INQUIRY INTO BIRTH TRAUMA

Name: Mara Davis Johnson

Date Received: 20 July 2023

I make this submission as a woman who has birthed three babies in NSW in the past four years. Two of these births were hospital births and extremely traumatic. The third was a home birth with a private midwife and it was healing and empowering. In this submission, I want to reflect on how the maternity system failed me and my babies. I am educated, white, and middle-class, and my experiences in the maternity system were horrendous. I can only imagine the trauma it has inflicted on less privileged women.

My first baby was born by caesarean after what my discharge states is 'failure to progress.' This is not true. I progressed well throughout the labour and didn't receive the support I needed at the critical moment. I had a failure of midwifery care — after three births, I know that my body and my baby were not the problem.

I had prepared well for my birth and was confident and excited to birth my baby vaginally without pain relief. But, as first labours tend to be, it was long. I laboured well and kept my spirits high with the support of my husband. I used all the techniques I had practised and while I felt pushed to my limits, I thought I was progressing fine. But from the moment I arrived in the hospital, my confidence was slowly but surely eroded: by a midwife who didn't like my vocalisations and pressured me to use gas; by CTG monitoring that I found uncomfortable and useless but we were frightened into maintaining; by having my waters broken prematurely for no good clinical reason; by being placed on a drip of synthetic hormones that was never going to make a difference. When I finally, painfully geared up to utter the word 'epidural', I was told this was not an option – morphine or caesarean. Not wanting to subject my baby to morphine, I consented to the caesarean. I was still in full blown labour as I was wheeled to theatre. I was extremely frightened, never having had surgery and not having expected to be here. Exhausted, demoralised, and ashamed, I felt numb when I met my baby, who was then promptly whisked away as I went to recovery alone. When I was reunited with him, my husband had to leave immediately. I was in agony, distressed, and left alone in the middle of the night with a baby who I could not get up to tend to. I felt like I had been in a plane crash.

This was my start to motherhood, and the next few months were the most difficult of my life. I sank into a deep postpartum depression, where every night I would dream of my son's birth and wake up in a sweat and in tears. I couldn't think of anything else.

When I unexpectedly fell pregnant when he was only 7 months old, I was panic stricken. How could I return to the place of so much trauma? But in retrospect this second pregnancy was a blessing. I was forced to face my fears and prepare to birth again.

As I prepared to have a vaginal birth after caesarean, I was shocked with the obstacles I faced. Unsupportive care providers told me things like I would kill my baby, I had a very low chance of success, I would damage my users, and so forth. I was not accepted into the MGP and hired a doula. I actively avoided medical appointments and refused scans because I was sick of being treated like my wishes didn't matter. I read the evidence cited in the VBAC guide and informed myself — I made decisions based on the data, not on clinicians' preferences.

I prepared for the birth by every day looking in the mirror and saying 'no, I do not consent.' Let that sink in for a moment.

In this second birth, when I went into labour at 36 weeks, I was met with immense pressure and coercion to have many interventions that I did not want. I stuck my ground and he was born vaginally without pain relief. But it was a very stressful experience and one that still took some time to process. I was again separated from my baby as he was taken to the NICU without explaining to me. We spent a week from hell in the NICU where my preferences for the care of my baby were not respected, particularly in regard to breastfeeding. I barely slept, afraid to leave his side because I had been threatened that if he needed formula it would be given to him.

When I fell pregnant a third time, I was confident in my ability to birth. I wanted nothing to do with the hospital system and chose a home birth with a private midwife. People asked me if I was afraid to birth at home. I said no, I was afraid to birth in the hospital. My home birth was an extraordinary experience — so similar yet so different to my first labour. After my daughter was born I felt both immense joy and immense sadness. I was so grateful that she had been born in a transformative, gentle, and empowering birth at home; I was so, so sad for my sons that they had not had this start to life.

I know now that my caesarean was completely unnecessary — I just needed more time and more support. The major difference between hospital and home can be distilled to this: in hospital, all I was offered was interventions and fear mongering. At home, I was offered nothing but care and support. My body did the rest.

We had another unfortunate stay in the NICU because she was also premature. I will not catalogue the wrongdoings of this visit except to draw attention to one. After close consideration, we declined antibiotics for our daughter as we didn't think she needed them. The doctor was very upset and said that she would have to get social services involved. We told her to do so. She returned and said the legal team had given her permission to do what was in the best interests of the patient. Our daughter was given antibiotics.

I have a physical scar on my body that reminds me every day of what happened to me and I have so many emotional and psychological wounds I have lost count. I now distrust the medical system as a whole because my hospital births showed me that the care providers were not there to get me what I wanted – they were there to execute the policies and procedures of the hospital.

It is abundantly clear in the academic literature how to fix this problem. One woman one midwife would improve things instantly. The only time I had access to continuity of care was when I paid for it.

I have one last thing to say about liability. I left the hospital with two healthy babies. Job done, right? Never mind about the traumatised, frightened new mother who now has to get on with her life. As long as she can't sue, she doesn't matter. This just shouldn't be the case. We can't save every woman from a traumatic birth, but we can certainly reduce it. I didn't need to be one of that number.