

Submission  
No 366

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I'm a registered midwife/nurse but had only just completed my training when I fell pregnant with my first child, this submission is my experience between the worlds of health care and basic human rights. I had been nursing in intensive care for 12 years before completing my midwifery training. Throughout my midwifery training I was horrified by working conditions outside the protected walls of ICU/HDU where ratios are generally 1:1 or 1:2. Being told that infants "do not count as patients" yet I have a duty of care to perform observations, alert rapid response calls for any observations out of range and provide these "non patients" treatment and medication was preposterous, midwives are expected to document head to toe assessments meaning if I was allocated 10-12 women I would actually have a duty of care for up to 24 living/breathing beings, writing notes, performing checks and ensuring these non patients are thriving! There is no time to provide the level of support women deserve under this current structure!

I was working in a broad socioeconomic, multicultural area of Sydney and witnessed racism, judgement and staff that were so burnt out they were neglecting to provide care up to any safe standard because they had no more to give they just detached themselves and blamed/labelled women as needy or incompetent because it helped them sleep at night to not have to accept that the care they were able to provide on their shifts was never going to be enough to cater for any woman's needs on their ward! The culture of western medicine does not meet the needs of a first time mother, it's sink or swim. If you're sinking and brave enough to seek help you're slapped with a mental health diagnosis that follows you with a stigma of incompetence making it easier for the health system to shift more blame onto you rather than reflecting on how their actions may have contributed and where improvements can be made to prevent risk of postnatal depression, anxiety.

An example of racism was that during covid many women from Asia/India who would usually adhere to a resting period and be supported by women from their family weren't able to come to the country and provide this support (something western culture could definitely learn from) they received little to no empathy for how different this experience was going to be then what their culture had led them to believe, they were told repeatedly to get up, get moving, don't you want to care for your baby? had their pain needs ignored because "they expect us to do everything, They're lazy, they're dying swans, they need to get over it" ! These nurses/midwives honestly couldn't provide them the time and care they needed so it was easier to make them the "hopeless mothers" then accept that this journey had changed dramatically to how they envisioned! This is just one of many examples I can provide but leading from my own journey as clinician to "patient" was when my eyes were really opened to how poor our healthcare system has become and how I have noticed health move from patient/woman centred to capitalism/ business focussed.

I booked into the MGP program as soon as I found out I was pregnant because of being told how limited the capacity was (would like to highlight this as an AREA to focus on). I was told I was accepted and I was elated!!! I had an appointment made for my booking in and around my 12 week mark received a call from my midwife saying I was under review because of cardiolipin antibodies (my mother has antiphospholipid antibody syndrome) I was still positive as I told the MGP midwife I had an appointment with my haematologist the following

day. My haematologist met with me the week of my blood results coming through, I arrived and was met with a discussion, provided current research papers, printed out that I could read through and my haematologist stated that I didn't have APS and probably had these antibodies passed from my mother in utero. I called the MGP midwife and was told oh sorry you haven't understood the doctor in charge of "managing" MGP said you can no longer be under MGP care and you are being transferred to the high risk clinic.

Unlike my haematologist who contacted me for an in person appointment I was told this information over the phone from a person who was not "in charge" of making the decision. I spoke to other MGP midwives who stated at their clinic I would simply have been referred to OBGYN for a plan but still have been treated under MGP? I was unable to discuss this decision, was not included in this process and told by the grapevine. Because so much time had passed I attempted to contact private midwives but they were all booked, looked into booking in with OBGYN that I trusted to work with but they were also booked so I was left no alternative but to go along with the care path that had been delegated to me. This was the most disempowering feeling but it only got worse from there. Throughout my antenatal care I was told to get extra ultrasounds, I had risks of developing eclampsia and an inadequate placenta/blood flow affecting growth. I was also told to perform serial blood tests monitoring for PET. I felt completely ignored as a person and seen only as a "risk" that needed managing. From a clinical perspective I understood the ultrasounds but I was performing urinalysis at every appointment I felt the bloods were excessive, I went along with it because I felt so strongly that everything was ok, I can't describe the instinct and way of knowing that I had never felt before but it was so strong and I loved being pregnant and I somehow just knew my baby and I were ok.

Not once was I asked about how I was feeling or coping, I was told about my results and told constantly baby was on the small side but growing "along the line" from scan to scan my abdominal measurements were all normal and BP/ fetal Hr obs were all normal. I agreed to the extra tests because I felt like I needed to prove myself as no threat of risk. Despite jumping all the hoops and doing all the tests, at 36 weeks my midwife asked me to book in for an induction at 38 weeks because the high risk OBGYN (who was the same one who managed MGP) had asked her to ask me, I was shocked and upset because it was the same tactics that they'd used to exclude me from MGP they weren't willing to sit down with me to discuss this instead I had a lot of questions which were unable to be answered by my midwife, all the extra tests I'd agreed to that had come up with nothing to support me actually having pre-eclampsia or SGA or IUGR. What was the basis? I had to ask to see the doctor so I could actually ask these questions and get answers which was another week of stress that I was missing something and that there really was something wrong with my pregnancy? At this appointment my partner came and this doctor could not provide any explanation besides that which was my risk of developing these symptoms? What's the point of the ultrasounds, blood tests, excessive monitoring besides stripping me of any trust in my own body and making me feel excessively stressed throughout my pregnancy if you're going to do what you want anyway?

The tone changed when I started asking these questions and I'm glad I had my partner in the room with me because I left feeling dismissed/ like his eye were literally rolling when I said no to having an induction without clinical indication, my partner commented on how arrogant he'd found him and I was relieved I wasn't just being a crazy pregnant lady that my feelings were finally empathised/ validated by someone! After this I was requested to have weekly CTGs which again I returned to hoop jumping to prove stability in my body/pregnancy, I was made to feel like I was killing my baby but every time this thought entered my head my baby would kick me so strongly I eventually caved and agreed to a post dated induction but this decision was more from wearing me down and I just no longer had the energy to take on the battle, I surrendered to the system.

My north was positive but I was greeted with guarded communication, the antenatal clinic midwife told me once my waters were broken I should ask for time to go into labour naturally but from my training I knew that folleys induction was generally better to just get the syntocinon up and running, when I asked the birth unit reg about waiting I did not mention where that idea had come from but she explained clearly and concisely reasons why and I happily went with this, the language used was mildly defensive and I did feel I had been labelled as "trouble" but honestly could not fault anyone associated with my birth, the medical staff included me in the decision making and came to me with reasons that I could work with. I smashed my birth and my daughter was born.

The only thing I did find funny was when I asked for a fetal scalp electrode to be fitted, approx 3hrs into my induction, I was told primips only have a VE at 4-6hrs after starting induction, but again I knew that this was the pathway I was on, I needed to move my body knew it needed to be leaning forwards and every time I did my ctg would loose contact, I wanted that ctg as accurate as possible because again I did not want any clinical decisions made based on errors in evidence loss of contact or picking up maternal pulses that looked like desalts, I was "proving" myself! The irony of having intervention constantly shoved at me antenatally and then asking for it and having it declined was hilarious! Luckily shift relief arrived and that midwife said no if a mother is asking for it then we do it and I found out the real issue was my morning midwife wasn't actually able apply one, the afternoon midwife got the senior shift TL and after another 2hrs from asking it was on, my birth progressed beautifully because I could get into the positions that felt good and my afternoon midwife was confident, talked to me with respect and was the best thing that happened throughout my entire experience! LOVED HER!

I saw a midwife once overnight on the ward. Asked the morning midwife for neurofen at 7am handover and reminded again around 9, by 12 had still not received any pain relief (had a peri-urethra tear repair), asked for assistance re. Breastfeeding as is developed a graze and wanted my latch observed and was told if there's any pain stop and rematch before they moved on without watching me actually do a feed. I was discharged that day, still without receiving pain relief, by 12 I just got my husband to bring some in. Postnatal my I was utterly alone, MsP visited me 2days later weighed my baby gave me a nipple shield and pretty much said Goodluck.

My daughter was born before Christmas which I would also like to highlight as a vulnerable period for women. I was constantly told oh we're on skeleton staff and appointments because of public holidays and annual leave we need to push your usual appointments, go and see your gp, come back to us at 6 weeks. My gp was sick and cancelled the day before so I saw not a very thorough gp and by the time I got back to child and family health my baby was only just gaining weight, I was sleep deprived and booked in with a "lactation consultant" at this appointment she found out I had breast implants and automatically said oh that's why your supply is no good, that's why your baby's not gaining weight, but still gave me directions for increasing my supply and medication? In my head I thought, well I can't change the breast surgery why is she telling me to keep going? I ended up pumping and my supply picked up but again couldn't shake the fact that this was my fault because of a decision I'd made in my 20's, I had postnatal depression/ anxiety and it is only now I have realised why combing this whole experience I had completed unravelled!

I truly believe that OBGYN should be investigated for the level of testing and billing they are sending to Medicare for unnecessary intervention, to back this up I am pregnant again and went I asked my OBGYN for blood test referrals they looked at me and said, if you have symptoms, we'll do a u/a and if there's protein we'll send you for bloods... EXACTLY! Finally some common sense and more reassurance that I'm not crazy! I feel as though this OBGYN is either extremely cautious of covering themselves incase of being sued or they are just going by filling their pockets, the more high risk women they have (not mgp) the more money they make, the more tests they send, the more confidence women loose and agree to intervention that again makes them more money, they also owned the ultrasound place so again the more women they send there the more money they make and there is no once that they have to answer to for these everyday extra test here/there but the impact on women/ on me was absolutely devastating