

Submission  
No 263

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 15 August 2023

---

Partially  
Confidential

I am a 34 year old female and I have birthed in NSW public hospitals twice. My first baby was born at \_\_\_\_\_ Hospital in April 2018 and my second baby was born at \_\_\_\_\_ Hospital in June 2023.

When I had my daughter at \_\_\_\_\_ Hospital, it was classified as a low risk pregnancy and my antenatal care was through the weekend midwife care. I saw a different midwife each appointment, depending on who was rostered on, so there was no continuity of care and no relationship being built. At 40w+5d pregnant I attended an appointment at the Day Assessment Unit. An induction was booked in for 5 days time when I would be 41+3. I was not made to feel that I had any other choice but to be induced if my pregnancy reached that time, and this put pressure on me at a time where pregnant people should be made to feel safe and confident in trusting their body's ability and their baby.

I went into labour and was admitted into the labour ward the next night. The care that I received during my labour resulted in me feeling that my body had failed, I felt shell-shocked and traumatised. It left me with a genuine fear of labour and affected my confidence because I was left with a belief that I could not trust in my body to do as it needed. This level of impact from my first birth experience occurred with the relatively low-level disrespectful treatment I received, and I can only imagine the impact that other mothers have had with much worse experiences.

My daughter was posterior and so labour was always going to progress differently. When I arrived at the hospital with my husband as my support person, the midwife checking me in was warm and friendly, however she was going off duty. The midwife who attended overnight was not warm or friendly. She did not offer support or suggestions. She kept her distance and timed contractions, telling me they weren't going for long enough before leaving the room for another hour or so. Vaginal examinations were given and just made me feel like I wasn't progressing fast enough (fast enough for the hospital, putting pressure on a process that should be allowed to progress at its own pace). I was coerced into having my waters broken to hurry things along even though I didn't feel comfortable with this. I was made to feel like it was dangerous to not speed things up. There was meconium in my waters so I was hooked up to a CTG monitor for the remainder of my labour without any discussion of the risks, and this meant I was no longer able to use water for pain relief or move about much.

By the time dawn broke, I was in a lot of pain, was continually made to feel like I wasn't doing the right thing by the midwife without any other suggestions or support from her, and my husband and I were left to feel overwhelmed and alone. At one point the midwife asked if I was pushing and I said yes and she left the room and did not return. The next visit was from two other midwives who had come on duty for the morning. They asked if I was pushing and I said yes, they performed a vaginal examination and confirmed I was fully dilated. At this point I was on my knees on the floor, leaning against the side of the bed. They allowed me to push a couple of times in this position before telling me that I was not pushing effectively and coerced me into getting onto my back on the bed. They said that it would be to see if that worked better, however when that position was no better, no other positions were offered -

instead other interventions were. Knowing what I do now, I know that birthing on one's back makes it harder for the baby to make its way through the pelvis and birth canal. This is even more true for a posterior baby. By this stage I was exhausted physically and emotionally. My husband and I were overwhelmed and didn't know what to do. We put our trust in the medical professionals that they would know what is best for me and my baby. I was given syntocin to make my contractions last longer. I was coerced into having an episiotomy despite stating that I did not want one. By this stage there was an obstetrician, a student obstetrician and multiple midwives in the room. I was in stirrups on my back having an episiotomy - all three of these were things I did not want. I felt vulnerable and powerless, I felt like I had no say in decisions about my body and my birth, and I felt like my body was failing, all with a large audience. My daughter was born soon after the episiotomy.

I look back on this experience and see all the moments where the system failed me and my baby. Where I was not given the opportunity to give informed consent, where I was rushed when I should have been provided with a psychologically safe environment to labour at a pace that honoured the process. I spent the beginning of my matrescence coming to terms with a birth where I felt my bodily autonomy was taken from me, and grappling with feelings of failure while trying to get to know my newborn daughter and establish breastfeeding.

Nearly five years later when I found out I was pregnant with my son, my fear and uncertainty about birth tainted what should have been joyful. I worked on my trauma and fear with my psychologist which helped me to get into a good frame of mind. Thankfully I was able to be a part of the group midwifery program at \_\_\_\_\_ Hospital. Being able to know my midwife, for her to know me, was so beneficial. My midwife spoke with me about my options, helped to make sure I had the information I needed to make informed decisions about my care and feel prepared for birth. She respected my choices, never tried to push for anything I wasn't comfortable with, and helped me find resources to educate me about my options. When I went into labour, it was an incredible comfort to me to know that she was with me when I got to the hospital. I had been provided with the resources throughout pregnancy to allow me to feel confident and know what I needed to do, and I was able to trust my body. My midwife didn't even need to give much input, she was just there to support me and facilitate the safe environment needed. This care model was essential to me having the birth experience I had the second time around, which was so healing. Instead of traumatised, I felt proud and capable. This is the type of care that every person deserves.

I would urge you to please look at what has been proven to work in maternity care - group midwifery programs where pregnant people have the same midwife all through their care. Where trust can be built and safety created. There are lower rates of intervention, higher patient satisfaction, and lower costs to the medical system. These programs can be so hard to get into due to high demand but they are so important for respectful maternity care.

Not everybody has the resources and opportunities I had available to me to overcome the trauma of my first birth. I still grieve what was taken from me, but am in a much healthier place now. This is not the case for everyone. I want to say too that most of the women I know

have a traumatic birth story, it is sadly almost normalised - to the point where many women would not necessarily identify that their birth experience was traumatic even though it was, whether that be physically, emotionally or psychologically. This is such a prevalent issue in maternity care and I am glad it's being looked into. Please take this chance to review maternity care and put more funding into proven care models like group midwifery, rather than further forms of interventions that cost more money and are more likely to contribute to traumatic experiences to birthing women.