

Submission
No 378

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I was 36 when I gave birth to my first child in 2019. I was under GP shared care and had hoped to give birth at [REDACTED] Hospital in my town. To start my journey, I had booked antenatal classes at [REDACTED] Hospital. A week or so before they were due to start, I received a call saying they had been canceled due to a lack of midwives/staff. I was quite upset as this was my first pregnancy, and I was apprehensive about giving birth. They suggested I go to [REDACTED] Hospital, a 45-minute drive from where I live. They were mostly booked due to the short notice. There was one opening left after work hours, but being pregnant and spending all day on my feet, a 45-minute drive wasn't feasible. So, I found an online course to prepare myself. It was like a glossary of birthing terms from a textbook, and that was it. I thought that's all I needed to know (far from it, as I now know).

On December 23, 2019, I experienced some pink discharge in my underwear. I called [REDACTED] Hospital, and the midwife advised me to use a pad and wait. Nothing happened until December 25 when I woke around 4 am with worsening lower back pain. We went to [REDACTED] Hospital and were told I had a hindwater leak. I was sent to [REDACTED] to be induced to prevent infection. I was induced and tried various pain relief methods: a shower, an exercise ball, a heat pack (which later caused burns and blisters on my back, though I didn't realize due to the pain), water injections, and gas. The birthing unit was understaffed, perhaps due to it being Christmas Day. My husband and I were left alone in my room for extended periods. Through the contractions and my screaming, it was a very lonely experience. One midwife even popped her head in and apologized for not being present much that day. I labored for 18 hours. They offered me an epidural, and I asked when I should have it. With no birth plan or clear idea of what to expect, evidence-based antenatal classes could have better educated me on what to do. I might have taken better steps to be more mobile off the bed. I thought I had to stay in bed the whole time due to lack of education on giving birth. I've since learned that lying down is the least effective way to give birth.

I received the epidural, which didn't work the first time. Even after a top-up, it didn't provide much relief. The baby was in a posterior position, leading to a long and painful back birth. Eventually, the doctor decided that both the baby and I were too tired, and we needed an episiotomy and forceps. The baby was born at 10:52 pm that night. If I had known about the stretches and maneuvers that could have helped, I would have tried them. Instead, I ended up with a 3B tear.

I desperately wanted to return to [REDACTED] Hospital so my husband could be closer. They agreed, and I was released to leave on the afternoon of December 26. They expected me to go by car as if it were normal. My husband and I were so tired that we agreed to it. It was 45 degrees Celsius that day. I stood outside waiting for my husband to get the car, still with my catheter attached and holding my less than 24-hour-old baby. I was sore from being stitched up with a 3B tear. We drove 45 minutes back to [REDACTED] Hospital. When we arrived, they were surprised that I had been sent that way. The care I received there was much better.

Nine days later, I was back in [REDACTED] Hospital with mastitis. They admitted me and put me on IV antibiotics. During the night, a nurse came to check on us. My husband and I had

questions about settling our son, who wouldn't sleep and had trouble latching. He wouldn't sleep, so the midwife showed me some 'tricks.' She rocked and pushed him in his bassinet, saying it's okay to let them cry. This went on for an hour. She was determined to get him to sleep, proudly showcasing her skills. Eventually, she suggested feeding him, and he fell asleep after crying the whole time. My baby was just 9 days old, and the nurse was attempting to sleep train him. In hindsight, I didn't realize this at the time. My newborn simply wanted to be fed and cuddled. Later that night, another midwife told me it's okay to cuddle them. I've never done sleep training, nor did I want to. I felt vulnerable and caught off guard by a nurse who seemed eager to display her settling techniques.

I pushed aside the entire birthing experience as my baby was unsettled. That became my main concern. In 2022, I became pregnant again, and that's when I realized I had birth trauma from my first experience. I understood that I would have to go through it all again. I took it upon myself to educate myself. I delved into evidence-based antenatal education, which was a significant eye-opener. I knew nothing about birthing until I explored this information and educated myself.

My second baby was born in May 2023 at [REDACTED] Hospital. He was measuring large, and I was being encouraged to consider induction or a cesarean. I advocated for myself, although I was incredibly nervous as I lacked confidence in opposing medical teams. They offered an induction date that I agreed with. Spontaneous labor began that night. I arrived at the hospital with a high temperature (indicating a placental infection). I labored for 8 hours, and when fully dilated, I started pushing. After 40 minutes, with no progress, I was threatened with a cesarean. The doctor returned and, without making eye contact, stated in a harsh tone that I had been pushing for a long time, the baby was too large, not descending, and I needed a cesarean. The doctor left the room. I consented to the cesarean but felt vulnerable and upset.

Information about birthing and evidence-based antenatal care shouldn't be something mothers have to uncover on their own. It should be an integral part of the care program. Some of the things I've learned and believe should be taught include issues related to the cascade of intervention, the importance of questioning the medical team, not feeling pressured into decisions, and the incorporation of new studies on the birthing process in all hospitals