

Submission
No 258

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Terms of reference addressed:

1. (a), 1.b (i), 1.b (iii), 1.c, 1.d (i), 1.e, 1.i.

In November 2020, I gave birth to my first child at _____ in regional NSW. While I am extremely grateful to have access to medical care and birth interventions when required, I felt that the way I was treated by one of the doctors prior to and during this birth was not appropriate and placed traumatic levels of pressure upon me (and to a lesser extent, my husband) during an already long and stressful labour. I did not feel that my informed choices were respected by the doctor on duty during my labour.

My labour started spontaneously, however the first stage was extremely prolonged. Despite baby's vital signs remaining healthy, I was placed under considerable pressure to accept augmentation of my labour. My husband and I had spent the last weeks of my pregnancy informing ourselves through reading scientific resources so that we would feel informed on the levels of risk associated with likely decisions we might need to make during labour and birth. When I explained to the doctor on duty that our wish to delay augmentation of labour was an informed decision backed up by evidence from current research, she continued to attempt to verbally coerce us into accepting immediate intervention. Her primary means of doing this was by repeatedly emphasising the phrase "If you do not accept this intervention, your baby may die." I feel that in the circumstances, this was highly inappropriate language, and also unnecessary. There was, at that point, no evidence that our baby was at a greater risk of death than that which would be considered "normal" during a natural vaginal delivery. In addition, there is strong evidence that interventions such as hormonal augmentation of labour can increase certain risks to a baby during and after delivery. By accepting (possibly unnecessary) augmentation of labour, I would have been exposing my baby to those additional risks. My midwife respected my choice on this, but the doctor did not.

When I told the doctor that I wished to stand by my decision to give my labour time to progress naturally, she left the room and then returned to give me a thick stack of printed scientific research papers to read. I assume she hoped that providing this information would absolve her of any accusations of negligence, should the outcomes of my birth be questioned later. It seems startling to me that a doctor would consider this an appropriate way to treat a woman who was having strongly painful contractions every 3-5 minutes.

There is strong evidence that to enable the production of hormones associated with natural vaginal birth, a woman needs to be in a supportive, relaxing and low-stress environment. At a stage where I should have felt supported and cared for, I felt frightened, alone and trapped in a situation of conflict.

During the last stage of my labour, I again felt that the same doctor used unnecessary and traumatic coercion to rush the birthing process. I was successfully birthing my baby naturally, using warm water as my only pain relief and changing position as necessary at the recommendation of my midwife. The doctor informed me in a threatening manner that if I was not able to birth my baby immediately, I would be placed on my back in stirrups and baby would have a ventouse delivery. I found this very frightening, as I felt that if placed on my back I would be in a powerless position, unable to move as needed to manage my extreme pain. Therefore I accepted an episiotomy (which I strongly desired not to have) and birthed my baby naturally in the shower a few minutes later. She was healthy and alert, and she has

happily remained a very healthy child. In hindsight, I think it unlikely that the situation directly prior to her birth constituted a potential emergency, despite the doctor presenting things that way at the time.

It took me a long time to heal from this episiotomy and for my body to be able to resume normal activities.

The coercion and stress I experienced during my first birth meant that I experienced very great levels of apprehension and stress prior to and during the birth of my second child in June 2023 (also at During this second labour, my regular contractions ceased immediately once I entered the hospital. I then returned home, where my contractions became established once more. When I returned to the maternity ward a second time, feeling ready to begin pushing out my baby, my labour stalled once again. I attribute this to the fact that I couldn't trust that the hospital would be a safe and supportive environment. Despite support from my husband and midwife, my labour stopped progressing and I eventually required hormonal augmentation to enable my body to fully relax into pushing and birthing my baby. Thankfully, despite an unusually long second labour, I gave birth to a healthy baby with a 1 minute APGAR of 9.

The physical and emotional stress of experiencing such an unusually long labour with my second baby definitely had negative impacts on my postpartum recovery and my ability to bond with my newborn.

I also feel that the lack of adequate soundproofing between delivery rooms within the is contributing to traumatic experiences for the women birthing there. For a period of time during late labour of my second birth I was left alone with the intent that privacy could help allow me to relax and therefore labour productively. Instead I was forced to listen to loud, prolonged agonised screaming from another woman giving birth in the next room. It sounded like this poor person was undergoing her own traumatic birth experience, and I was forced to listen without being able to help, while also contemplating that I would possibly be experiencing similar levels of pain within the next hour. I found this incredibly upsetting and I am sure this level of stress would have been detrimental to the progression of my labour (as well as that of any other women placed in the same situation due to the lack of soundproofing in the hospital).

I am forever grateful to my skilled Group Practice midwife, who supported me through both my births, respected my informed decisions and showed me the positive side of antenatal/birth/postpartum care in the healthcare system.

If I am to have another baby in future, I will plan to have a homebirth, however this is financially very difficult for those of us living regionally.

Thank you for your time in considering this submission.