

Submission
No 347

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I gave birth to my first child during the Sydney lockdown in September 2021. I was incredibly fearful of potentially not having my partner present at the birth and this was exacerbated by the lack of information provided ahead of time by the hospital about what the rules were.

I had chosen to do GP-Shared care for my pre-natal care because continuity of care was very important to me. This led to duplication and waste of clinical investigations because a lack of clear communication between the hospital and my primary care doctor meant scans and tests that were ordered had no clinical explanation and neither treating physician had any idea why they were ordered or what they were investigating.

At my 36 week appointment I attempted to initiate a discussion with my midwife about my birth preferences and was told to bring them with me 'on the day'. I clarified that she meant when I presented to hospital in labour and she told me yes, they would discuss them with me when I was in the birthing suite. Not the most ideal preparation nor would that represent to me informed consent for the interventions that would likely follow.

I presented at my 41 week appointment with no signs of labour imminent. The obstetrician conducted an ultrasound and proceeded to book an induction without discussing with me my options first. I asked if I could have a membrane sweep and was told she didn't think it would be successful. When I asked if I could postpone the induction a few days I was told my placenta was failing and I need to have the baby by Monday (this was on a Friday) but they had no available bookings to commence my induction. I was sent away with a tentative booking for an induction to commence on the Sunday but no further details except to wait for a call on the Sunday about when I could come in.

I waited all day Sunday for a call and was told to proceed to the hospital in the afternoon. My husband was not allowed to attend the appointment despite it being incredibly invasive and painful and lasting several hours in an empty room with very little support.

I returned the following morning to birth my baby. No one asked me for my birth preferences when I was sent up to birthing unit; I had to initiate that conversation myself with the midwives. They checked my file and noted nothing had been recorded and I explained what had occurred at my midwife appointment at 36 weeks.

When we began discussing my preferences, I was told I couldn't have things such a tens machine or percussive massage gun. I wanted to use water as part of my birth but was told I couldn't due to the electrical monitoring that had to happen for my baby; no one explained to me that they would cut his skull to place the electrode; I never consented. When I informed them about my preferences regarding forceps and vacuum delivery, they queried why I felt that way and told it that I was wrong despite my research on the outcomes of both. I would not consider myself a layperson

. Many of my birth requests were dismissed during this conversation.

My labour failed to progress and resulted in an emergency cesarean section. When my baby was finally delivered in theater I was not given the opportunity to have skin-to-skin contact with him despite there being a significant amount of evidence to support the benefits to both mother and baby of this immediately following birth. I spent over two hours having surgical repair and recovery separated from my partner and baby in different parts of the hospital. I did not get to hold my baby until I had been moved to the maternity ward almost three hours post-birth and had to ask someone to hand me my baby.

I suffered post-natal depression following my birth and believe this separation contributed to that outcome. I felt let down by the system and program operated by the hospital that was designed to provide continuity of care but resulted in the exact opposite. I don't believe I was provided with opportunities for shared decision making and did not feel empowered by care providers to make informed decisions. There was personal and financial costs associated with my prenatal care that was wasteful and did not contribute to improved outcomes for me or my birth.