

Submission
No 451

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I gave birth to both of my babies at [REDACTED] Public Hospital. I hesitated to make a submission to this important inquiry as I don't consider what happened to me to be 'trauma' but I decided to submit this as I think what I experienced could have been traumatic for some people and because while I don't think of my experience as 'traumatic' I did experience some things that I think were highly problematic, unnecessary, and absolutely not optimal maternal care.

My first child was born in 2019 and I was very fortunate to have a spot on the MGP program. I wish more parents – and especially first-time parents – could have that continuity of care.

Despite having the fantastic support of the midwives on the program, my partner and I came under immense pressure from the obstetricians at the hospital to have an induction. It seemed that they kept coming up with new and different reasons to induce labour and this started as soon as my pregnancy went past 40 weeks. None of the reasons were well supported by evidence – suspected large baby, suspected low fluid levels - which a subsequent ultrasound (organised by the midwives on the MGP program) indicated was not the case – risk of shoulder dystocia etc. The pressure became harder to resist especially when the messaging began to shift to questioning the apparent risks we were putting our baby under. We relented and agreed to an induction at 40 weeks + 12 days. Our baby was born perfectly healthy and a normal size for gestation. Having midwives who we knew made such a positive difference to the actual labour and birth.

I didn't get a place on the MGP program for my second pregnancy in 2022. My partner and I had felt so well supported by our midwife that we made the decision to hire a private midwife so we would have the same continuity of care. At 38 weeks pregnant, I caught COVID and went into hospital because I was concerned about the baby's movements. Monitoring showed that the baby was fine but had turned sideways. Rather than discussing options to turn the baby, the [REDACTED] obstetrics team said I needed to be admitted to hospital and have a caesarean. Because I was covid positive at the time, I would have had to have the caesarean on my own without the support of my partner. After speaking to my midwife, I declined this and felt so pressured and judged for putting my baby at risk that I declined care and returned home.

I returned to hospital for monitoring and further appointments and asked about having an ECV to turn the baby. The senior obstetrician refused this due to my gestation. After talking to my midwife and some other midwives and doctors, it was suggested that I contact the [REDACTED] Hospital in Sydney. One of the midwives arranged this and I had a successful ECV at the [REDACTED] Hospital. Staff at that hospital couldn't understand why [REDACTED] wouldn't offer me that procedure as apparently, I was a good candidate for it.

I ended up going in labour spontaneously and giving birth at [REDACTED] hospital. Because my labour was very fast, our private midwife didn't arrive in time for the birth. The midwife on shift who was assisting with my birth didn't know me – and I was struggling to communicate at the time – but in a very short period of time, I had several procedures to augment labour including a vaginal examination (which I reluctantly consented to) and having my waters broken. I am not convinced that either of these things were necessary of helpful and regret having them. Very shortly after my baby was born, the same midwife went to give me an injection to speed up the delivery of the placenta. I'm not sure she was going to ask me first. I saw what was happening and insisted I didn't want the injection. Shortly after this I was focused on my baby and then realised that the midwife was pulling on the umbilical cord. I asked her to stop, which she did, before doing the same thing again a few minutes later resulting in the delivery of the placenta. I didn't want this and had already asked her previously to stop.

I don't consider myself to have any trauma as a result of these experiences but I do have regrets and I don't understand why the hospital takes such a highly medicalised approach to birth. In particular, placing huge amounts of pressure on people to have inductions and caesareans is, I believe, very problematic.

My partner and I experience a significant amount of privilege and are well able to advocate for what we want. Despite this, we had interventions we did not want and actively argued against. I can only imagine that the pressure on people from CALD backgrounds or who don't have the same level of language proficiency and education we have would experience far more pressure.

Thank you for this important inquiry.