

Submission
No 285

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 15 August 2023

Partially
Confidential

I am a registered Nurse and Midwife.

I completed my midwifery training in a regional centre and have always trained in a regional or rural setting. I have been a midwife for 8 years.

I am also a mother to 3 beautiful Boys. I have also had 3 miscarriages, between 8-12 weeks, one which required a D&C and another which required medication to help me pass the products & multiple Ultrasounds.

Birth Trauma is real and is not only confined to the birth. At any stage in pregnancy or post partum birth trauma may be experienced.

I have seen trauma in both my personal experience and my professional work.

Personally, when I disclosed to my boss I had a miscarriages and needed time off for a D&C, she laughed in my face and said, "thankgod it's not cancer" completely dismissing my grief.

My births were considered "lucky" as they were spontaneous vaginal births, quick labours with no tearing.

Despite this I had trauma at varying stages in all 3 pregnancies.

My first child was breech. I chose, informed to have an ECV, because the only other option in my regional town is a booked Caesar. The stress that I took on during that pregnancy trying to will my baby to flip, then having the ECV.

I went into labour and on arrival at the birth suite the midwives couldn't feel the sutures and were worried the baby had turned breech again. The uncertainty of the midwives and the need to potentially rush to theatre completely rocked me.

My second labour lasted less than 1 hour. Before my placenta had even birthed the midwife had told me

She was prepping me to head home- during COVID, with my birth not even finished, before I even had time to wrap my head the fact that I'd had a baby. I spent the last part of my birth and the first minutes with my newborn wondering if they were going to kick me out so quickly.

My 3rd birth was again spontaneous and quick. The stress that resulted in my trauma was due to knowing that I have quick births my husband was terrified we would have an unwanted free birth. Especially because between where we live and our maternity unit there are 2 hospitals, neither of which have staff who are confident in delivering a baby- even if they are emergency nurses.

As a professional, I have seen obstetric and midwifery staff dismiss women's concerns, pains, and anxieties multiple

Times. I feel often this is due to the fact that our staff are so over worked they don't have time to get to know the women and their stories which means what is a hugely vulnerable, personal experience for these women and their families becomes just another medical

process needing to be completed. Dot the i's cross the t's and move on to the next person. Even then it's amazing if there's enough time to dot and cross everything.

I distinctly recall accompanying a mother to theatre for the birth of her twins, her babies 2 & 3. She was alone as the father had left her, her own mother couldn't support her as she was looking after the toddler. This woman had never been to theatre before, and never had an anaesthetic. After being scared during the insertion of the anaesthetist remarked he wasn't sure how she'd cope with twins if she couldn't manage an epidural.

The mother heading this, while numb from the chest down, began to panic, she was already doubting herself and here at her most vulnerable and exposed she was being judged and dismissed. She should have felt supported, confident, proud, happy, strong and capable. However she shrunk, wanting to disappear and have the whole experience over and done with. Far from the feeling of support and security all parents should be given during their births.

I think Birth Trauma should acknowledge that trauma can come from anyone, at any time, in any occasion during pregnancy, birth and the post partum period.

My personal experiences make me

Want to say that health professionals need to improve their skills, but also take time to get to know their parents and families they care for, so these parents can have the best holistic approach to care. So that they can feel safe, secure and supported.

My professional experience knows that this is hard to achieve. It requires staff to have more time, situational awareness and empathy, This ultimately comes from better staffing, better education and better role models in our workplaces. Not only does better staffing improve this but better conditions for workers making happier work environments I feel would help to engage the staff and have a flow on effect to improve the service provided to women and their families.