

Submission  
No 265

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

Hi. I'm a 39 year old mother of two children now aged 8 and 11. I had two wildly different experiences and this led me to pursue a career in midwifery after the birth of my second child.

My first experience with maternity services was during the pregnancy and birth of my son. I knew I wanted to have a physiological birth and began researching once I was pregnant. I knew from my research that midwifery continuity of care was the gold standard and I was eager to be a part of the midwifery group practice (MGP) program at my local hospital.

The information given to me by my GP stated that I would be able to express a preference for MGP care at my booking in visit. I was really disappointed when I found out that it was too late at that point - all the spaces had been taken. MGP was so popular that women called up as soon as they found out they were pregnant to reserve a place.

During my pregnancy, I mostly had midwifery care. The hospital did request that I have one appointment with a doctor because I had previously had surgery to remove an ovary and a fallopian tube. Almost as soon I arrived at the appointment, the doctor said to me 'so you're here to talk about your self-harm?' I was completely shocked by the inappropriateness of the question and the insensitive way in which the doctor was attempting to address the issue. It also really upset me that time had not been taken to read my notes and to understand my situation and why I was there. I felt like I was not being seen as an individual and was just another patient in the system.

Unfortunately, labour and birth did not go as I had hoped and after two hours of pushing with an epidural, the doctors recommended I have a vacuum delivery. I asked for the benefits, risks, alternatives of the procedure and what would happen if we did nothing. I remember the doctors offering a caesarean section as an alternative and the doctor telling me that if we did nothing, I would stay pregnant forever. I felt coerced into having a vacuum delivery as I definitely did not want a caesarean section and I was not given any information on the risks and benefits of continuing to attempt a vaginal birth.

I asked for some privacy with my partner to discuss what we wanted to do. I was very tearful and emotional at the time. All the staff left except one midwife who just stayed in the room! I can't remember how I finally got them to leave, another staff member did drag them out at some point, reminding them that I had asked for privacy.

After the birth, my son wasn't breathing well so he went to NICU for a couple of hours. This meant I missed the 'golden hour' - the immediate period after the birth when babies breastfeed and bond - and this severely impacted on our breastfeeding journey. When my son returned from NICU, I buzzed to ask for help with breastfeeding, and all the midwife did was pop her head in and then leave without giving me any help. My son didn't end up breastfeeding until his third or fourth day of life, and we ended up staying five days in the

maternity ward. This time which should have been a time of joy and love was instead filled with great stress as the midwives and myself tried desperately to get my son to feed.

I also want to mention another incident on the postnatal ward where, when I met a staff member new to me, I was told 'babies are resilient' and the staff member picked up my baby and dropped him from a height of 30cm onto my bed. I was horrified that my newborn was being treated in this way when he was so small and precious and defenceless, by someone who was supposed to providing care to us.

The trauma I experienced after the birth of my son led me to develop vaginismus - a condition where I could not tolerate vaginal penetration. This continued for 12-18 months after the birth. My husband was patient and understanding, but it did take a toll on our relationship. I was able to bond well with my son but I think I felt that on some level I felt I had failed him during his birth, and this led me to throw myself so deeply into motherhood that I lost touch with who I was outside of my 'mother' identity. I also think that the way I was treated during my pregnancy, labour and birth sent me then message that I was somehow less worthy, I didn't deserve respect, and this had a huge impact on my confidence.

When I fell pregnant again, I knew all the 'right' things to do and was able to secure a spot on MGP. However, I had mixed feelings about birthing again in the same hospital and about the midwife assigned to me. When I told them I had breastfed my son for two years, their response was shock rather than acceptance. I also tried to discuss with them that I was having nightmares about birthing again, I wanted to share my story with them so they would know where I was coming from. Their response was to shut me down and to tell me that if these thoughts continued they could organise for me to see a psychologist later on in my pregnancy. I was hoping for a different experience but I felt like I was back at square one and being re-traumatised all over again.

I decided to explore care with a privately practising midwife, which at that time meant birthing at home. My husband was traumatised in his own way by our son's birth and was worried about the safety of homebirth - and by the cost - but I eventually managed to convince him.

The respectful, collaborative care I received from my homebirth midwife was truly transformative. It changed the course of my life by helping me reconnect with the parts of myself that are strong, capable and resilient. It showed me that how women are treated during pregnancy, labour, birth and postnatally is of vital importance, because it helps to shape how that woman will mother her children.

I realised that what women need is a safe, compassionate and respectful person to collaborate with them in their care, so I trained as a midwife so I could be that person for others. However, working as a midwife within the system, I now experience trauma in

different ways: I've watched a woman cry 'stop' over and over and physically move up the bed while having a vaginal examination, and for the doctor performing the examination to just keep on going. I feel shame that I did not do more to stand up for that woman. And there are days where the workload is so great, and I've felt so undervalued in my role that it is difficult to be the compassionate, respectful clinician I pride myself on being.

So what can government do to improve maternity care? I have three suggestions. Number one: if you value women, you must value midwives. We cannot give high quality care when we are overworked and burnt out. Number two: the research continually shows that continuity of care is what provides the best outcomes - more women must have access to MGP. We also need to be clever and nimble to devise/implement hybrid models of care which maximise continuity while respecting that not all midwives can work on-call. Number three: we need to give women choice. Privately practising midwives (and lactation consultants) need to be as accessible as private obstetricians.