

Submission
No 152

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I live in rural Nsw. hospital maternity unit was closed in 2019 due to staff shortages. Birthing now takes place in Nsw. A 30km drive away. This impending drive causes significant stress on a pregnant mother in the lead up to birth, worrying about not making it to the hospital in time, or birthing on the side of the road. Of which we know of instances of birthing along the highway or birthing in ED without specialised professionals. Which I can only imagine causes some birth trauma for those involved. These have occurred in the last 3 years since it has closed.

I experienced a missed miscarriage in early 2019 which resulted in multiple trips to the Hospital to have the miscarriage confirmed with ultrasound and then to discuss 'treatment' with the obstetrician. Where a statement was made with negative connotations to the amount of times I had presented to the hospital, even though that is what I was directed to do. As though my situation or presence was a burden on the system.

A second very early miscarriage was referred to by a GP as an abortion, although I know this may be a term commonly used by medical professionals, it seemed to imply that I had a choice and control of the miscarriages.

During my first birth I was instructed to bare down 'like you are doing a poo' which I believe resulted in a 2nd degree tear and considerable recovery period involving prolapse. This caused fear in the lead up to my second birth and what my second recovery would look like.

With the help of a wonderful midwife I was able to inform myself in the lead up to my second birth and understand skills that did not involve directed pushing. Thankfully I only sustained a 1st degree tear. Which I believe was only the result of internal manoeuvres performed by my skilled midwife to rectify a shoulder dystocia. I had an understanding of shoulder dystocia prior to my birth and my midwife let me know what she was going to do. I feel my overall experience with this was positive but can absolutely believe that birth trauma would occur if you were not informed by a healthcare professional prior to these being performed.

My second birth was at 41+5 days and prior to this a locum doctor had talked to me, I wouldn't say discussed, induction. Information was vague and my fear of increased pain due to induction medications was dismissed and I was told there are drugs to deal with the pain. I was told by a male doctor that induction 'isn't that painful'. At no point was I asked specifically what I wanted, which was a spontaneous, unmedicated birth.

I have heard many stories of fear mongering expecting mothers into induction when a pregnancy progresses past a certain time frame. Due to reduced amniotic fluid (which I experienced), or due to staffing issues and, some saying they are the only doctor in this rural area, 'so responsibility lies with them if something goes wrong', almost making the woman feel obliged to go through with an induction to appease and 'help' the Dr. These women, known to me, feel they have no other choice and their births have resulted in different interventions and almost all emergency caesarean births. Which causes birth trauma in many ways, doubting their ability, fetal distress, being told they aren't progressing as if it is their fault when really their body isn't ready, where by any augmentation really won't be successful.