

Submission
No 148

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

My name is . I am a 32 year old female and I live in , NSW. In April 2021, I birthed my now 2 year and 3 month old son at the Hospital in Nowra, NSW.

I consider my birthing experience, particularly post birth to be traumatic as I was left feeling hopeless and helpless, like a failure and with a diminished sense of autonomy. The treatment I received felt like a violation of my humanity. Given that I am highly educated within the mental health field, my knowledge, training, insight and personal level of support and care were protective in minimising the level of psychological impact that otherwise would have been experienced. I believe given my experience, I was at high risk of Post-Partum Depression and Post-Traumatic Stress Disorder, had I not had the aforementioned protective factors. Nonetheless, the emotional psychological impact was significant, leading to low mood, feelings of worthlessness, diminished sense of ability and confidence, sense of failure and fear of future pregnancy and birth. The intensity of fear actually influenced my decision to put off trying for a second child, something that at 2 years and 3 months later I am now slowly considering may be a possibility. I also experienced significant physical repercussions due to lack of respectful care as well as very significant financial burden (in the thousands) in order to receive the support that should have been initially provided by the care team at the hospital and post-discharge.

My disappointment in the care provided and my birth experience began at 36 weeks with the OBGYN who was linked with the Public Hospital Antenatal care team. I was informed that due to some slight complications that had arisen (a slow placental bleed), that a caesarean section would be occurring at 37 weeks. We were not provided any information, education or data to demonstrate why this was necessary. We felt coerced into this without feeling like we were able to make an informed, evidence-based decision. Given that our local hospital is known for high intervention rates, we felt like this was a biased decision and were not given the opportunity for informed consent.

A significant positive was that the actual birth of my son via c-section was quite supportive and pleasant as our requests were accommodated such as: being able to do skin to skin contact directly following delivery; delayed cord clamping then husband to cut cord when necessary to perform; no announcement of the sex, we were able to find this out ourselves; able to perform seeding directly to bub; and, the cannula was placed in my non dominant hand. The team also supported us in delayed checking by paediatrician so we could breastfeed first. Given how the next few days after delivery proceeded, I am so thankful to the team for allowing us to have these initial positive experiences.

Post-birth, in the first 72 hours of being a first time mum, I consider my birth experience and provision of 'care' at the public hospital as traumatic. The treatment of several midwives who were to provide 'care' for me, a new mother, was disappointing, harmful and unethical. The lack of appropriate support for a first-time breastfeeding mother was degrading and stripped me of any confidence and sense of humanity. The first few hours after birth I was struggling to breastfeed bub and get a latch, and was not showed initially how this could be done. After many hours I was then told to try all different techniques when I had not even mastered the 'typical' breastfeeding hold. I was then coerced into pumping and syringe feeding my newborn so as to 'not allow bub to starve'. I was left feeling like a failure. All the while not

one midwife had taken time to show me with patience and care how to hold bub and encourage him to latch for a breastfeed. It was as if I was expected to just know how this was to be done. I was also not asked how I was feeling, or coping.

After struggling with breastfeeding and trying to master pumping and syringe feeding I was told to try to breastfeed bub more as otherwise it was unlikely that we would be going home as he would be underweight. I was told this on my second night when the baby blues (hormone plunge) and mum guilt had kicked in, with these going through my mind and a newborn regularly waking, I did not get any sleep that night. When my husband walked through the door as soon as he could the next morning, I absolutely broke down when I saw him. I have never felt so overcome by emotion and was second guessing if I could even be a mum to this baby. The emotional toll of that night due to the unempathetic care is a scar I still carry and still brings tears to my eyes and fear to my body, even as I write this now, after years of supported processing and inner work to heal.

As the hospital's lactation consultant was only in part-time I was discharged without feeling confident I had the ability to breastfeed my baby. I discharged from the hospital, not because I felt prepared and confident to take baby home, but to escape an emotionally unsafe environment.

On discharge I was told the lactation consultant would call in 5 days time. Thankfully the home visiting midwife came a few days post discharge and was able to spend some time to show me how to feed more successfully, but the pain and poor latch continued. As I found the forcefulness of the traditional breastfeeding technique concerning, the ongoing pain unbearable and the support terribly unsatisfying, after 4 months I then reached out for private lactation support. I paid out of pocket to receive the care I believe I was entitled to and should have received at hospital and through the public health system.

The third factor that contributed to my feeling of inappropriate and disrespectful care was the lack of pain management. I was not provided sufficient pain medication as to successfully manage pain, I was charted too low a dose and had to wait hours for this to be corrected resulting in ongoing pain, I was not informed that I was allowed to request pain medication and was not regularly asked how my pain levels were. On discharge I was not provided with ongoing pain medication and informed to just use Panadol and neurofen if needed, otherwise see my GP. Given a caesarean is major abdominal surgery, I think this is a very poor pain management plan.

Poor initial pain management slowed my healing and left me with weeks of ongoing pain and slow recovery – my husband showered and towel dried me for the first 2 weeks post birth, it took me 2 weeks to be able to independently walk and carry my newborn and it took me 4 weeks to be able to walk outside. The lack of available post-birth caesarean care via the public health system meant I have also spent hundreds of dollars to access recovery support through private physiotherapy and rehabilitation programs.

I believe a lot can be done to improve birthing people's experiences, reduce the risk of traumatic birth experiences and support new parents at their most vulnerable. We should be following the research!! I think one part of the puzzle is to increase access to Midwifery Group Practices, continuity of care and encouraging home-births. I think maternity wards, antenatal and post-natal carers need to improve their CPD and knowledge of the latest evidence-based care as well as holistic approaches are vital. I also think letting go of staff who have had

numerous complaints made against them and who are not providing respectful care to new parents at their most vulnerable should occur- I understand hospitals are understaffed, but poor invalidating and unempathetic care is what is leading to birth trauma. A review and exploration of a hospital's intervention rate should occur with the OB/OBGYNs held accountable into why an intervention rate is so high- and just being risk adverse should not be tolerated. My final concern is that it appears that there is no consideration into the emotional and psychological wellbeing of the birthing parent- I think that checking in and asking the parents how they feel and how they are going with real care, empathy and validation is vital-if nurses and midwives are unable to provide this level of care, then have a psychologist as part of the team for post-birth check in, mental health assessment and birth debriefing as well as to support making any complaints. The current system is failing parents, babies and our futures.