INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 14 August 2023

Partially Confidential

My pregnancy was uncomplicated and I had a good experience with the midwifery program. I prepared myself with reading books and listening to podcasts. My antenatal classes were online and plagued with technical difficulties to the point that I had to drop out of the classes. I educated myself. I was nervous but confident that I was organised and understood the process.

The labour and postpartum care have made me stall my future birth plans. I feel that I have trauma from this. I see c-sections on television and feel uncomfortable. Visiting our local hospital fills me with dread. Wearing a mask reminds me of the constant visits to community health and the paediatrician during the first 6 months of my son's life. They make me feel suffocated and anxious.

At 41 weeks, on a Sunday afternoon, I was admitted for induction & my baby was born via emergency c-section, the following night.

I have always trusted doctors and medical professionals. Prior to my son's birth, I'd had positive experiences with Hospital.

I was disappointed by the labour experience, in particular the staff who assisted during the beginning of my active labour. I had hoped to be active in labour, to use the bath, to use affirmations and feel empowered. I felt trapped and without autonomy.

One of the main focuses of the labour was the use of the heart monitor. I had this on me constantly from my waters breaking to entering theatre. My baby's heart rate was up and down at times. As a result, my labour was quite different to what I had hoped.

Due to the focus on using the heart rate straps, I had to be still. I was able to get up once to use the toilet. I had to convince the midwife to let me.

I couldn't get in the bath, shower, use the exercise ball or get up. I truly believe if I'd been able to move, my baby's head would have moved in a more favourable position and I could've potentially avoided the emergency c-section. There was no option to check him in intervals so I could move or try alternate methods. I had to stay close to the bed at all times.

Since my son's birth, I've been told by a medical professional that I could've had the heart rate monitored internally connected to his head. This was never mentioned. I vaguely remember someone mentioning that the hospital had run out of something & I wonder if it was this technology? Regardless, this really wasn't good enough.

My birth plan was totally disregarded by the midwife who was in charge of my first stage of labour. I didn't expect it to all go my way but I expected it to be acknowledged. One of the first sentences was not wanting to wear a gown, I had already had a gown put on at this stage and there wasn't even a "oh sorry, you don't want a gown, let's take this off".

The emphasis on movement was completely ignored. Nothing that I had written was mentioned & it was glanced at and put away.

The overnight staff were condescending at times and were more focused on pushing pain relief than exploring other options or listening to our ideas (written or verbally). I feel that pushing endone, morphine (this was by another midwife on the ward at the first mention of discomfort) & the epidural was a way of making their job easier. Gas was pushed on me even after I vomited from it. The midwife was keen to continue until I insisted it was making me sick.

I wonder if we were second time parents, we would've been treated in a less condescending manner (less darling/sweetie language, my partner acknowledged more, my birth ideas considered)? It all seemed like it was to create less workload rather than help the process.

I trusted that they were acting in my best interests. In hindsight (which my partner mentioned at the time but was treated in a condescending manner), I feel the epidural was pushed so I could stay still & the heart rate monitoring would be easier. I wish I had been more educated and thought more about it than trusting the midwife was acting in my best interest. I wish there had been other options. Options that I had read about and been told about prior. I wish I had spoke up and let my partner be heard.

Each shift changeover resulted in midwives not listening to each other & me going through the same issue of trying to use the monitor on my left. My baby's heart rate would drop on this side yet they wouldn't listen to us or each other.

The midwives during my stay in the ward were great. However, due to my child being in special care (and me being down there), I sometimes felt like my care was overlooked at times & I was chasing staff for pain relief, meals and checks. My supply wasn't established and I was allowed to go home.

I do wonder if this was due to the lack of staff on the ward? Our discharge took longer than expected (we were waiting for hours) and I assume it was due to minimal staff.

I had some concerns about the security of the ward. The visitor times are not strictly monitored and there's no push on visitors being checked. We had a visitor walk in on one of my examinations outside of visiting hours. No one stopped her from coming in. She also

managed to get into Special Care without us being there. I felt that anyone could come in at any time. Is this because the staff are far too busy and overstretched to monitor during this time?

My aftercare was poor. There were midwife visits yet no one realised I had an extremely low milk supply. At one point I was misdiagnosed with mastitis. I had no milk.

The 6 week visit was done by a GP who had nothing to do with my pregnancy. It felt like I was ticking a box. I was surprised I wasn't going back to the hospital to see the doctor who performed my major abdominal surgery.

I felt like my care had gone from top priority to very little importance.

We place so much importance on checking up with the baby in their first 18 months, imagine if we had the opportunity to have checks as regularly. Checking on our mental health (found that inconsistent amongst my mothers group), our milk supply, our pelvic floor and our menstrual cycle. All these things I have chased care for myself.

At 5 weeks old, my son was admitted to the paediatric ward by Community Health for weight loss.

In the first 5 weeks of my son's life, we had previously presented to Emergency for blood in the stools, reflux and had visited a paediatrician(post special care discharge visit, discussion of blood in the stools & stopping formula top ups). We had visited emergency visit had only a week earlier and discovered he had reflux and not one mention was made about his weight. No one picked up on my low milk supply.

I had asked various professionals during my maternity/special care stay and my home visits regarding breastfeeding. It took 5 weeks and the weigh in (that I instigated) at Community Health for anyone to realise I had low supply. Community Health were the only ones who picked it up when I presented my son for a weigh in at the drop in centre.

I felt reassured that a paediatrician had given us the go ahead to not continue with top ups (this had started in special care). Surely everything must've been fine if a doctor was happy for us to only breastfeed? I was a new parent and had no idea, I trusted doctors and other staff as they were the ones in the know. We did everything we had been told to do.

To say we had slipped through the cracks is an understatement. When we arrived at the paediatric ward, it began months of what I now recognise as 'mum shaming'. Guilt tripping a new, vulnerable mother but not providing adequate support. I was made to feel unfit and inadequate.

One doctor was a perfect example of this, suggesting I stop breastfeeding entirely and mentioning previous unrelated visits to the hospital. At our own suggestion, we were able to go home and participate in hospital at home for the night.

His slow weight gain continued and I was treated like an unfit parent. I had gone from a respected and successful primary school teacher to someone who was being threatened with a FACS referral by Community Health if I didn't comply and visit the paediatrician. The paediatrician who blamed my son's weight loss on me and laughed when I thought he was gaining weight, telling me he was 'skin and bone'. I was crushed. My mental health and relationships were struggling. Plus I was in a lockdown.

I was doing everything I was told to do. Weekly weigh ins at Community Health with me following all instructions no matter how ridiculous they were. Waking my child up every 2 hours for feeds with top ups. Feeling shame if I slept through an alarm due to utter exhaustion. If they said "jump", I basically said "how high?" . I went on medication to boost my supply, I barely slept, I was on a dairy & soy free diet for my child's suspected (not proven) intolerance.

There was so much pressure, the paediatrician checking whether we had been filling in the prescriptions for the formula as she didn't believe I had been giving my son the top ups (we had filled the scripts and I had been giving the top ups as directed plus breastfeeding). The guilt being put on me for suggesting we focus on breastfeeding rather than the paediatrician taking some form of responsibility for their part. My son was seen as a number on a chart. The fact that chart is made up of various weights and not all children are the average weight was not taken into account.

He wasn't recognised as a child who was meeting all his milestones and was happy and bright eyed.

Due to my hard work, by 5 months my son no longer needed weight monitoring and at 25 months is now above average. With the support of a lactation consultant in boosting my supply, I breastfeed him until 20 months.

At 25 months postpartum I'm being treated for vaginismus believed to be caused by the trauma of the whole situation. This has impacted significantly on my relationship with my partner and is a big shift from how things were before our son was born. I imagined that I would be pregnant or trying to conceive at this stage, not slowly easing myself back into sex and paying for therapy.

I know my situation isn't the worst but it's an example of the care that is lacking in our maternity system.

Our situation could've easily been avoided with better follow up care.

Two years on, my suggestions are:

- -Better follow up care for midwifery group practice mothers. I had fantastic care during my pregnancy and felt like I completely forgotten afterwards. I have had pelvic floor issues, vaginismus and low milk supply and have had to seek my own help. The home visits are not enough. Next time, I will be seeking private midwifery care for my postpartum as well as pelvic floor physiotherapy.
- -Follow up doctor visits for c-sections with the doctor who performed the procedure. I hardly knew my GP and didn't see her during my pregnancy. She shouldn't have been the one doing the check.
- -Breastfeeding education for new mums and consistent advice in the ward (every midwife had a different set of advice). Involve the Australian Breastfeeding Association and Lactation Consultants. Private Lactation Consultants should be on Medicare.
- -Improved antenatal education especially in rural areas. What was provided in 2021 was disappointing to say the least.
- -Encourage breastfeeding for mothers of special care children. If I hadn't been told to rest and told they'd feed him with bottles, maybe my milk supply would've come in sooner. I may have avoided the whole situation of my son's first five months of slow weight gain.
- -If a breastfed child is admitted, instead of suggesting the mother stops, work with her to find out what is happening with her supply. Help her, don't shame her when she is doing her best. I was happy to mix feed but telling me to give up wasn't helpful.
- -Better support for parents of children with slow weight gain. Don't treat them as if they aren't good parents. I was feeding my child day and night every 2 hours. All we did was feed. Yet, I was still made to feel guilty. His slow gains were not a measure of my abilities when he was otherwise thriving. Look at the child as a whole, consider the milestones they are reaching and that they are more than a dot on a chart. Compassion is something that was lacking. They weren't up all night feeding or worrying about him all day but I was treated as if I was a terrible parent.

-Look into everything for a baby presenting at emergency. If more had been done during that reflux visit, it might have avoided the following week's visit.

Thank you for beginning this enquiry into this important issue. The well-being of mothers is often overlooked once they give birth.