From: [redacted]
[redacted] Reproductive, Maternal and Paediatric
Subject: CONFIDENTIAL: Select Committee on Reproductive, Maternal and Paediatric Health Services
Date: Saturday, 14 September 2024 7:27:03 AM

Dear Secretary,

I am writing to the Select Committee about my story involving one main questionable clinical decision that I believe resulted in significant birth trauma for myself and my son and my husband.

Initially I was very fearful to make this submission due to concerns that I myself would be interrogated again and that there would be risks to my family and my son. I have decided that my story is important to tell and that I am strong enough to face any questions that may be asked of me.

My name is [redacted], I live in [redacted] Tasmania (outside of Launceston). I have one son named [redacted], he is about to turn 1 year old. [redacted] was born on the [redacted] at the Launceston General Hospital (LGH).

When I was pregnant I made a conscious choice to not have any scans after 12 weeks. I was not comfortable with the domineering nature of the medical system when it came to pregnancy and birth. I tried to engage a private midwife for a homebirth, however, there were none available in my area. So my husband and I made the informed decision to birth at home and have a plan for transfer to the hospital if needed. I will add that my husband and are both highly educated, we both hold post graduate qualifications in respected fields and we are both business owners. We deeply value our health and wellbeing and we take active responsibility and accountability for all the decisions in our life. So, we approached our decision to homebirth with the same care and intellect. We completed numerous birthing courses, prepared for all scenarios and even completed infant resuscitation and emergency treatment courses. We were both widely read in what presentations genuinely warrant a hospital transfer and then what presentations genuinely warrant an emergency c-section. In fact, I myself am a qualified occupational therapist of almost 10 years' experience. I spent 6 years working inside public hospitals in both Queensland and Tasmania. Quite frankly some of the things I have seen over those years were so horrific that it formed part of my decision to birth outside the hospital.

I had a peaceful and healthy pregnancy, I reached full term and my waters broke naturally. I laboured at home for 36 hours, during which time we kept monitoiring my sons heart beat with our dopler, everything was tracking well. However, when I felt labour stall I was able to identify that I had gone into urinary retention. I performed my own vaginal examination and identified that my birth canal was blocked, I immediately knew that my son would not be able to travel through it. We transferred immediately to the Launceston General Hospital. We knew how long ambulance services can take to arrive so my husband drove me. I also knew that going to ED would slow things down and create more risks so I consciously chose to present straight to the Womens+ Department, I knew this was the fastest way. Most of the maternity team there were amazing, given that they didn't know me and I walked in to the maternity ward after 36 hours of labour. They acted swiftly, conducted an ultrasound, foetal heart rate monitoring and vaginal examination all in a respectful manner and I consented to all of this, they were caring and compassionate throughout, despite no doubt that they must have been under immense stress. They advised me that my son was footling breech and I was in severe urinary retention and his pathway for a vaginal birth was blocked. They gained my consent to insert a catheter and drained a phenomenal 2.5l of urine from my bladder. As it turned out one of [redacted] feet was stuck in my birth canal, that is what I could feel during my own vaginal examination. They told me I needed an emergency c-section for us both to survive. As I said before, I had done my research, I knew the stats for footling breech (about 1%) and I readily consented to the emergency c-section. The team advised me that time was critical and the fastest way was to call a code blue to get us into theatre, I consented. After working in hospitals for 6 years I knew the code blue procedure very well, I knew it was very effective.

[redacted] and I went into surgery strong, his vitals were excellent and due to this they put me under a spinal, not a GA so I could be awake for his birth. However, during the c-section [redacted] vitals crashed. Our main issue is that we believe the registrar should not have been performing my c-section that was highly complicated and already under a code blue due to urinary retention, footling breech, fully dilated and 36 hours of labour. My husband watched the registrar visibly shaking through [redacted] entire delivery. Tragically, [redacted] got stuck with his head still inside my uterus and his bottom outside of me, the registrar tried to remove him but it was extremely difficult….she was shaking the entire time. We were informed I also had a short cord and that the cord was around [redacted] neck, all aspects that further complicated his birth. During this time my husband watched the consultant surgeon Dr [redacted] sit on the other side of the registrar, at no time did he take over. [redacted] turned blue. Whilst I was awake for all of this I recall the kindness and compassion of the anesthetist, a man whose name I sadly cannot remember, he held my hand and calmly talked me through the whole time, I will never forget his compassion. [redacted] required full neonatal resuscitation for 8 minutes, during this time he became hypothermic, he required intubation and was air lifted to the Royal Hobart Hospital NICU on life support including cryotherapy (neonatal therapeutic hypothermia to protect his brain and vital organs from toxin damage). Before [redacted] was airlifted to RHH he was in the LGH NICU and I was in recovery on the maternity ward, I had not yet seen my son. During this time Dr [redacted] came to speak with us, and he interrogated me for my choices to not have late scans and not be under an obstetrician. He continued to state that I could have "killed my son". He stated that [redacted] probably had inter-uterine growth restriction and that he would have been suffering in my womb for an extended period of time. I also felt that he was interrogating me in a way that I felt like I was on trial, that he was trying to catch me out and obtain information that would have warranted getting DOCS involved. He told us that our choices had caused a lot of stress for a lot of people in theatre. At no point did he consider our own personal reasons for our decision. I felt unfairly judged, disrespected, ignored and unfairly interrogated. To this day I refuse to receive any treatment from Dr [redacted] In fact I was offered to be added to his surgery list for my second revision surgery, I refused to be under his care and chose to wait one more week to be under the care of the wonderful Dr [redacted]

When [redacted] was airlifted to RHH, unfortunately I was not, and I remained in the LGH for the first 24 hours after [redacted] birth, the severe separation was extreme, like nothing I have experienced before. I was then airlifted to RHH the following morning. My husband drove down to RHH as well. We stayed in the Ronald MacDonald House for the 10 days that [redacted] was in NICU. Whilst the charity is amazing, the severe separation from our home and our family during this extremely traumatic time was incredibly emotionally difficult for us as a family.

[redacted] remained on life support for the first 4 days of his life. As with most life support scenarios, this time was touch and go, he required multiple medical interventions as part of his life support, I cannot bare to think of the pain and fear he must have felt throughout this. Rarely does the medical profession acknowledge this aspect of medical trauma, but us parents we know it exists, we can see it in the eyes and on the faces of our children. We could see the pain in our darling [redacted] eyes. The neonatal intensivists at RHH were phenomenal, kind caring and so highly skilled. The NICU team were so impressed with how strong [redacted] was proving to be, they said they rarely see babies as strong as [redacted] they said it was a miracle he was full term and not premature, they felt this made all the difference during the fight for his life. We know it did too.

Through all of this I was not able to hold my son until he came off life support at 4 days old. My husband, [redacted] father [redacted] was also not able to hold him. This extreme separation at birth resulted in major difficulties establishing breastfeeding.

Once [redacted] was off life support he progressed quickly out of NICU and into the special care nursery. Sadly, we feel the level of care deteriorated from there. The consultant paeditrician advised us that we could not go home until [redacted] was breastfeeding, at that stage he was being fed my expressed breastmilk through a nasogastric tube. Obviously, I wanted this gone as soon as possible. Prior to my birth I had also completed training in the highly regarded Thompson Method, this allowed me to get my milk to come in and ensure [redacted] received both my colostrum and milk and never formula, this was extremely important to me. However, when it came to trying to establish breastfeeding in the hospital environment I also experienced some terrible lactation consultant advise in the RHH. I often ended sessions in tears and deeply distressed, on one occasion the lactation consultant forced [redacted] mouth onto my nipple trying to get him to latch, [redacted] and I were both crying, it was truly horrific. The consultant pediatrician kept insisting that [redacted] had to be breastfeeding to go home. I pushed on this rigid rule and asked why he couldn't be drinking my expressed breastmilk in a bottle instead and why couldn't we establish breastfeeding in the comfort and safety of our own home with my own community support team, including the Thompson Method lactaction consultants? The consultant said that we would need to be transferred from RHH to LGH in this scenario (bottle feeding not breastfeeding) and that home was not an option. I stood my ground and used all of my own clinical training. I asked her specifically, "if my son is drinking from a bottle then what clinical indicators are there to transfer us to LGH?". She thought about this for a few moments, and confessed "well there wouldn't be any". I advised her that we would be going straight home from RHH. The fact that the hospital environment is so poorly aligned with all the aspects needs to establish breastfeeding yet they set this as a requirement for discharge, when bottle feeding is clearly a suitable option as well is nothing short of dogmatic and arrogant in their assumptions that they know what is best.

After 10 days and my solid advocacy we were discharged from RHH straight home. It was bitter sweet, little did we know we were just into a new phase of our traumatic birth experience. When we returned home the first 6 months of [redacted] life was extremely difficult as he experienced what we believe were a number of side effects from his birth trauma and life support. Firstly, [redacted] had a complication from his cryotherapy called fatty necrosis, this is documented in the peer reviewed evidence base and occurs when the fat cells the spend extended periods of time in contact with the cooling mat die, when they die they necros and form hard lumps all through his body. These fatty necrotic lumps are documented to be extremely painful for the infant. This was our experience with our son. [redacted] had the hard lumps all down his arms, his back, his shoulder blades, even on both cheeks. When you touched them he cried instantly. Such was his pain that we could barely console him for hours and hours and hours on end, for the most part this was his experience for the first 4 months of his life. He only began to settle when the fatty necrosis started to dissolve, as it does around 4 months of age. For months we could not lay him on his back without him screaming, we struggled to find ways to sleep him safely due to this, often we could not even help him be comfortable when we held him. It was heartbreaking, as new parents, knowing our son had already been through so much, and now was experiencing pain that we could not resolve. The pain also significantly affected his ability to do tummy time. Given [redacted] difficult start to life there was obviously the added risk that he would have some sort of acquired disability, even though his MRI was "normal". This fear added to our trauma and for myself as a new mother navigating my own complex surgical recovery and recovery from urinary retention, to also add in navigating multi-disciplinary assessments to check [redacted] developmental milestones and fearing he was delayed was just another level of emotional distress that I would have rather done without.

During that first 6 month we both struggled deeply with our own maternal and paternal dettachement from our son. It is difficult to explain just how profoundly our birth trauma impacted the early formation of bonding. For myself, as [redacted] mother, I struggled to understand how I had even become a mother, in some ways I could not comprehend it given the severe separation that we had experienced, yet here I was holding my often screaming highly distressed son trying to establish breastfeeding and heal his emotional wounds. I began to experience flashbacks from my birth, and nightmares that people were coming to take my son, or that we were separated again and I could not get to him. As if I needed any less sleep than I was already getting. I knew the risks of me developing PTSD, PND, or PNA were extremely elevated given our traumatic birth. Being the proactive woman that I am I sought out clinical psychology, counselling and a local supportive mother's group to help me through. I am grateful and proud of that fact that to this day I never spiraled into any post-partum mental illness.

During these early months I continued to work diligently on my own physical recovery, an emergency c-section is one thing, but when [redacted] got stuck the surgeons basically had to "play football inside of me" to get him out, most of the pressure was on my right-hand side and this required much more healing than my left side. I also continued to experience vaginal discharge (locia) for many months after my birth. This brings me to the next complication and in some ways trauma that I was to experience as a result of my birth. Firstly, the LGH team told me that my symptoms were totally normal and that locia was common for up to 3-6 months after birth and there was no need to conduct a repeat ultrasound, even though I asked for one. But mine locia did not reduce, and I ended up needed to wear pads every single day, I was starting to get a painful genital rash from the constant contact with the discharge in my underwear, but I had been discharged from the gynocology department as "everything we normal". One morning in December, nearly 2.5 months after [redacted] birth I started experiencing sharp pain low in my pelvis, I knew something wasn't right. I had a telehealth review with the LGH pelvic floor physiotherapist that morning, I told her my symptoms and that I wanted some urgent follow up, I was told I would need a GP referral back to the gynecology department, I stated this was not good enough and why should a recently discharged patient with my history have to go through a delay inducing referral process when the LGH had only recently discharged me and clearly I was re-presenting for the same issue. Thankfully the physiotherapist agreed with me and coordinated with the gynecology department for me to have an urgent ultrasound and consultant review. Turns out I had a large piece of retained placenta, in the exact location I was experiencing the pain. I went back in for revision surgery under a GA on the [redacted] [redacted] [redacted], nearly 3 months after [redacted] was born. Unfortunately, the next surgeon still didn't remove the remaining placenta, but we didn't know this until another 3 months down the track. Come mid July I underwent a second revision surgery under a GA to remove the placenta. By this time my body had been trying to have periods for 3 months, however the necrotic and calcified retained placenta was causing havoc in my body. Not only did I have endometritis and was in a constant state of discomfort in my pelvic region, but my body's attempts at periods were also excruciatingly painful. I have a very high pain threshold so for me to fall on the floor crying out in pain during my bodies period attempts was nothing short of terrifying. During this entire time sexual intercourse had also been extremely painful, I was told that this was common for the first year after a c-section, it is not! After my revision surgery on the [redacted] [redacted] (my husband's birthday and nearly 10 months after my son way born), I knew that my placenta must be all gone, my period returned 5 days after surgery, my pain and discomfort all but disappeared and sexual intercourse became enjoyable again. Not only that but my son could now climb on my tummy again without causing incredible discomfort. I was deeply relieved and felt I could move forward, I was also deeply sad and angry that it had taken 10 months, and so much of that time I was told "everything was normal". I cannot help but wonder if the registrar was also leading my placenta removal during my birth.

Whilst it is impossible to know if the registrar conducting my surgery and [redacted] delivery was the reason for our severe birth trauma, it also stands to reason that in a highly complex situation such as this, then only the most qualified surgeon should lead the team. In my opinion that should have been the consultant surgeon, instead, as my husband observed Dr [redacted] was not leading my surgery. As an occupational therapist I know that certain complex cases are never ever to be handled by an inexperienced therapist. And frankly, I don't care how good a registrar is, they are still a registrar, an apprentice of the medical world if you will, and an apprentice should never have been the lead surgeon in mine and [redacted] birth.

Afterall these traumatic experiences, I made the difficult decision to not have anymore children. Prior to my son's birth I had often wanted to have two children. However, after experiencing what I had, I knew that I could not face the possibility of a similar birth and that I could not risk my families stability again. To decide to not have another child was a confronting and difficult decision, and it was one born directly from the severe birth trauma that I experienced during the birth of my first, and only son [redacted]

As I said at the beginning, I thought long and hard about whether I would make this submission or not, in fact it was my husband who encouraged me to as he expressed his anger for the events that occurred at the hands of the registrar, and for the consultant not taking over. Revisiting such a trauma is never easy, yet I believe it is always worth it, not only for myself and my family as we continue to heal a little more each day. But also for other mothers, babies, fathers, and families that hopefully will have better opportunities to better quality maternity and postpartum care as a result of this submission.

Thank you for reading.

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