

Submission
No 353

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 15 August 2023

Partially
Confidential

I'm [REDACTED], 38 years old and live in Sydney's [REDACTED]. I have two daughters, born July 2020 and March 2023. My submission to the inquiry mostly relates to the birth of my first daughter.

I was 41 weeks pregnant when I went into spontaneous labour. After a day of being very unwell I went to hospital and was administered IV fluid. The next morning I was pushed into having syntocin to 'speed things up', my waters were also broken. During this time I was offered pain relief 5 times - morphine and an epidural - despite my birth preferences stating no pain relief to be offered. I agreed to an epidural to silence the team and decided to shower whilst waiting for the anaesthetist. Whilst in the shower I was left alone (only my partner and the midwife came into the bathroom) and I relaxed. When the anaesthetist arrived with the epidural I sent them away and had gas and air instead. My labour progressed nicely. Upon leaving the shower I was advised I was 9cm and should start pushing, despite not really having a pushing urge. The baby was in an awkward position and laying on my back wasn't helping. The lead doctor/ consultant was very aggressive and made me feel very uncomfortable. Lots of shouting and demanding me to do things, for example push harder, and put my feet up in stirrups, a position I knew would make the labour harder. I felt coerced into making decisions which went against my birth preferences including a Fetal Scalp Electrode (FSE) on the baby's head. They tested the baby's acid and oxygen levels through a fetal blood sample and when it was within the safe limits for a vaginal both the doctor said 'I don't believe that reading, test again'. I felt like they were looking for excuses to do a caesarean section. We got the same reading again. The second stage of labour was very stressful. There were 6/8 people in the room, lots of commotion and noise. I was advised they needed to use the ventouse to help the baby come out, I agreed to this. Fitting the vacuum was extremely painful and uncomfortable. I was then advised I needed an episiotomy, something I had explicitly said I wanted to avoid and had major anxiety around this. I asked if the baby would be born within 5 minutes and they confirmed it would. My daughter arrived in perfect health weighing 3.86kgs. She had a lot of surface damage to her head though and was left with bloody scans that took a long time to heal. I lost a litre of blood and felt very exposed and neglected in the delivery ward after the birth. It felt like something that had happened to me, not something I had done.

The following weeks were where the trauma really set in.

On day 6 I was readmitted to hospital as my episiotomy wasn't healing properly and I had to spend a further 3 nights in hospital. The pain was very intense and checking the wound felt very invasive. I now know I should have been given advice on caring for an episiotomy and pain management.

Breastfeeding was incredibly difficult to establish, and no one advised that the birth, blood loss and subsequent ongoing pain and discomfort could be contributing. I also received terrible advice and felt bullied and shamed by the community health nurse. My gp reviewed my edinburgh test results and advised me to speak to a therapist regarding the birth. I paid for two private therapy sessions, costing approximately \$500. This helped to me reframe the birth and understand a number of factors weren't my fault. I was left with anxiety for future births and still regret the choices I felt coerced into making.

I have since had a pregnancy under the MGP model of care. This was a fantastic experience. I sought further mental support to prepare me for the birth and paid \$1500 to have a doula present at the birth for continuity of care and to avoid a repeat of the first birth. I was very anxious about giving birth in the delivery suite again and having all the medical interventions 'on hand'. Due to staffing cuts, one of my midwives was not on duty when I laboured but I had an intervention and drug free vaginal birth in water and gave birth to a healthy girl weighing 4.1kgs.

I would like all pregnant women to have access to a small group of midwives during their pregnancy and postpartum period. The advice given is overwhelming during this period and reducing the exposure to different people will help with this. Births should be de-medicalised and the birthing mother put at the centre of the experience, not hospital policy and preferences. First time mums especially should be respected and allowed to make and keep their choices. I was treated differently for my second birth. Mental health support should be readily available post birth and promoted. I sought free support from charities like PANDA and Cope but came up against barriers and didn't actually receive any help from them. Postnatal support needs to be more than one 6 weekly check which is mostly for the baby. From approx 34 weeks you visit the midwife or your doctor weekly, but in the fragile postpartum period you have very few visits and care. There is very little mental health support - unless it's sought - and it can be very costly. Birthing women should have access to water, either a shower or ideally a bath. We have fantastic midwives here in NSW and across Australia, they literally change lives. They need to be treated fairly with appropriate pay, good working conditions and shifts need to be structured in a way that doesn't mean they do so much overtime for handovers etc.

I wish the inquiry every success so our future labouring mothers have the best possible care.