

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

My name is _____, I am 30 years old and my daughter is six months old.

The maternity system is completely broken. I opted to receive continuity of midwifery care through a privately practicing midwife. Despite all the evidence that recommends home birth being the safest option for a woman with no risk factors- I was denied a referral by my GP. This was the first of much opposition from the medical system that left me feeling belittled, disrespected and powerless. Unfortunately, I had to transfer into hospital as it was the safest option available to me during my labour. A recommendation my midwife gave me. At that point my midwife had to handover care to a stranger who did not know me or my birth preferences. My highly qualified midwife who had been looking after me throughout my whole pregnancy and knew me so well was unable to provide care for me as a midwife due to the red tape.

At the hospital during my labour care the doctor said his consultant 'wasn't happy' with me because I declined an unnecessary vaginal examination. Lecturing me like I was a naughty child for not allowing a stranger's fingers in my vagina 2 hours after they had already been in there.

When I was sutured from my third-degree tear, caused by a forceps extraction as I had been 'pushing too long'-the theatre nurse said that I had a 'designer vagina'. It was as if I was a Barbie doll, as if I should be grateful that my perfectly functioning vagina had now been 'upgraded' by the doctors suturing due to an issue he caused.

Afterwards, I was left in the dangerously short-staffed postnatal ward. I never once got pain relief on time. It would take minimum an hour for any staff member to answer my call buzzer. I received bare minimum breastfeeding advice. One night shift I did not see my midwife until 4am.

A women's health physiotherapist needed to see me after my third-degree tear but the only physiotherapist available was a paediatric physiotherapist who kept telling me she 'didn't know anything about women's health' and couldn't help me. That was the extent of the physiotherapy advice I received in the hospital. A Dr 'debriefed' me by saying that she thinks I will recover well in the short term but 'who knows what will happen when you hit menopause'.

I received a blood transfusion then went home a day after giving birth because there were no staff to look after me and the only way to guarantee I would receive pain relief on time was to do it myself. They would not give me a much-needed iron infusion as they were too short staffed. I was discharged home, on the verge of passing out multiple times due to my low iron. I had to organise the iron infusion privately through my GP and was forced to pay over \$400 out of pocket. I did not have another choice at this point due to being so sick and tired and struggling to care for my baby due to low iron.

I had to organise to see a private physiotherapist due to my third-degree tear which also left my thousands of dollars out of pocket, just to ensure my organs wouldn't fall out of my vagina because of my birth.

Women's health is disgustingly underfunded, undervalued, and unappreciated by this country.

The entire model needs a complete overhaul. It needs to be completely redone.

Women should be able to choose the model of care that best suits them- I should not have to go through a GP to access a privately practicing midwife and they absolutely should not have the option to deny me of my right to bodily autonomy and choice.

Midwifery needs to be more valued than it is. Women need to have access to continuity of midwifery care in a model that benefits mothers and midwives. The midwifery workforce is severely understaffed, and this shortage is worsening due to the lack of respect, midwifery autonomy, terrible pay and the obstetric system in which they are having to practice under. There needs to be better ratios of midwives to women and their babies. Midwifery is NOT nursing- it is a highly skilled profession that should be recognised as such.

More funding needs to be put into postnatal care- women's health physiotherapists, lactation consultants, affordable GPs, access to basic medications such as iron infusions without a financial barrier etc.

However, the core issue is the government's attitude towards women. This problem arose due to centuries of undervaluing women and women's health. It arose from women being ignored. From their mental and physical pain and anguish after childbirth being dismissed because 'at least you have a healthy baby'. There needs to be a fundamental shift in a patriarchal attitude of the government and of the obstetric system that has traditionally ignored what women are crying out for and decisions were made for us. This system leaves women, babies and families broken before they have even begun, and this culture is weaker for it.