Submission
No 400

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed
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Partially
Confidential

My name is , I live in [redacted], I am 43 years old and I have two children (an eight year old and a four year old). I birthed both my children at The [redacted] Hospital through the MGP (on 07/03/2015 and 28/12/2018).

For my first birth I was not aware of the MGP and was told by a friend when I was approximately 2 months pregnant. I contacted MGP to refer myself however was told there was no availability and went on a wait list. I was contacted again at approximately 4 months pregnant and was able to access the program as place in the program became available.

Myself and my birthing partner prepared for birth by attending birth classes at The [redacted] Hospital, completing a tour of the maternity ward and attending a Calm Birthing course.

My experience of my MGP midwifes were positive, they were experienced, good communicators and most importantly consistent. I was able to discuss birthing strategies and plans with them and they were then able to prompt me with theses strategies during labor. My labor was spontaneous and commenced a few days post the estimated due date (my MGP midwife performed a sweep). My midwife and doctor explained what they were doing at each step and asked for consent (eg. internal examination, procedure for presence of Meconium and Syntocinon injections). The same midwife was present for the entire labor and birth and able to advocate for me with the treating doctor and I was able to have a natural birth with minimal intervention, my baby was healthy. With consent asked for and given I received a few stiches for a small vaginal tear that were tended to from a doctor in a quick and efficient manner. I had skin to skin contact post birth and encouraged to establish breast feeding.

The treatment I received post birth at The [redacted] Hospital maternity unit where I stayed for two nights (as per the then recommendation for Meconium babies to stay 48 hours in hospital post birth) was varied. The majority of nursing staff were responsive, supportive and professional with good and empathetic communication skills and assisted with establishing breast feeding. The review by the doctor was OK. Some of the nursing staff were rude, dismissive, condescending and not helpful.

I felt that my MGP midwife acknowledged and communicated well with my partner and two other family members present. Overall my first birth was a positive experience that I attribute to the continuity of care. My midwife attended for a home visit after the birth as part of the program and I was able to ask clarifying questions regarding birth experience and also questions related to new born behaviour. I had no ongoing physical or mental health complications post birth.

My second birth experience was an emergency C- section. I contacted the MGP at five weeks pregnant (the day after I found out I was pregnant) and was accepted into the program several weeks later. I had a different assigned midwife to my first birth. The MGP experience for my

second birth was very similar to my first birth, for both the community and hospital care in that it was positive, good communication and good rapport established. My labor was spontaneous and commenced a few days post the estimated due date (my MGP midwife performed a sweep). My partner and two other family members were present for the birth experience.

I arrived at the hospital and my labor was progressing without issue until it stopped progressing a couple of hours later. The MGP midwife discussed why this may be happening, explained options and asked for consent for internal examination, encouraged different positions and movement patterns. This was not successful and I was tired (almost falling asleep between contractions, it had been a hot day and it was about midnight by this stage). The midwife discussed options for the next steps to assist labor to progress and I consented to a late stage epidural with the hope this would allow me to rest and allow my baby to turn the right way. The anesthesiologist who performed the epidural was good at communicating the steps he was taking and it was successful with no complications. It was explained that a time period was allocated for labor to progress with the epidural.

This time period came to an end and I had slept, my contractions were continuing at a good and strong pace however there was still no baby and they were unsure why (my MGP midwife suspected the umbilical cord was the issue however there was no way of confirming this). My MGP midwife, the treating doctor, me and my partner had a conversation about the next step in the birth and I was explained the C-Section procedure and I signed the consent form for a C-Section which occurred about an hour after this. I was also able to ask what the options were if I did not have a C-Section and the complications that may arise. My partner was present for the C-Section and there were no complications during or post procedure, I felt the clinicians involved explained what they were doing (as needed) and I was able to ask questions as needed. My baby was born healthy and the MGP midwife was correct – the umbilical cord was wrapped around his neck four times preventing the birth from progressing.

My only feedback post my C-Section is that I was not offered immediate skin to skin contact and had to wait one hour for this.

The treatment I received post birth at The [redacted] Hospital maternity unit where I stayed for two nights (as per the recommendation for hospital stay post C-Section) was improved from my first birth with almost all staff I interacted with being responsive, supportive and professional with good and empathetic communication skills and assisted with establishing breast feeding and recovery from C-Section.

Having the midwife who was present at my birth follow me up in the community with a home visit allowed me to discuss the C-section procedure. This continuity of care was important to allow me to debrief an unpredictable birth and provide a complete service, as such I do not have any trauma related to my emergency C-Section. I do not have any ongoing physical or mental health complications post my second birth.

To add to this submission I do not have a history of trauma, I do not have a disability, I do not have any chronic health conditions and my cultural background is Anglo Australian. I have a supportive family and I am a health care professional who has an understanding of how hospital policy and procedures need to progress. Because of this I feel confident to ask questions of health care providers (even when under the stress of labor) to gain a better understanding of what is going on. This confidence is something I think not all people have when it comes to accessing many forms of health care, but especially when they are pregnant and in labor.

This is why I would like to see the developing of a relationship with a midwife through an evidence based continuing care program, such as the MGP, increased in the [redacted] (and all areas) to allow more/all women a better chance at having positive birthing experiences. I feel lucky that I was able to access MGP and attribute this program to making my 'emergency' C-section not feel like an 'emergency' but a necessary intervention that I was guided through. The MGP should also consider accepting 'high risk' pregnancies into the model of care as continuity of care for this cohort of women is just common sense. The MGP program also allows for public funded home birthing options, allowing women choice of where to birth is important especially when they have a history of trauma or have cultural needs such as Birthing on Country.

I feel like I was able to give informed consent at each step of my birthing process and think this made me feel like I was able to make decisions and decreased my risk of a traumatic birth experience. Mandatory trauma informed training for all health care professionals (and support staff such as administration, security and wards people) is necessary for staff to understand what behaviours and attitudes contribute to a traumatic birth experience – and also to understand how a women (and their chosen birth partner) with a history of trauma may respond in a health setting and when birthing.