

Submission  
No 345

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

With my first child in May 2020 my natural labour ended in a 3rd degree tear seconds prior to birth. I was not given an indication that this was a risk for me during the pushing stage by my senior and junior midwives. I believe there can be a massive loss of communication between mother and midwife during the final stages of pushing and labour and this is what contributed to my 3b tear. Midwives should feel empowered to speak up and use their education to voice the risks of prolonged pushing in a back lying/supine position. Thus, mitigating the risks, or attempting to mitigate risk for the mother. I believe if I was given the information early in the labour I could have attempted to mitigate the risk of a tear with the implementation of changed breathing techniques and a side lying, crouching or backwards over the bed pushing position.

My 3b tear was fixed promptly in surgery approx 40 mins post birth, which I was very grateful for. My time in recover was quick and I was back with my baby within an appropriate time frame. I was able to have skin to skin time with my baby prior to theatre which I was very pleased with.

Subsequently I had 2 x booked follow up appointments with the women's health physio at hospital. I found these appointments invaluable to my healing and mental health post birth. Talking to a professional about my birth and gaining knowledge about my pelvic floor and the damage that had been done was very helpful for my understanding and ability to heal properly. I then sought out approx 5 x private women's health physio appointments later in my first year postpartum as I found my pelvic floor was not strong enough for me to return to local sport (bladder leakage as the ongoing issue).

I continued to have small issues surrounding my birth and it's affect on my mental health throughout the year after birth. I believe my issues stemmed from my limited understanding of the progression of my birth (poor memory) and blaming myself for my 3b tear. I found clarity in talking to fellow nursing staff who I work with, friends, family and other mothers who also suffered a 3b tear within that same year. I did not deem it necessary at the time to reach out to the hospital regarding my birth or the issues that lead to my tear - in hindsight, this would have been a good option.

I can confidentially say that it wasn't until I became pregnant with my second child in late 2021 and spoke with the midwifery CNC at Hospital, that I fully felt heard and understood about my first birth and the trauma impact that it had on me. I requested an elective c section for my second birth due to the risk of potentially tearing again during birth, and the risk of tearing through to a 4th degree. I did my own research and found this was my best option as I had already suffered some light bladder leakage approx 5 months postpartum and that had affected my mental health greatly, along with my lack of ability to return to local sport comfortably. I was aware of the minimal link between a vaginal tear and bladder leakage, however, I still did not want to take the risk of tearing again.

The third degree tear impacted my sex life dramatically for approx 7 months to a year postpartum, if not more. I felt very hesitant to engage in sex with my partner out of fear of increased pain to the area surrounding my tear. I was never forced or felt unheard in my relationship, this was purely an anxiety that I held with my body. However I believe if I had not have torn or if I had a lesser degree tear, this would have not affected me as greatly as it did in such a negative and overwhelming way. The tear affected my mental health in a negative way for most of my first year postpartum and most definitely affected my relationship with my partner in regards to us being sexually active.

The midwifery CNC from \_\_\_\_\_ was an amazing aspect and point of validation early on in my second pregnancy. I had a meeting with her to discuss my elective c section and the impact that my first birth had on my choice for an elective c section. I felt very heard throughout this meeting and extremely validated when she verbalised that the standard of care I received and the lack of communication throughout the later pushing phase of my first labour, had no doubt, directly impacted my choice to have a c section with my second child. She suggested that the position I was lying (supine/semi Fowlers), multiple and painful vaginal exams (leading to an epidural), and the lack of communication of the risks of prolonged pushing, all contributed to my 3b tear. Additionally, it should be noted that the fact that my baby was posterior and that I had an epidural for pain relief also negatively impacted and likely contributed to me having a 3b tear. However, the fact that my baby was posterior could not have been changed and was a natural occurrence, and I am aware of that. I will add, that In hindsight, I believe the multiple and painful vaginal exams (Dr and midwife performed) aimed to break my waters (2 times unsuccessfully), 100% contributed to my request for additional pain relief and therefore an epidural.

In summary, I believe my tear could have been prevented. I do not blame the midwives or doctors who supported me throughout my first birth. I blame the training or lack there of, surrounding communication between midwife and birthing mother, and communication of the risks and mitigation of risks during birth, especially in the later stages of pushing.

Education is power and communicating that knowledge is power for the birthing mother. Midwives should feel empowered to speak up and voice concerns or risky behaviours/positions during birth. Allowing the mother to then make an informed decision regarding the direction that the birth will go.