

Submission
No 339

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Dear Members of the Committee,

I am writing to share my personal experiences and perspectives on behalf of women who have encountered birth trauma. As a woman who has personally experienced birth trauma I hope to shed light on the impact it can have on individuals and families.

I, _____, have experienced birth trauma firsthand. I have 3 children, 7, 5 and 2 years of age. They were all born at a public hospital, the first two with MGP and the third with shared care.

The specifics of my own encounter with first birth trauma are as follows: full term spontaneous labour with a posterior position. I was with MGP and was given pain relief options to cope. I was given an epidural after 3 days of painful pre-labour and then was admitted and given an epidural. I progressed into pushing, for 6 hours. This lengthy time was due to the obstetrician not coming in a timely manner due to prayer. I was informed a vacuum would be done and I consented to this. On the arrival of the OB, he did not greet me, he simply setup for a forceps delivery. I was not informed of this change, nor given opportunity to ask questions. I felt dehumanised, I was scolded for not doing more, and the physical pain was intolerable due to an ineffective epidural. This affected me physically, emotionally, and did not bond with my baby for more than 4 months. To this day my pelvic floor is suboptimal, despite many physio visits. This trauma continues to affect me to this day. I nearly didn't have any more children because of how awful this birth was.

My second birth was with MGP again and was far more supportive. I was induced due to a rapid onset of preeclampsia, however I felt cared for, supported and was given opportunity to ask questions throughout the process. I had difficulty accessing MGP and required significant advocacy following my first birth trauma was I accepted onto this program.

My third birth was an amazing birth, through shared care and through the public hospital again. Due to a subchorionic haematoma, I was considered high risk for this birth and had my regular hospital appointments with the doctor. With one doctor in particular, following a scan she informed me that my baby was big and I should book an induction. This was around 26 weeks. I declined, stating my wish to allow labour to progress naturally. She then informed me, quite forcefully that not booking the induction would kill my baby and myself. I did not feel that the information was provided in a respectful manner at all. My baby was not measuring big, it was simply an incorrect ultrasound. This same doctor, when I was being admitted for delivery (spontaneous labour), requested I undergo a blood transfusion. This was on the basis on a 600ml blood loss from my first, forceps delivery. I declined and proceeded to have an amazing water birth. This experience made me feel that the doctors were not providing education or appropriate advice and attempting to bully me into their preferred process.

Having reflected upon my experience, I believe that several factors contributed to my birth trauma. These factors may include understaffing, lack of quality education through the hospital and it's financially difficult to access private birth education.

Drawing from my personal journey, I would like to propose specific solutions and changes to enhance maternity care in Australia, with the aim of preventing future instances of birth trauma. The following are the changes I advocate for: (elaborate on the reforms or modifications you wish to see implemented to improve maternity care in Australia).

1. **Enhancing Education and Training:** Improving the understanding of birth trauma, trauma-informed care, and evidence-based practices among healthcare professionals can foster more respectful and compassionate birthing experiences. Specialised training in postpartum care ensures comprehensive support for women during this transformative period. It also includes access and quality of birth education given to pregnant mothers and partners.

2. **Promoting Women-Centred Care:** Prioritising women-centred midwifery care allows us to recognise the unique needs and preferences of each woman. Investing in models that emphasise personalised care and shared decision-making empowers women to actively participate in their birthing journey and receive ongoing postpartum support.

3. **Strengthening Continuity of Care:** Implementing continuity of care models provides consistent support from known midwives or healthcare professionals throughout the entire childbirth process. This promotes trust, reduces anxiety, and leads to improved outcomes. We believe in the power of continuity, extending comprehensive postpartum support for women's recovery and adjustment.

4. **Increasing Funding and Support for Postpartum Care:** Recognising the profound significance of the postpartum period, we advocate for allocating sufficient funding and resources to provide high-level postpartum care. Addressing mental health needs, supporting breastfeeding, providing lactation support, and offering comprehensive follow-up care are vital components of this nurturing process. Let's ensure every woman feels supported and empowered during this transformative time.

Thank you for considering my submission. I am grateful for the opportunity to contribute my experiences and viewpoints to the committee's ongoing inquiry. If necessary, I am willing to provide additional evidence during a hearing to further support my perspective.

With sincere appreciation