INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially Confidential

My name is , I live in , I am 29 years old and have an almost 2 year old and also 38 weeks pregnant.

My first pregnancy was during covid lockdown, I did manage to get an MGP spot but only ended up having 2 face to face clinic appointments with my midwife. In September of 2021 my waters broke at 34 weeks gestation and I was told to come in for monitoring. I was then told I might not go into labour today and that if this was the case I would have some antibiotics and go home and be induced at 37weeks. I was transferred from the birth unit monitoring room to the pre/postnatal ward. At first in a 2 bedder room. I began getting some cramping and lower back pain and buzzed the ward midwife who told me "it's not labour just tightenings". I rocked back and forward beside the bed for two hours trying to ignore the cramp's because 'I wasn't in labour' so I just tried to keep busy. My MGP midwife came an saw me (swaying holding the bed) and said "oh well I will probably be here all night then" and left again.

I was offered a single room due to being private, and I was so relieved because I just wanted to get in the shower but didn't want to take up the toilet from the other lady in my room.

Straight in the shower I went, time passed, no one came to see me (my partner sat beside me while I laboured for another few hours and I don't remember much after that until I hit transition. I vomited, had diarrhea, almost passed out and then began screaming that I needed to push. My partner called the nurse bell, no one came so he pressed the emergency bell and called out that I needed help.

My body was pushing, I was still on the ward. I was freaking out. The obstretrician asked to do a vaginal examination because "they didn't know how far dilated I was" I just yelled and said well hurry up because I am pushing this baby out.

They finally realised I was fully dilated and the baby was crowning. I was asked if I could get in a wheel chair to go to the birthing unit... no definitely not! They grabbed all my things, threw a pillow over my lower half as I now had no pants on. They rushed my bed down the corridor to the birthing unit.

I was confused, scared and had lost faith in my body. I was being told to push with legs up in the air and when my pushing was ineffective told, "you need to get this baby out". I thought there was something wrong. Later on I found out my CTG trace was fine and there was no need to get my baby out quickly. Only 5 minutes of pushing and he was out. I obtained a second degree tear from what I assume was the speed of pushing and being on my back. This has led to stress incontinence.

My baby was taken to special care and stayed for 2 weeks for feeding assistance. We had a rough breastfeeding journey which ended at 4 months as I couldn't keep up supply. I was followed up once in person at the hospital by my midwife and then one phone call. No home visits. I felt pretty much abandoned once I gave birth and was pretty much handed over to the special care nurses (who were absolutely amazing) but it was all care for my baby not me. So I felt quite helpless as a first time mum.

Even my 2 days on the ward I only saw midwives for my vital checks, I had no baby with me, I had a 'straightforward vaginal birth' I was an easy patient who didn't need anything.

My world had changed and I was processing a birth that just happened to me and a sore body that I couldn't rest because my baby needed me in special care, so I drove myself to and from the hospital 3 times a day for 2 weeks.

It was a hard start to motherhood and I still get upset by it now wishing I had been more of an advocate for myself. I have seen a therapist, been to a birth debrief in hopes to overcome fears of birth for the next baby.

I was unfortunately not accepted onto MGP this time around as I didn't meet the criteria. So have done GP shared care and have only seen a midwife for one hospital appointment.

I hope this inquiry shows the importance of midwiferyled care models, especially MGP where we have the one midwife throughout. Also more funding for midwives so that they are not as stretched and can actually have time with all of their birthing women pre/post partum. Babies should be counted in midwife ward ratios too.