

Submission
No 294

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I have received antenatal care and birthed at _____ Hospital in November 2020 and December 2022. Both times the care I received and the information given were very different to each other. I was never offered midwifery led continuity of care even though I asked for it and it researched based to have significantly better outcomes for both mother and baby with less interventions required. I was under Drs care for my first pregnancy due to having a underactive thyroid pre pregnancy. The Endocrine Drs were great they were informative on-time mostly and kept my level stable the whole pregnancy. But even after being discharged from the endocrine team in the second trimester i still wasn't offered midwife appointments. I had to attend Dr clinics with waits of up to 2 hours sometimes for an appointment that lasted less than 10mins as there was no or very little antenatal information given. There was no this is what you should expect the next few weeks. There should have been conversations about the chance of getting hemorrhoids as your bowels change and weight of the belly affects your bowels. I got hemorrhoids and wasn't expecting it.

There also wasn't any conversation about different birthing positions. I ended up being overdue and was induced at 40+11 weeks. I met a great midwife who in the postdate clinic gave me some pressure points and tips on other things to try to help labour start. I was induced and after cervidil twice I was at 5cm before being started on syntocin and having my waters broken and being on continuous CTG monitoring. There is no evidence to say that continuous CTG monitoring during induction is beneficial. I would recommend that it be done intermittently or continuous if baby is distressed or other medical reason that requires it. Due to having continuous CTG monitoring I was stuck on a bed my whole labour and birthed on my back. All things that slow and hinder birth. We are meant to have an active birth and be upright to let gravity help. Instead I birthed on my back leading to a second degree tear and prolapse that I know have and will affect me for the rest of my life. Prolapse is never once mentioned as something that can occur during birth. And my birth and labour was quick less than 5hours with only 30mins actively pushing. My recommendation would be for more education given about what can happen during birth and also the changes to your body you may experience that will have lasting effects.

Women's Health Physio should be able to be accessed as part of the public health system and offered to all women as well as midwifery led continuity of care no matter if there are pre existing health conditions as the midwives are the ones who educate and are invested in the women and their pregnancy journey. For my second pregnancy I was once again under the care of Drs but this time when I was discharged from the endocrine team in the second trimester I was put into the care of the midwives clinic. Not midwifery led continuity of care but this was such a positive experience and I only saw 3 different midwives during all of my appointments and mostly the same midwife which made me feel heard and respected and cared for. I was told what to expect in the coming weeks and wait times for appointments were always less than 15minutes. Which made a big difference with a toddler in tow. I once again was overdue when I gave birth 40+10 days.

This time though I was to arrive at the hospital at 7am to be induced. When I got there we waited for a long time and due to understaffing due to sick calls we were told to come back at 1pm after waiting a couple of hours so that afternoon shift would be there. We returned

and were kept waiting again due to understaffing and the list of cesarean not being finished yet. We were told once they were finished we would get started once more midwives were on the floor in case of emergency. This was fine due to being a staff member and working in the NICU I know about the chronic understaffing. The government needs to fix the staffing problem by increasing wages so that nurses and midwives are wanting to stay in the field and have mandated ratios on all sections of hospitals to stop the burnout of staff. After being a long day already we were finally taken to a birthing suite at 4pm and I was induced with syntocin and my waters broken by 5pm.

I was continuously monitored with a CTG but this time it was portable and that made a difference as I was able to move around a bit freer. I am lucky that they did wait for better staffing levels. My labour was quick less than 3 hours and 9mins of pushing. This time though it did become a medical emergency as baby got shoulder dystocia on the way out. The midwives were great and reacted quickly and used maneuvers to open my pelvis wider so I could push baby out quickly. He came out very flat and was placed on my lower belly grey in colour and looked life less. This was shocking for me but also more shocking for my husband who had no idea what was happening when all the midwives came into assist me. The midwives were great and there was one that held my hand and talked me through it and updated when the NICU team arrived but my husband was shell shocked and could have been helped with more explanation of what was/had happened.

I was lucky that baby came good quickly with a bit of CPAP and had no broken collarbone. He slowly started to pink up once placed on my chest where we could start our skin to skin and bonding. Although this was still a good birth and ended up with a good outcome a healthy baby I think it did traumatise me and took me a little longer to get over the birth as it wasn't the planned birth experience I wanted and with a scary medical emergency I would get teary talking about my birth for months afterwards.

I truly recommended that all women are able to receive the absolute best midwifery care that is evidence based which is midwifery led continuity of care, that all wards are staffed correctly and that there are ratios that all women receive informative antenatal care so that they can best prepare for the birth that they want and possible outcomes and also the changes to your body that can happen that you don't expect when being pregnant or give birth as they aren't spoken about and that postnatal care induces education and more time on assessing breastfeeding, lactation consultants more easily accessible women's health physios for all public patients.