

Submission
No 372

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

My birth trauma began during my pregnancy. I live in the rural town of [REDACTED] where the antenatal care is very limited. The only continuity of care option available is through GP's who have completed additional training in obstetrics. There are no options for Midwifery Group Practice, or even Private Midwives in the area. As a first time mother-to-be I opted to access care via one of the two local GP's who have obstetric training. It was towards the later stage of the pregnancy where issues began to arise. I had an appointment with the GP at 39 weeks - they told me that next week when I came in for the appointment I would have a stretch and sweep. They did not ask me if I would like one, they told me that I would be having one. The GP also did not discuss the risks or benefits of this procedure, and explained what the procedure would entail with very little detail. I felt so angry that that was occurring - I had done a lot of my own research about intervention and this was not aligned with what I wanted for my pregnancy, or birth. When I returned to the appointment the next week I declined the procedure and the GP told me that although that was my choice to do so, I was choosing to risk the life of my baby and that if I didn't proceed with some form of induction method, my baby could die.

After going into spontaneous labour, several concerning things happened when I had presented to the hospital, including the registrar breaking my forewaters without consent, and the midwife on duty ignoring when my husband was advocating for my birth preferences related to minimising medical intervention. On top of this, the architectural design of the hospital is not inductive to a positive birth experience. If there is more than one women birthing in [REDACTED] Hospital at a time - then this limits the type of birthing supports/options/amenities you have access to. Although the hospital has official two birthing rooms, there is a Jack and Jill style bathroom between either birthing room. One bathroom for two rooms. Only one women is able to use the bathroom at a time. If you go into labour and arrive at the hospital first, then you get access to the bathroom. If you're the second women who arrives to the hospital, you have to make your way across the open corridor during your active labour to use a very small bathroom - a room smaller than most hospital ensuite rooms. I unfortunately was the second birthing women to arrive. It felt humiliating to have to walk back and forth across the hospital corridor in active labour, bleeding and vocalising during contractions - just in order to use the bathroom.

It would have been horrific if a third women had have arrived to birth - as the hospital protocol is that she would have had to birth in the assessment room. Given that nearby hospitals, such as [REDACTED], have their maternity wards on by-pass, there are an increasing number of women presenting to [REDACTED] Hospital to birth - yet the facilities have not been improved - nor is there a plan for this to change..

For me, access to continuity of care via midwives, in a hospital with adequate facilities would have made a very significant difference to my experience of birthing my first child. If I choose to have more children in the future, my plan will be to relocate in order to access private in-home midwifery care if I cannot access this in [REDACTED].