

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Introduction

My name is . I am a mother of three children and I am a student midwife. I am submitting this document with no intention to present to the hearing.

My experience and views

My first birth in 2015 left me with trauma. I tested positive to Group B Strep. After exhaustive research I decided not to have antibiotics. I had a long labour and when my son was born, rather dramatically with a failed vacuum extraction that I now realise probably caused shoulder dystocia, he was taken into the NICU for 5 days for preventative IV antibiotics. It was directly suggested to me by NICU nurses and doctors that this was to punish me for not complying with the hospital's policy of IV antibiotics for all labouring women who tested positive to Group B Strep. Ergo, I was separated from my son for the first 5 days of his life.

At the time (while I was in hospital) I was grateful and felt like they'd saved his life - he was in NICU! with all the cords and beeping and monitoring! - but in retrospect, I realise I'd been conditioned and manipulated to feel this way. Deep down it was distressing, disempowering, and isolating; it deeply affected the way we bonded and my confidence as a brand new mother. I remember feeling like he wasn't mine, like he belonged to the medical staff. I felt like they would/could take him away from me at any time. I remember being so anxious as we eventually left the hospital that they would chase me down and wouldn't let me take him home. I remember thinking, quite clearly, *every birth is a trauma*. This beginning seriously affected me and by the time he was 4 months old I had postnatal anxiety and severe insomnia.

For my second birth in 2018 I was subjected to scaremongering: I was told shoulder dystocia was likely to happen a second time; that I was having a big baby (which would further increase risk of shoulder dystocia) etc. I suspected my baby's growth had plateaued (towards the end of my pregnancy my fundal height stalled) but was told not to worry. My son was born tiny within minutes of entering the birth suite at 38 weeks; his placenta was grey and dying. He now lives with a permanent disability: a severe speech disorder and gross motor challenges (verbal, motor and oral dyspraxia, characterised by Childhood Apraxia of Speech). I suspect my care providers missed IUGR because they were so focussed on him being 'macrosomic' - he was 2.78kg. Overmedicalisation failed him: in an effort to create a narrative that would facilitate the normal hospital protocol of early-induction-to-avoid-big-baby, his true condition was made invisible. I feel like he made it 'earthside' just in time. I feel like he only just survived. The experience completely corroded the trust I had in conventional hospital maternity care.

For my third birth in 2021 I chose to have a private midwife and birth at home. It was a healing experience. I made all the choices for my care and felt powerful and in control. It was a

privilege I could afford but I believe this option should be available to ALL birthing women. I was well. My baby was well. I don't think it was a coincidence but the natural outcome of a birth that unfolded on my own terms.

In each of my pregnancies, births and postpartum periods certain midwives and supportive care providers shaped my experiences positively and allowed me to process trauma and stress. The midwife for my first birth was a great advocate for my decisions, supported me completely, and made a point to debrief the birth and immediate postpartum with me after my son's birth. Her influence on me was so positive and acutely 2at odds with the medical establishment: without her, I'd have experienced much more severe trauma and negative mental health outcomes.

Because of the way midwifery care shaped my birth experiences positively I decided to become a midwife. I have been on one placement so far at a private hospital and it was horrible. There were very few midwives working there - it was all obstetric care on the birth unit (midwives were more like obstetric assistants) with mostly nurses working on the postpartum ward. I saw a lot of potentially traumatic incidents occur in the 3 weeks I spent there. The birth unit was chronically understaffed, with only one midwife to three labouring women on a number of occasions.

For example, I witnessed a labouring woman told acidly to "be quiet and stop making such a terrible fuss" by a senior midwife (she was one of 3 woman I witnessed who actually laboured without epidural - it seemed an inconvenience to have such a natural noise on the unit). The woman was initially very upset by being spoken to so harshly but then started profusely apologising to the midwife between contractions for making noise. It was a revolting thing to hear and made my heart break for her.

I witnessed a couple who asked questions about their baby's birth told that they "didn't care whether their baby lived or died" because they questioned the care they were given. This was after an emergency LSCS and understandably the couple were trying to process their baby's birth and what had unfolded and why; they were met with arrogance and barely-veiled aggression. This instance stayed with me because I cared for the mother in the immediate hours after birth. She was so wrecked, so vulnerable, so exhausted. She wasn't given compassionate care.

I witnessed a very young and terrified mother told that she absolutely wouldn't have an episiotomy and then have an episiotomy performed by the obstetrician without her knowledge (epidural) as she complained about her kids and chatted about her upcoming ski holiday to the assisting midwife. I was with the woman briefly in her postpartum and she broke down in tears because she was experiencing so much pain as a result of the episiotomy, and incontinence.

I witnessed racism: one Asian mother tested positive to Covid. Afterwards every person who was admitted to the unit/ward was supposed to have a rat test. In practice, I only saw the rat tests

given to families of black/brown appearance. The care given to the Asian woman with Covid was resentful and derisive.

Recommendations

From personal experience and observations whilst on placement, these are my recommendations for improving maternity health care and reducing birth trauma and obstetric violence.

- Midwifery care promoted as gold standard care for healthy mothers and babies
- Better ratios of midwives to mothers and babies
- Continuity of care models expanded to meet public demand
- Facilitating birthing people's choices (place of birth, mode of birth etc.)
- Pregnancy, birth and post partum education beginning at school age that is engaging and empowering rather than being a terrifying contraceptive technique
- Sharing positive birth stories
- Shifting the judgmental narrative around birth (eg 'at least you have a healthy baby') from the woman onto the health care provider (that is, why can't we have healthy mothers AND healthy babies? Don't the two go hand in hand?)
- Questioning and reassessing the routine use of interventions
- Evidence based care rather than protocol led care
- Decolonising birth spaces and listening to traditional ways of birthing and knowing
- Routine birth debriefs with a trusted midwife