

Submission
No 326

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Birth submission

I am 30yo and have worked as a registered nurse in both the operating theatre and wards that are combined with maternity and birthing suites.

In this time I have lost count of the amount of times I have heard midwives/nurses/doctors say comments such as

“she won’t be able to birth naturally”

“we’ll give her a bit of time but she’ll end up having a caesarean”

“Your baby is too big to birth naturally”

“I’ll induce them on X day before I go away for the weekend”

Or hearing midwives admit that they “caused her (birthing mother) to have a caesarean” due to unnecessary interventions and unrealistic timeframes

Or doctors asking the theatre NUM first thing in the morning if they could organise the theatre list to fit a caesarean in this afternoon when they have only just commenced a lady on syntocin for an induction

I have had two children myself; one an obstetrician led hospital birth and my second a physiological home birth with a private midwife

First birth - I felt I’d handed over all of my knowledge, intuition and power to others who did not respect or understand the true power of birth

-I couldn’t have a water birth at my local hospital due to policy despite having baths in the birth suites

-I was scoffed at by my obstetrician when I said I’d prefer not to use pain relief during birth unless absolutely necessary

-I wasn’t told I had the option to choose whether I wanted to do the glucose tolerance test or group B step swab

-My obstetrician begun chats about inductions before 38 weeks pregnant despite having no complications at all during pregnancy

-During labour I wasn’t asked if I’d like to have a vaginal examination but instead politely encouraged to “pop up on the bed so we can see how you’re going” before I knew it I’d “consented” to a vaginal examination when I was deep in the world of labour (vaginal examinations were not a request for me)

-I could only have one support person in the room during labour (so there was no one there to support my partner and myself) 2021

-I requested for a physiological third stage to my midwife whilst in labour (It's standard for women to be given an injection of syntocin to deliver the placenta). I gave evidence based research as to why I wanted this but she fought me at every turn, she brought the obstetrician in to then provide scare tactics that I may "bleed out" if I didn't have the injection

-After a vaginal examination I was declared "fully" by the obstetrician and instructed to start pushing by the midwife although I stated I did not have the urge to push yet. The midwife told me I was doing it wrong and to "have a go"

-After birth another midwife informed me that my obstetrician had likely "stretched me" to 10cm on my last vaginal examination and told me to start pushing despite baby's head not being fully descended

-After I'd been coached pushing for 2 hours despite not having a real urge to push and myself and my baby doing perfectly fine at every Doppler and obs check the obstetrician entered the room and said I'd been pushing for too long so we'd have to try a vacuum delivery or I'd be going for a caesarean

-I was talked about and talked over by staff members in the birthing suite while I was in labour

-I was discharged after a couple of days with no further support. Only a rushed appointment with my obstetrician at 6 weeks which did not ask how myself and my partner were coping physically, mentally or emotionally- doctors don't have time for this depth in an appointment

My second birth - I felt empowered, supported and in control throughout the whole pregnancy and birth

-I paid \$6500 to access my private midwife care throughout pregnancy, birth and 6 weeks postpartum

-I received many eye rolls from staff at medical imaging facilities when I provided a referral that was from my private midwife as it wasn't from a doctor

-I got to choose my second midwife who would support me in birth

-I was given options and evidence based research on tests and investigations throughout pregnancy and was encouraged to make a decision for myself rather than be told it must be done

-I was asked about how I was feeling mentally physically and emotionally at each antenatal appointment (that often went for 30-60minutes)

-I was supported and reassured that I could birth my baby however I wanted and felt comfortable with

-My baby required 4 minutes of respiratory support after birth in this time my two midwives were calm and confident. I was able to be involved through talking and stimulating my baby and still being connected via the umbilical cord so I was supplying my baby with oxygenated blood (1/3 of a baby's blood supply is in the placenta at birth hence the importance of delayed cord clamping)

-Postpartum my midwife come to my house for postnatal checks at day 1,2,3 and 6 then weekly until 6 weeks postpartum. Each appointment checking how my baby AND I AND my partner were going

I wish every women and their partner could experience a birth with a private midwife whether it be at home or in a hospital however the cost limits a lot of people being able to access this

Although my private midwife was sensational she is still bound to the health system in ways and ostracised by midwives and doctors in the hospitals as they are viewed as the enemy instead of an alliance

Potential suggestions for improvement:

-Increase the Medicare rebate after hiring a private midwife. Hiring a private midwife reduces hospital admissions, hospital stays, cost to the health system, improves vaginal birth rates, improves women's birth experiences, improves breastfeeding rates and increases the chance of a healthy mother and baby being born through their experience

-Allowing midwifery students and obstetricians to attend physiological homebirths or at least including physiological birth videos and content into their mandatory studies so they see what birth should look like and how they can support this process

-Update hospital policies and procedures to match evidence based research rather than sticking with policies and procedures because "this is how it's always been done"

If we can birth a healthy mother as well as a healthy baby the whole world benefits with happier, healthier more empowered mothers who are more confident and capable in raising their children. There will be far less antenatal anxiety and depression if we support mothers correctly throughout such an important process

I truly hope there are some huge positive changes made within the birthing space and I would be willing to give evidence at a hearing if needed

Thank you for your time,