Submission No 268

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 15 August 2023

My name is , I live Sydney, I'm 30 years old and have a 2 year old son, I birthed him at my local hospital in 2021. In spite of contacting the Hospital numerous times, including before pregnancy and at the first stages of knowing that I was pregnant, and without having any risk factors, I was never offered a place in the midwife group practice program that I had thoroughly researched as being the most evidence-based form of care. I saw so many different people throughout my pregnancy care, rarely the same person twice, and I lost 15kg due to nausea and vomiting that was not picked up by the hospital. I presented to this emergency department halfway through my pregnancy having fainted and urinated blood and was discharged, without adequate explanation, as having gastro – which my GP disputed the next day.

Due to my baby measuring large on ultrasounds I was asked to consider and book in an induction for around 38-39 weeks at almost every appointment in my third trimester, something which I understand to not be evidence-based. As I approached 40 weeks I felt coerced into booking an induction due to post dates (being told that spots were filling up fast). When I asked to push this date back, I was told by a junior doctor that I wasn't increasing my chances of going into labour, I was only increasing my chances of having a stillbirth. Again, I understand the research as showing a typical 3 day difference in inducing versus waiting. Throughout my whole pregnancy I had to conduct my own literature reviews because I did not receive appropriate information to give informed consent. I have a master's degree in psychology and felt equipped to do this, but most people would not, and should not have to, go to this level of independent research, we should be able to trust that the doctors and nurses caring for us in our pregnancy, birth, and postpartum period are working in line with the most up to date evidence base, and unfortunately this appears to be not the case in many places. I encountered many junior doctors who I believe have never even witnessed a fully physiological birth.

When I arrived at the hospital with my contractions having started and my waters having broken, I was told by a different junior doctor that they would have to augment my labour with syntocinon in a few hours, this was because they had assumed that my amniotic fluid had meconium in it due to me approaching 42 weeks. A helpful senior midwife reassured me that I had gone into spontaneous labour and would be able to progress on my own, however a shift change meant that she had to leave shortly after. I was unable to go home or to use the bath for pain relief or birthing as had been my preferred plan. I received continuous monitoring (which I believe is also not in line with the best evidence base) via a feotal scalp electrode, which it took 3 different practitioners to have a go at inserting whilst I was contracting. Labouring on my own was physiological pain, but this was excruciating pathological pain.

I then chose to labour alone in the shower with my partner for the rest of the time, keen to not be interrupted or intervened with. When I felt the uncontrollable urge to bear down I wanted to make sure that it was the right time for me to go with my body on this so I requested support. At least 4 people entered the room and I was directed to be examined vaginally on the bed and then encouraged to push whilst lying on my back. The urge to push my baby out went away completely as I no longer felt comfortable or safe in this position or

with these people who I had never met before. I do not believe that a woman who has gone into spontaneous labour and has had zero pain relief should be given coached pushing prompts whilst lying on their back on a bed, I wish that I had stayed in the shower and moved my body how it wanted to move because I believe I would have birthed my baby there myself shortly after. However, I ended up on the bed for a couple of hours, where I was praised for holding my breath, vocalising less, and pushing more when I didn't feel the need to, which went against my instincts but I was too exhausted to communicate this. Another junior doctor said that if I couldn't get my baby out in the next couple of pushes then they would need to intervene – e.g. via c-section, forceps, or vacuum. They were concerned about shoulder dystocia because of my baby's suspected size and they were speaking out loud about this. I do not believe, from my partner's account, that my baby was in any unexpected distress, and it was more so that it had been longer than they thought it should have been for this final stage, yet no one suggested a change in my bodily position.

I was strongly encouraged to have an episiotomy, which I used all of my energy to say that I would prefer to tear, to which the doctor replied "you could tear through to your anus, is that what you want?". They continued to strongly suggest an episiotomy, including pressuring my partner for details as to why I would not want this, I eventually gave in with a slight nod of the head and I was instantly cut (and also tore anyway). I experienced this as quite violating. My tear healed much faster than my stitched cut and the placement of this scarring still affects my sexual interactions with my partner. What should have been a glorious moment of holding my baby for the first time was instead bright lights and the pain of stitching, including an incorrectly placed local anaesthetic in my vulva. They were unable to help me attempt a breast crawl with my baby because they did not know how to do this, despite my bub being very alert having had an unmedicated labour (with there also being no meconium present confirmed at birth by the paediatrician). They knew only how to force my breast into my baby's mouth, and his first feed ended up being via a syringe due to this.

I strongly believe that no one should have to argue with their health professionals during their pregnancy or birth for evidence-based care. Due to this being at the end of covid lockdowns my follow up breastfeeding care after a 48-hour discharge was one phone call and one facetime call. Thankfully I had arranged alternate supports, because this would not have been sufficient to troubleshoot any early breastfeeding difficulties. If I am to have another baby I will be strongly considering a homebirth so that I can access continuity of care through a known midwife, which should be much more accessible through our health system as being in the best interests of mothers and their infants. For the huge rise in interventions we have not seen a reduction in risks, and of the 15 women in my local mother's group I was 1 of only 2 women who had a vaginal birth, which had flow on effects to our feeding and attachment journeys as new mums.