breakthrough pain, why did [redacted] prohibit me from any additional pain relief? I was clearly in pain well beyond the threshold of being able to feel to push. In the words spoken by Dr. [redacted] the morning after the birth, I was "in too much pain to push."
- Also, at the time that [redacted] was called in and told me that I would not be permitted any additional pain relief, I was at 10 centimeters but had a very long way to go as I was advised to wait through the 'hour of descent.' Why could I not have at least had pain relief during that hour?
- Is it acceptable that [redacted] blamed me, in her words, for "getting the epidural too early" when she said that I "wasn't even in labour"?
- Is it acceptable that [redacted] let the situation proceed with me so distressed, upset and in agony?
- After [redacted] left me distraught and blamed me for my pain, [redacted] tried to calm me by reassuring me that it was alright that I'd gotten the epidural at the time that I had because I'd been in distress. During the pushing stage, between blackouts, [redacted] said to someone in the room that I'd "had an epidural but may as well not have." Were the other medical staff present in agreement with [redacted] decision to refuse additional pain relief?
- Was [redacted] decision acceptable and appropriate given my level of suffering and direct requests for pain relief?
- Was anyone else involved in the decision to withhold adequate pain relief?
- What is the hospital's view of whether this was the right decision?
- Is it the standard accepted practice to refuse patient requests for pain relief during labour and delivery when it's clearly unmanageable to the point of being unproductive and causing trauma?
- If this behaviour did not meet the standard, will the hospital be contacting the Nursing and Midwifery Registration Board and AHPRA?

During the debrief meeting with Dr. [redacted] a few weeks after the birth, she said the anesthetist came back at one stage to discuss placing a new epidural higher up but didn't think I could be still so could not make an attempt.

- Who finally made the call for the anesthetist to come back?
    - Answer: They said [redacted] must have called because I wasn't able to push effectively and it was determined something was needed.
- Why could a top up not be put into the existing epidural?

    - Answer: They feared respiratory depression & effect on the baby. There's a cap on the dose allowed in the suite, they can go higher in theatre where it can be anaesthetist controlled. There was more but Sam and I can't remember…
- Why was a new epidural not offered when it was still possible many hours earlier when the given epidural was already failing, the 2 bolisses didn't last and I was not able to rest or be comfortable, and I was already struggling and suffering? We didn't know that a replacement epidural was an option so didn't know to ask.
    - Not really answered - they said that I'd had good relief from the bollisses and hadn't needed a new epidural.
    - My afterthoughts: Same as a previous answer - being in that much pain is NOT a working epidural.
- Was it not possible to adjust the continuous epidural med level?
    - Answer: It had been adjusted at the time of the second bolus.
    - My afterthoughts: If the ongoing pain med is not the same as the bolus, why could the continuous one not be readjusted? Is this the same fear about the respiratory depression?
- **Why were there absolutely zero possibilities for additional pain relief while [redacted] was on shift and then when she left, placing a new epidural became an option, albeit too late?**
    - **This was also not answered and will be part of the investigation**

Dr. [redacted] said that it was reported to her that I was managing fine in the room so she hadn't been coming in as often as she maybe could have.

- Were the obstetricians still being told that I was managing fine once I was in distress when the blinding breakthrough pain began?
    - Answer: They said most women are in distress at this stage.
- What was the reason for the large accumulation of staff in my delivery suite for a birth deemed to be going fine?
    - Answer: That was the process for making a decision about theatre
- Was there concern about my distress and pleas for help and relief?
    - Not answered - I might rephrase the question to "Was my level of distress concerning?"
- Why was I not believed and listened to when I was begging for pain control and intervention?
    - They didn't directly answer this. But earlier, they mentioned having to interpret when women are in this stage and are often distressed.
    - My afterthoughts: Do women thank them for ignoring their pleas? Why was IIIIIIIII not believed? Why did they keep repeating that help wasn't possible?
    - My afterthoughts: They said that my pain is what I say it is and that no one should need an advocate in the hospital, but in practice when it mattered I was not believed or listened to, instead was actively ignored and disregarded.

- **At any point was it true that intervention and pain relief were not possible as was repeated over and over again?**
    - **Not answered.**
- Dr. [redacted] said she was told the baby's head had progressed lower, but on assessment found that it had not. How large was the discrepancy?
    - Answer: Discrepancy is common because it's subjective and can be due to swelling of baby's head & wrinkled up skin on top of head.

The original obstetrician who'd been on call on Friday night entered my room (I think on Saturday morning) and did not speak to me, approach me or look at me and instead complained to [redacted] the midwife that he was woken up 5 times last night.

- Why was the first obstetrician angry about being called for consult 5 times during his rostered on-call shift?
    - Answer: Normal grumpiness sort of answer
- Were all 5 calls about managing my pain?
    - Answer: No - Sam thinks it they said 2 calls
- Is it recommended to wake a sleeping physician to ask him to make decisions for a patient he hasn't seen and may not be awake enough to consider?
    - Answer: Midwives have made the assessment and recommendation & docs are ok'ing it.

At the time of discharge from the hospital, I was referred to the Extended Care Midwifery Service, but no mental health services or social work services.

- Why was a social work/ mental health referral not offered after a traumatic birth?
    - Answer: They said I left too early to benefit from a lot of those things. They said the extended care midwives are great at a lot of that/ debriefs. They said I fell through the cracks because [redacted] would have done some sort of rounds if I'd been there on a weekday morning and determined who needed which referrals to what.
    - My afterthoughts: The ECMs did not debrief with me & I don't reckon this was their job.

Questions about the whole process:

- Why was the failing epidural not corrected or replaced early?
    - Answer: Same as before about them thinking that was a perfectly fine epidural.
- Did it absolutely have to go that way? / What could have been done by me or by the medical staff to prevent such a traumatic birth?

- Answer: Nothing I or Sam could have done. Didn't answer what staff could have done?

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Notes from Medical Record (these timeline notes were supplied by [redacted] at my request and contain my annotations):

1. Friday [redacted] @ 2100 – presented to Huon ward with ruptured membranes (1300 hours), midwifery assessment undertaken and discharged to Units to await labour or return to Huon ward on [redacted].
    - My notes: Assessment midwife was [redacted]
    - My notes: The arrival time is incorrect. I snapped a pic in the car at 5:37pm just before arriving in Burnie.
        - Response from [redacted] From your medical record it states you arrived on Huon ward at 1800 hours (6pm) on the [redacted] The 2100 hours (9pm) was typo on my behalf as I wrote the time down that notes were written not the time of arrival which is documented within the admission notes.
2. [redacted] @ 2345 – returned to Huon ward in early labour. Noted to be having irregular contractions lasting 40-60 seconds. Abdominal palpation LOA position 3/5 above brim, mother and baby observations normal. clear/pink vaginal loss
    - My notes: Midwife was [redacted] [redacted] (Saturday)
3. 0020 – Using nitrous oxide. Vaginal examination by midwife E conducted Amy requested Epidural (1cm dilated thick cervix station -2). Not in established labour at this time
    - My notes: Midwife was [redacted]
4. 0100 hours Discussed with O&G Registrar, phone order given for oral pain relief.
    - My notes: This must have been when I was told to wean off of the nitrous… But was not able to stop nitrous until after epidural was inserted as no other methods of pain control were effective.
5. 0255 10mg morphine injection given as oral analgesia not working
    - My notes: [redacted] & I think [redacted] were present for the injection. I was still on the nitrous and howling in pain. Pam was quite rude at this stage. They jabbed the needle in at the height of my contraction.
6. 0500 – No change from previous Vaginal Examination epidural requested again discussed with O&G Reg who contacted anaesthetics to organise epidural. Not in established labour
    - My notes: Midwife was [redacted]
    - My notes: Precipitated by asking for an epidural again, being redirected to try other things, trying the bathtub, then asking for the epidural again by yelling ‘epidural’ into the nitrous vent through tears. Sometime before this

point, we also tried an inverted labouring position (knees on bed, head and hands lower down on a chair, upside down) but I can't remember why.

7. 0544 – epidural inserted
    - My notes: I had now been begging for an epidural for more than 5 hours.
8. 0840 – O&G doctor notes in medical record – epidural working well
    - My notes: Epidural worked quickly, I slept, then an hour and a half later it stopped working to the expected level. Meaning, I was not able to sleep, was not comfortable and was back on nitrous.
9. 0945 – Anaesthetic review requested by midwife post epidural bolus , background infusion of 8ml/hr.
10. 1030 documented as being pain free. Second epidural bolus given at 1100 hours and infusion increased to 10ml/hr. after further discussion with Anaesthetic Registrar.
    - My notes: Midwife by this point was [redacted]
    - My notes: I was not pain free. That record is incorrect. I was only pain free for the 1.5 hrs after the epidural insertion and the short times immediately following boluses. There was discussion & pleading with [redacted] the midwife who took over for [redacted] leading up to the boluses. (Not sure if [redacted] was present for the first bolus)
    - My notes: Before Dr. [redacted] the trainee obstetrician, came in about 1pm, I expressed colostrum to help speed labour along.
11. 1315 – O&G Registrar review documented that epidural is working well, patient has good awareness of contractions. On vaginal examination patient at full dilatation with baby's head at spines OA position. Allow an hour for passive descent of baby into pelvis
    - My notes: About 1pm, Dr. [redacted] came in, checked me, advised that I was at a 10 and that we'd do the hour of dissent. I'm not sure if I'd already asked [redacted] for more pain relief – I was still on nitrous, was vomiting large quantities and couldn't eat. As soon as Dr. [redacted] left the room, I discussed with [redacted] positions to move the baby down quicker. I turned over onto my knees and without buildup, the left pubic pain after contractions began. (Maybe epidural placement moved?) Everything got awful from this point. I turned back over but the pain didn't subside. I was hysterically crying and begging at this point. Asked [redacted] for pain help. She asked [redacted] [redacted] came in to tell me that no more pain relief would be allowed. [redacted] said this pain was my fault because I'd gotten the epidural too early and that I hadn't been in labour. THen she left me in great distress.
12. 1400 - Further pain relief requested. Midwife discussed benefit and risk of dense block with patient
    - My notes: Midwife was still [redacted]
    - My notes: Not a discussion. [redacted] said I wouldn't be able to feel to push and had gotten the epidural too early when I hadn't even been in labour and would not be receiving any more pain relief. **I didn't know there was a choice.**
    - My notes: Dr. [redacted] was in at some stage and I begged her for help, but [redacted] advised her that [redacted] had already said no. [redacted] then said that

must mean that I was in the right amount of pain. Then I began having suicidal ideation.

13. 1510 – Senior midwife review due to left suprapubic pain impeding ability to push.
14. 1530 – O&G review discussed with Consultant for forceps in theater due to long 2nd stage
15. Spinal/epidural top up in theatre with good pain relief.

- My notes: Finally 'came-to' in a sense. Kept telling the nurses that I wasn't sure when I had gotten there, didn't know where I'd been, couldn't remember the last few minutes, had just gotten there.
- My notes: Midwife was [redacted]

Please see next page

separate document—----------

Epidural Pain Scoring on observation chart (Given on request from [redacted] after the Open Disclosure Meeting)

I asked [redacted] for more complete scoring records. This was her response: As for Pain Scoring, there was incomplete documentation and only the scores at rest (between contractions) were documented at 1200, 1300 and 1400 hours

It is documented in the Doctors notes that at 1315 hours *"epidural working well but good awareness of contractions"*

- 0800 - 0
  - pam scores for 7am and 8am recorded as zero for both rest and with contractions - My notes: I disagree, I was only awake because I was in pain again by 7:30 and was not out of pain completely again until I went to theatre to have the episiotomy and forceps assistance
- 0900 - 7 on movement
  - 9am and 9:30 am zero at rest and 7 with contractions an epidural bolus was given at 9:30am
- 0930 7 on movement (bolus given)
  - 9am and 9:30 am zero at rest and 7 with contractions an epidural bolus was given at 9:30am
- 1015 0
  - 1015 am with zero on rest and with contractions
- 1100 0 at rest but 5 on movement 2nd bolus given and infusion increased to 10ml/hr
  - 11am you had a pain score of zero at rest and 5 with contractions and a further bolus was given
- 1200 0
  - only the scores at rest (between contractions) were documented at 1200, 1300 and 1400 hours
- 1300 0
  - only the scores at rest (between contractions) were documented at 1200, 1300 and 1400 hours
- 1400 0 increasing pain from 14 15 hours until epidural/spinal in theatre prior to delivery in theatre – My notes: no, was from just after [redacted] eft at 1315 when I was dilated to 10 and changed position

- only the scores at rest (between contractions) were documented at 1200, 1300 and 1400 hours

The epidural pain scale is recorded hourly and is recorded at rest and on movement

The zero scores on the document sent to you were all recorded at rest on the pain chart

a score of 7 is recognised as severe pain which was at the times, when you received an epidural bolus and had the background infusion rate increased from 8 to 10 mls per hour

The pain scale is

0 = no pain

1-3 = mild pain

4-6 = moderate pain

7-9 = severe pain

10 = worst pain imaginable