

Submission  
No 228

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

To whom it may concern,

I am writing my story to you today in hopes of better treatment for all women and birthing individuals moving forward.

I gave birth to my first son in January 2020, at

I fell pregnant with my first son in May 2019. At the time, I had no one around me who had recently been pregnant or given birth to give me guidance during this time. Due to this, I put my full faith into healthcare professionals to give me all of the information I needed to make the best choices for myself and my baby.

As a plus sized woman with a high BMI, I was asked to complete the Glucose Tolerance Test at 14 weeks gestation. It should be noted that weight has zero influence on whether or not a pregnant person will have gestational diabetes. Thankfully I passed this test.

I have a condition called Factor V Leiden, which is a blood clotting disorder. I have never personally had a blood clot in my entire life, but I do have a family history of blood clots. I was seen by a haematologist early in my pregnancy and was prescribed Clexane for the entirety of my pregnancy plus postpartum. At this appointment I was told I would need to be induced due to being on this medication. I was not given informed consent. I was not told what the risks of induction was, the risks of going into spontaneous labour while being on this medication or the risks of not taking the medication at all.

My pregnancy was fairly normal. I experienced morning sickness, fatigue and all the rest. At 26 weeks gestation I was told to take another GTT and unfortunately I did fail this test by 0.1 point. This added another layer into being told it would be best to be induced in fear of a big baby and being a bigger woman myself.

I was booked for my induction at 38 weeks. I wasn't told what would happen during my induction, what the risks were, what happens if the induction doesn't work or how long it would take. This is not informed consent.

My induction was long and drawn out. I was told during the process that I would not be induced in the middle of the day due to my high BMI, and the likelihood of an emergency happening. The hospital did not have staff capable enough to handle an emergency on a woman with a high BMI.

3 days after my induction was started, my waters were artificially broken and I was started on the Syntocinon drip. During this time I was not informed of the risk of infection from vaginal examinations, overactive uterus from the artificial hormones or what happens if my waters are broken for too long before my baby was born.

I was given vaginal examinations every few hours from obstetricians which was extremely painful. Again, I was not told the risks of having multiple vaginal examinations after rupture of membranes. I did tell them to stop on occasion but my voice was not listened to.

After 10 hours of labour I was told the following:

“Baby and you are healthy and doing ok, but because it is late at night (8pm) I would recommend having a cesarean section before something bad happens. It’s better to have one now than in the middle of the night. If you decide to keep going, you are likely to end up in an emergency situation.”

I was not told the risks of cesarean section, I was not asked how many babies I would like to have in the future. I was not told that I could only have 3 cesarean sections. I was not told the risks of placental abnormalities like placenta accreta, placenta abruption, the risk of uterine rupture should I choose to attempt a VBAC in the future. I was also not told the risks of continuing with the induction and waiting to see what happened. I felt very disrespected and coerced into having major abdominal surgery by someone in a position of power who knew I did not know all of the risks and benefits before making an informed decision.

During my surgery staff members were talking amongst each other as if I were just a slab of meat on a butchers table. I believe further training on bedside manner is in order for these surgeons in the future.

After my sons birth I was not assisted in breastfeeding by midwives or a lactation consultant. My nipples are quite flat and I was told that I was not allowed to use nipple shields because it can damage the breastfeeding relationship early on.

Due to the gestational diabetes through pregnancy it is common for babies to be born with low blood sugar. Because of this, my son was taken to the special care nursery so he could be monitored more closely. At the time, I wasn’t made aware that he would be taken away from me. It was phrased in a way that made it seem like they would be taking him for a few hours so I could get some rest but he was actually admitted into the ward.

During his stay in the SCN I was able to visit every 3 hours to attempt breastfeeding but more often than not, he was already fed formula before I arrived and without any contact to myself to see if I wanted to try breastfeeding before formula was offered.

On his second day in the special care nursery, my partner had arrived during visiting hours to take me over in the hospital wheelchair. Upon arriving, I discovered that my son had been transferred to a different ward without my knowledge. I was told that no one knew which ward he was in and they also didn't know when he would be coming back. He came back eventually and I made a formal complaint to the hospital.

Because of this separation immediately after birth, plus the separation postpartum this greatly negatively impacted our bonding and breastfeeding relationship.

I gave birth to my second son in June 2022, at

Just under 2 years later we found out we were expecting our second son. I was determined to have a VBAC (vaginal birth after cesarean) as I was told I would be able to try following my surgery. Throughout this pregnancy I was told that because of my BMI it would be unsafe for me to attempt a VBAC delivery. I was told that because of my BMI my likelihood of failure and the risk of uterine rupture was greater. I was not given the evidence behind these statements.

At 17 weeks I was told that I would have to be induced because of my gestational diabetes. At this time I had not even had a GTT and it was assumed that I would have it because of my high BMI. It made me feel extremely disrespected to be fat shamed by a medical professional.

I spoke to the haematologist at KEMH about whether or not I need to be induced again due to me being on Clexane for this pregnancy and I was told being on blood thinners is not an indication of induction of labour. Why wasn't this brought to my attention during my first pregnancy?

Again, I had a very normal pregnancy despite all of the hurdles being thrown at me. It was when I was 32 weeks and 6 days gestation that I had spontaneous, premature rupture of membranes. I presented to the hospital where multiple vaginal examinations occurred, but again I was not told the risk of these examinations. On multiple occasions I told the hospital staff to stop as it was painful but they did not until the examination had finished. No one in the hospital was able to determine whether or not my waters had ruptured, and therefore I was admitted into the ward.

Finally an AmniSure test was undergone and it was confirmed that my membranes had in fact ruptured. The hospital staff asked me to stay on bed rest in the hospital for a week but I declined as I had a toddler at home who needed me. I was asked to instead present to the hospital twice a week for monitoring and ultrasounds. I was not told the risks involved.

Upon discharge no one told me the risks of infection, the risks of going into labour or the risks of “watching and waiting” to see what happened.

About a week later I was told I had to be induced no later than 37 weeks even though I had completed a course of steroids and antibiotics. At my next antenatal appointment I asked the head of obstetrics what the risks were if we didn't induce, and he told me to just wait and see what happens. I was not able to make an informed choice due to the risks and benefits not being explained to me.

I went into labour at 35+5 days gestation, I presented to the hospital. I was offered pain medications multiple times after I had declined and said I don't want to be offered anything. I had a junior doctor tell me to let her finish talking before asking questions which I found very disrespectful and rude.

Eventually I was moved into the birthing suite. I did not want to have continuous monitoring but was told I had to because it was a VBAC labour. I was also told that I had to have a cannula inserted into my arm because it was a VBAC labour. I was not allowed to move freely around the room as the midwives told me it stopped the monitoring from picking up properly.

I asked the on call midwife if I could have the gas and air as pain relief and was told I was not allowed, the only medication I was allowed to have was morphine. I took the morphine so I could get some rest but unfortunately this completed stalled my labour. Later I again asked for the gas and air but was told once more I was not allowed, so I had the morphine injection again.

Throughout this time I was asked to consent to multiple vaginal examinations despite the risks involved. These were incredibly painful given the fact I was not “allowed” to have any other pain relief.

My labour was stalling and I was unable to get back into active labour. The midwife told me I would definitely rupture soon if I didn't consent to a repeat c section. This experience was very traumatic as I didn't want anything to happen to me or my baby, so I consented to another emergency c section.

Once again staff members were discussing their weekend and holiday plans as if I wasn't even there. I had explicitly asked for skin to skin after birth but this was not accommodated, my student midwife was told it was “too cold” for skin to skin in theatre.

During postpartum, and because my baby was premature, I was told that I was not allowed to breastfeed him otherwise he would lose too much weight. I had plenty of milk less than 24 hours of his birth but I was told that if I wasn't giving him formula or pumping and bottle feeding they wouldn't discharge us.

We were kept in the hospital in a room where the blinds did not open for over a week postpartum. Midwives would not let me breastfeed my baby, I was not able to talk to a lactation consultant and get support in maintaining our breastfeeding relationship. My baby was again taken to the special care nursery precautionary in case his blood sugar level dropped too low. He was only in the nursery for 6-8 hours, I fail to see why that was necessary at all. During one handover, the midwife stated that I was not interested in breastfeeding despite my healthy breastmilk supply, which was completely incorrect.

At the end of our stay, I was told we weren't allowed to go home until my baby had gained some weight. If a mother receives fluids during birth, it artificially inflates her babies weight. A 10% drop in weight is normal for babies, but we were not allowed to leave. Discussions were had about fortifying my breastmilk with formula, or putting him on a special premature infant formula. I requested to speak to the paediatricians directly about our choices but I was avoided for 2 days. Eventually I had to threaten to discharge against medical advice before someone came to speak to me. Thankfully, we were discharged the next day.

The treatment we receive as mothers in the hospital system is downright coercive, disrespectful, rude and sometimes equates to bullying. Especially for plus sized, higher BMI pregnant mothers. The exclusion criteria for continuity of care models, such as the Community Midwifery Program and Family Birth Centres need to be looked into, so all women, despite their apparent risk factors have more opportunities for safer, intervention free, drug free childbirth experiences.

I am currently 13 months postpartum from my second unnecessary cesarean section and still healing from the trauma that occurred from both of my births. I am currently studying to become a doula so I can help support women who have been through similar experiences to mine, as well as 1 in 3 women who describe their birthing experience as traumatic.

I implore you to take a deep look into the outcomes of births in Australia and take action to ensure we are respected and our voices are heard moving forward.

Thank you for taking the time to read my story

Student Doula