

Submission
No 373

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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I would like to take this opportunity to highlight the importance of continuity of care, midwife led care and the Midwifery Group Practice (MGP) model of care. The benefits of continuity of care with a known midwife are well documented but I feel that this is not recognised by the current system. This model of care is too difficult for women to access and is under-funded. I believe that my experience highlights the positive impact the MGP model can have and the stark contrast I experienced interacting with other models of care. Elements of my antenatal, birth and postnatal experiences could have been traumatic under other circumstances. I feel strongly that being cared for under the MGP model of care helped to mitigate many of these factors.

I was lucky enough to be accepted into the Midwifery Group Practice (MGP) at the [REDACTED] Hospital [REDACTED]. My experience from my first meeting with my midwife at 20 weeks to the amazing support I received postnatally were all extremely positive. There were times in my pregnancy that I needed to interact with the general maternity system. This is where some challenges began to arise. I was so grateful to have the support of my midwife to help me navigate these challenges. I would also like to highlight the fact that while I had one primary midwife I was cared for by the entire MGP team. I met some of the amazing midwives during the antenatal period but not all of them. In the end I had not met the midwife who assisted with my birth. However, due to the MGP model my primary midwife had shared my preferences with her. Because of the nature of the group practice I was impressed with how well the other midwives interacted with were up to date on my pregnancy and care. I believe that this is due to the frequent team meetings and careful note taking by the midwives. I felt like all the midwives knew me. Pregnancy is a vulnerable, uncertain and emotional time. Having the continuity of care gave me confidence and reassurance. One of the most powerful features was the ability to call or text my midwife or whoever was on call. I believe that this saved me unnecessary appointments, doctor visits and worry as I could quickly check in with an expert who could advise me. Surely this saves costs and resources in the long run while also improving families' sense of security and overall satisfaction.

In June 2023, I had a beautiful birth experience supported by the MGP midwives. I had plenty of time in the lead up to my birth to discuss and refine my preferences with my midwife. We had time to discuss various scenarios with a focus on what would be best for me and my baby. I believe that this preparation was a huge contributing factor in the positive experience I had. I birthed my baby in the bath at the birth centre supported by an amazing midwife. My preferences were honoured in the safest way possible for me and my baby. I also birthed my placenta physiologically. I felt so empowered and happy after my birth.

I sustained a 3A tear during my birth. This is one aspect of my birth with which I associate trauma. My midwife dealt with this beautifully. Her examination was calm and gentle. She walked me through what would happen at every stage and she ensured that I gave informed consent at various points. My partner and my baby were with me on the double bed in the birth centre for the initial examination. Then I was moved to the hospital bed and had my legs placed in stirrups. I was offered gas and air. Two members of the obstetrics team examined me and determined that a surgical repair was needed. I was left with my legs in stirrups for what felt like an extremely long time. Looking back I do not know why they needed to be

raised for so long and I felt quite exposed in this position. I had to wait for blood test results and for conversations with a number of different people including surgeons and anaesthetists while in this position. Thankfully my midwife ensured that I had skin to skin time with my baby during this time.

Being separated from my baby and my partner for surgery was terrible. I still cry when I think about it and I cried through surgery too. I understand that it is necessary for a sterile environment. But there were multiple delays before surgery and I was separated from my baby for a longer period than was necessary. I wish I had been left with my baby and my partner until it was time for surgery. Instead, I was left waiting alone in the surgical area. My partner was not informed that there was a delay so he was worried that something was wrong due to the amount of time I was gone for. This caused him worry and distress. My partner and baby were not allowed in recovery so that prolonged the time away from them. Thankfully I did not need to be there for long.

Another traumatic aspect of this care was when one of the obstetrics team members commented that I could have a caesarean section if I wanted to have more children. This was upsetting when I had just successfully birthed physiologically, This made me fearful of the extent of the injury and for my recovery. Thankfully my midwife reassured me that this was not a necessity, In fact, this is not an evidence based opinion and the data suggests that most women birth vaginally following a third degree tear. Following birth I have recovered well to date so there was no clinical indication for this comment. It was insensitive and caused me unnecessary worry, stress and upset during an already vulnerable time.

For me threats and dangers came in interactions with the hospital policy and the system outside the MGP. For example, during the pushing phase I was aware that hospital policy dictated that women should not push for more than 1 hour. I felt scared that if I went over this time that I would be subject to interventions. So I pushed harder towards the end. In hindsight I wonder if this fear contributed to the tear I sustained and if I had birthed at home would the outcome have been different. Again this one hour guideline is not necessarily evidence based. Other examples of negative interactions are the amount of times I had to advocate for myself and my baby and navigate the system. I laboured at home as long as possible to avoid 'being put on the clock' once I arrived at hospital. Again this was to avoid the cascade of interventions and forced induction methods to 'speed up' labour. The need to constantly advocate for ourselves and educate ourselves on the latest evidence around pregnancy and birth can be exhausting during an already vulnerable period. The system should support women and offer them evidence based recommendations. Instead birth workers must obey hospital policy first. It is up to individual women to advocate for ourselves. This can result in being classified as doing things 'against medical advice'. I found this label damaging and stressful and found that I was treated poorly by hospital staff (outside the MGP program) due to the evidence-based decisions I made that did not align with the norm at the hospital. These were not extreme or unusual choices. In fact the choices I made were evidence based, highly considered and the norm in many other countries, other parts of Australia and even other hospitals in NSW. I was lucky to have the support of the MGP midwives who encouraged me to do my own research, provided me with recommended reliable sources of

information, listened to my concerns, took the time to discuss these topics with me and most importantly respected my choices.

My wish is for all women to have access to MGP or continuity of care with known midwives. I would not want to be treated under any other model of care for my next pregnancy. I hope that the MGP program at [REDACTED] can be maintained and that they can rehired the experienced staff they have lost under fair working conditions. I also hope that women who do not currently have access to midwife-led care are offered this option across Australia. I also wish that clinicians (outside MGP) would treat women with greater respect and kindness. They could learn a lot from the MGP team.