

Submission
No 336

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Birth trauma submission

I am making this submission to write about my experiences both as a birthing mother and as a birthing support person to my sister.

I was incredibly fortunate to have an empowering birth experience, and I believe this was no accident. I attribute the success of my birth to the public midwifery group practice model. I strongly believe this model of care should be made available to every woman birthing in NSW. Continuity of care and midwifery led care are both so important in encouraging women to feel supportive and to have the best possible chance of having a safe, intervention-free and empowering birth.

Through the MGP, I was allocated one midwife who I saw consistently throughout my pregnancy, birth and early postpartum period. Having continuity of care meant so much to me as I was able to use my appointment times for asking all the questions I had about birth preparation, my baby, etc. My midwife knew my medical history, any issues which had arisen in the pregnancy, etc- this was so reassuring and meant I wasn't needing to tell the same details (some of them difficult to share) with a different unknown midwife at each appointment. My appointments gave me regular opportunities to discuss my birth preferences and any concerns/risks with my midwife who I knew well, and knew was going to be in the birthing suite with me. I was able to be highly educated (by undertaking paid courses through external providers and asking many questions of my midwife) about birth options and this assisted me to make decisions about aiming for an intervention-free, natural birth. My midwife became a trusted advisor and I knew she would have my back and advocate for me and my baby in whatever birthing situation we ended up in.

Please consider providing more resources across NSW so all women can have a MGP experience - I'm positive this will lead to better birth outcomes.

Despite having a great birth, I did experience trauma during my pregnancy in the following ways:

- My husband and father of my child was not permitted to attend any appointments or scans throughout my pregnancy due to the covid pandemic. (My baby was born in November 2020.) this was very traumatic for me having no support person at these appointments, particularly the scans when I received distressing news about serious risks to the health of my unborn baby. Not only was my husband not able to be there to support me but this negatively impacted his experience as a parent because he didn't get to receive the medical information about his own baby first hand. This was extremely difficult.

- I strongly believe the NIPT testing should be government funded and made available to every single pregnant women in Australia. Currently, there is very sparse / inconsistent information about NIPT given by GPs and it is not advocated for at all. However it should be. It also needs

to be publicly funded because the cost is currently prohibitive for many families. This is a matter dear to my heart because I experienced considerable trauma in my pregnancy due to scan results, which could have been avoided if I had been recommended a funded NIPT test at 10 weeks pregnancy. Instead, I went through the standard screening tests which are currently recommended / available for Medicare contributions and spent two months in limbo not knowing whether my baby had a chromosomal abnormality or other serious medical conditions. "Soft markers" for these issues were identified at my 12 week scan and a follow up 16 week scan. As a result, I was referred to the Maternal Fetal Medicine Unit for further assessment, with subsequent scans at 17 weeks and 20 weeks. It was not until we saw a specialist at the MFM unit that they recommended we should pay the \$500 out of pocket fee for an NIPT which would give us much greater certainty about baby's possible condition than the scans alone. We followed this advice, and did the test at 17 weeks but the results take at least 2 weeks to come, which extended our period of stress and the unknown. Finally at 20 weeks, we had negative NIPT results and a clear scan so baby was all ok. But the two months of agony and not knowing was incredibly stressful and not something I would wish on anyone.

I strongly recommend every pregnancy woman is entitled to have a support person at every single pregnancy appointment and scan, regardless of covid or other surrounding circumstances. This is essential to the mothers' mental health, in addition to the other parents' right to be involved with their child.

I strongly recommend every pregnant woman is entitled to publicly funded NIPT testing and this is recommended at 10 weeks.

Separate to my own experience as a birthing person, I have also been a birth support person for my sister twice during her two pregnancies and births. These births had two very different outcomes:

- My sister's first birth occurred in May 2020, during the early days of the covid pandemic. It was incredibly unfortunate that the rules in place at the time provided only one support person could join the mother in hospital for the birth. My sister had long planned that she wanted me to be at her birth as a second person, including because she felt she needed me to be there to help advocate for the intervention-free birth she had been working towards. Unfortunately due to the covid restrictions, I was not able to attend hospital with her although I assisted her for as long as possible while she laboured at home. My sister ended up having a traumatic birth in hospital, where she did not feel heard or supported. After a very long labour, baby's heart rate dropped and she was ordered to lie on her back and do forced pushing, with a Dr doing an episiotomy to get the baby out. My sister had been very clear in her birth preferences that she did not want to push on her back and did not want an episiotomy. Her agency was taken away from her, and this trauma has had a lasting impact. It took my sister many months afterwards to process her birth and to this day she has regret that I was able to be there to support and advocate for her.

- In addition, my sister for her first birth had applied to be part of a publicly funded midwifery group program. However unfortunately her GP did not send the referral to the correct place

(despite my sister going early in her pregnancy and specifically requesting an MGP referral) and she missed out on a spot in the MGP. She only found this out when she went to her first midwife appointment at 16 weeks (which she thought would be in the MGP) and was told she had just been placed in the general midwife hospital model of care where there is no continuity of care. Under this model, my sister saw a new midwife at each appointment and at the birth. She expressed stress and disappointment at the time at how little she got out of the appointments, as they were generally taken up by having to repeat her medical history, etc at each appointment. She had no opportunity to build a relationship with her care provider or to establish trust and expectations about her birth preferences. As noted above, my sister suffered significant birth trauma as a result of her first birth and she (and I) both strongly believe this could have been prevented if she had had an MGP model of care where a known midwife would have been at her birth and could have advocated / respected her birth preferences.

In contrast to my sister's first birth experience, I am very pleased to say she had a much better experience second time around. I attribute this difference to two key aspects which were different second time around:

- my sister didn't rest until she had got a place in the MGP program, so she had continuity of care with one midwife throughout her pregnancy and birth.
- I was able to attend her birth as a second support person in February 2023 (thankfully covid restrictions removed).

I strongly recommend all women are able to access publicly funded MGP model of care for their pregnancy and birth, and that all women are able to have at least 2 (ideally no limit) birth support people attend the birth in hospital.

Thank you for your time.