Submission No 365

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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I am a now 40-year old mum of two healthy boys, aged 5 and 3. My first birth was at [redacted] Hospital in February 2018, and my second at [redacted] Hospital in April 2020. For both pregnancies, I had GP shared care.

I found the hospital system very confusing and confronting in the first pregnancy, and I relied heavily on my GP to provide me information to navigate the mandatory hospital visits as I found the staff at [redacted] Hospital were not very helpful with information.

One experience that I found especially stressful was my 39 week appointment, in which a obstetrician told me after simply looking at my belly that my baby was clearly too big for my body and we should book a c-section. He also said that I had reached my due date, which was the first time in my pregnancy that I found out that the hospital had the wrong due date on file. I had to argue about this as I knew my conception date and I knew I was not due for another 8-10 days. Additionally, he insisted on a physical check of my cervix which was painful; he was not apologetic in the least when I told him I was uncomfortable. This appointment caused me considerable stress which caused my baby to disengage out of the pelvis; the baby did not reengage until a few days later.

My labour did not progress as expected as I had prodromal labour over the course of a few days, which led to my exhaustion and resulted in intervention (epidural and drug to speed up contractions), ending with a forceps delivery. The doctor did put some pressure on us towards the end, saying that a C-section was likely if I did not progress further, but luckily when she came back an hour later, I was fully dilated and the baby was descending. Unfortunately towards the end, the baby's heart rate was not recovering after each contraction and it was considered urgent to get the baby out. The doctor who delivered was able to avoid major damage but I was left with some prolapse from a forceps delivery. I found out months later about the prolapse and that I was extremely lucky to have a rather "minor" prolapse compared to many women who have forceps deliveries.

Our support person was a midwife herself but she did not have experience with prodromal labour. Perhaps because the staff knew she was a midwife, we were pretty much left alone during my long labour (over 24 hours). I wanted to have an active normal birth but I was not given any advice on how to change positions to help labour progress. I was not given any support to regularly change sides when I had the epidural either, which research shows can help labour progress and reduce the need for further interventions. When my baby was finally born via foreceps, one of the midwives said that if my baby had tucked his chin in, my labour and delivery would probably have been much smoother. This comment stuck with me and made me obsessed with baby positioning for my second pregnancy.

Post-birth, I had many issues breastfeeding and had a wide range of advice from different midwives, which made my start to breastfeeding a confusing experience. It wasn't until the 3rd shift change that a kind midwife came without judgement to answer my questions and reassure me that my observations of my baby were valid and that my baby was tracking along perfectly normal in the breastfeeding journey. My energy was also severely depleted

following the long labour (over 24 hours) and I required a wheelchair to leave the hospital, which was not offered and we had to find one once we left the maternity ward. I had only one home visit, and that midwife made a huge difference to my breastfeeding journey by showing me how to express by hand.

My second birth was at [redacted] Hospital and my experience could not have been more positive. The midwives were incredibly supportive in helping me through an active birth which followed another prodromal labour, and they were fantastic at checking in on me regularly post birth to see how I was feeling and how the baby was feeding, without judgement. I was able to use the bath and ended up with a water birth; I was so pleased the baths were available and the staff were trained to support the birth and recovery. While it was still GP shared care and more limited due to the new Covid restrictions, the midwife appointments at [redacted] were much more relaxed and informative, and it was much easier to ask questions and get straightforward answers. I often saw or spoke to the same midwife for the hospital appointments. I had a follow-up phone call a week after birth as a home visit was not possible due to Covid, and it was a midwife who I had previously spoken to which was enormously helpful. My only complaint was not being able to see the pelvic-floor physio or lactation consultant prior to leaving the hospital; I was able to see a lactation consultant when we returned the next day for the heel-prick but had to seek out a private pelvic floor physio for support.

I would like to see the following considered to improve the pregnancy and birth experience of women:

a) more availability / funding for programs that have continuity of care, such as the MGP (I had applied but was denied due to not enough spots in the program) or more training so more GPs can participate in GP shared care, as the continuity of care is incredibly important to a positive birth experience

b) more staffing of hospitals to avoid overworked staff and more specialists to support women having issues breastfeeding or wanting to know how to deal with issues such as prolapse, abdominal separation, healing from c-sections

c) more funding to support mothers and babies post-birth, for example follow-up care to ensure breastfeeding is properly established; lactation consultants should both readily recommended and should be IBCLCs to ensure they have the most thorough training; multiple follow-up visits or at the very least, one visit and a few phone calls can make a big difference to new mothers at home.

d) more training of midwives to ensure they support and suggest active changes of position during labour to aid progress and positioning of babies to support normal birth and reduce the need for intervention

e) trauma-informed training for obstetricians (particularly the older male ones) and clinicians to avoid unnecessary stress on mothers-to-be and new mothers due to offhand comments, unsympathetic and non necessary / non-transparent procedures