

Submission
No 395

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I gave birth to my daughter in August 2020 at a regional tertiary hospital. As I was low risk, throughout my pregnancy and birth I was lucky enough to receive my primary care from an assigned midwife through the midwifery group practice. This overall meant my experience was a well supported one however my interactions with other staff at the hospital during my time there were less than ideal.

At 23 weeks gestation I started experiencing severe pelvic pressure and cramps so called my midwife for advice. She encouraged me to go to the hospital to be checked out but unfortunately due to COVID my husband was not able to attend and had to wait in the carpark. She was also not able to attend in this instance to support me.

I was distressed when I arrived at the hospital alone, thinking that I may be going into early labour and that my baby would not survive.

When a midwife came around to ask some initial questions, she had not read my file at all so I was very hurt when she asked how far along I was in my pregnancy, or if I was "even pregnant at all."

That night I also had an extremely painful cervical check done with a metal speculum, holding on to the bed and screaming out in pain, which I felt very self conscious about being in a shared room. All cervical checks during pregnancy from this point onwards were distressing for me.

Other women in the room seemed to be allowed to have their partners there with them. I wish I did not have to be there alone that night.

With the ongoing support of my midwife I had an extremely empowering birth experience in the birth centre part of the hospital. Unfortunately however I experienced a 3B tear and had to go for surgery to be stitched up, and stay in hospital for an extra 2 days on the shared postnatal ward. During this time I experienced much conflicting advice each time the ward midwives changed shift, specifically regarding breastfeeding. The hospital policy also did not allow partners to stay overnight, so I was left to care after my newborn baby alone while also recovering from surgery. I was unable to move from my bed all night and had a catheter attached. I was not even able to get up to change my baby's nappy. There was only one midwife assigned to the full room of mums and babies. My baby clusterfed on me all night, it was only when I begged a midwife to take my baby at 3am that I was able to get any sleep (only 45 minutes).

The next morning when my husband returned I made it known that I wanted to go home, I couldn't do another night there on my own. It didn't make sense to me that I was the parent recovering from surgery yet I also had to look after our baby on my own. One of the ward midwives laughed at the fact I was crying about it and said I needed to be braver. Thankfully my MGP midwife visited a while later and saw that the best thing for me would be to be

discharged, and that the MGP midwives would be able to look after me with home visits. She made all the checks happen to ensure I could meet the necessary criteria and be sent home. The ward midwife wasn't happy and openly admitted this created more work for her to do on her shift, she was hoping someone else would get to deal with it. Without my MGP midwife making it happen I know I would have stayed there another night. I was so relieved to be home with the support of my husband.

I am currently pregnant again and have been lucky enough to once again receive care from an MGP midwife. My biggest fear is how I will be treated on the postnatal ward, I am hoping my stay there will be as short as possible.

Thank you for taking the time to read my experience, I hope that soon every pregnant person is able to experience continuity of care from an assigned midwife throughout their pregnancy, birth and postpartum, no matter what level of risk they are.