

Submission
No 403

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I was not adequately informed of my choices, research or the birth and post partum care options during my first pregnancy. I was just told what to do 'in the best interests of the baby' and not provided with information about my own care, or consideration of how compromising my babies immediate needs might deliver better long term outcomes for the baby due to my health. This led to me choosing a natural birth. Although requesting an epidural 35 hours into labor, this was denied to me because of a lack of anesthetist resources and planning or options given to me, and midwives continuing to push for a natural labour. Because of the pain I was in, and the coaching I received on 'valsava' breathing (taught for the first time during pushing) I rushed pushing, severely damaging my pelvic floor and causing mental health trauma, resulting in the need for acute psychology for 6 months after the birth, and then 6 years later, when pregnant for the second time, severe panic attacks and the need for a mental health care plan for treatment of PTSD.

During my second pregnancy I discovered that I also had a prolapse. This was by accident as a pelvic floor examination was part of the health check to access the pregnancy exercises classes offered at my women's health physio.

Despite having multiple vaginal exams, mentioning a change in the shape of my vagina, and urinary symptoms and physical discomfort, I was never offered any help from GPs and was told these experiences were 'normal' after having a baby. I also had severe blood loss during menstruation and was treated for iron deficiency, but never examined or given treatment to manage the blood loss, and was again told this was 'to be expected for post birth' by several doctors.

Again, luckily my women's health physio informed me that I have to request to my midwife to be seen by the hematologist and pelvic floor specialist. Despite mentioning my symptoms, this care was not proactively supplied to me. I understand now that there are clearly budget and performance target metrics that impact the quality of care offered to me, so I have to get requests put in writing, medical advice out in writing, submit a formal written request etc

By dropping down to part time work so that I would have the time to advocate for myself and attend additional 'check box' appointments (to get referrals and recommendations put in writing) I was able to obtain accommodations to support balancing a healthy mum with a healthy baby. This included induction, active, hands free early labor, minimal physical examinations, scheduled epidural, passive descent, open glottis breathing, delayed chord clamping, private bonding hours after birth, an iron infusion post birth, pelvic examination and fitting of a pessary support and internal ultrasound that diagnosed adynomioais, and prescription of medication to minimize my symptoms.

An example of how unnecessarily difficult this was, is the induction. The pelvic floor unit of the same hospital I was giving birth at provided very clear recommendations that I give birth at 38 weeks, and provided maximum measurements of baby to make sure of minimal pelvic floor damage. The consulting obstetrician wouldn't even discuss it with me, saying that 'it's

impossible to induce before 38 weeks because it would damage the babies brain'. When I asked to see the research she was referring to so I would make an informed choice, she said 'I can give you the research, but the outcome won't change.' She also insisted on a student doctor being in the room, who kept touching me excessively and discussing me as if I weren't in the room, despite my request on my file not be overly examined or have additional people in the room due to my PTSD.

I started feeling a panic attack mounting and tried to breath to stay calm. I said Ok, the pelvic floor unit has given baby measurements that I should work within. Can I get another ultrasound at 38 weeks to make sure I'm within a range?' Again, the Dr said I could get an ultrasound, but it wouldn't change the outcome'. I also pointed out that I had been tracking my basal temperate and sexual activity and could show that my baby was actually a week older than their calculations, because I had ovulated 10 days earlier than the standard calculation. The Dr acknowledged that they are aware that women ovulate at different times, but that she 'wasn't allowed' to use my records.

To make it crystal clear, I said 'so- to be clear- regardless of the size of my baby, or the recommendations from the pelvic floor unit, you are going to force me to birth a large baby?' She said yes. At that point I rushed out to my car because I knew I was having a panic attack and didn't want to have to do that in public- though during my pregnancy I did see multiple panic attacks, one time to the point where a woman fainted and needed to be taken to emergency.

I continued to our things in writing and submit requests until I was provided a compromise and allowed to schedule in the induction.

The care for pregnant women is centered entirely around their role as a gestational carrier. The pregnancy education and preparation for birth and after care, as well as post partum support is a joke. If it weren't for me proactively managing my pelvic floor during my second birth, through a women's health physio, no one would have even looked at my vagina until birth. No one would have thought to say ok- what are we working with here and how can we best support this women?

We can do so much better- and a lot of it is just about education, empowered decision making and flexibility.