

Submission
No 405

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am a first time mum and planned for a homebirth. I had a posterior labour with an extremely long and painful early stage before deciding to transfer for augmentation and pain relief. Our private midwife came to the hospital with us and stayed until after the birth. Things went smoothly until near the end, when my baby went into distress.

The room filled with people, an obstetrician did a forceps delivery, my baby came out crying but then collapsed. His cord had to be cut then he was whisked off for resuscitation. He was placed back on my chest briefly then taken from the room and my partner went with him. I had sustained a third degree tear and needed to go to theatre. While we waited, my midwife helped me to express some colostrum. After surgery, I was sent to the wards and didn't see my baby until about 8 hours after his birth. He had 2 days in NICU then 5 days in SCU before we could bring him home.

There were parts of my birth and postpartum time that were traumatic, and there were parts that could have been but weren't because my care providers were trauma-informed. I want to highlight both of these aspects in my recommendations to the inquiry. These are my recommendations:

- Provide explanations and ask permission before any procedure even in emergencies

Even though it was an urgent situation, the obstetrician at my birth provided brief explanations of what was happening and asked for permission to do a forceps delivery and then asked for permission to do an episiotomy. Although I found the situation overwhelming and I went into shock, it was very meaningful to me to be asked instead of having these things done to my body without consent.

- Provide continuity of care

Having someone I trusted made a huge difference to my experience of an emergency situation. Each time the obstetrician asked to do something, I was able to check with my midwife before I gave my consent. This made me feel much safer because I already knew and trusted her opinion and didn't have to just agree to what a stranger was asking.

My midwife has also been available for ongoing debriefs even after I ceased being her patient. I've reached out to her twice, once over a year after the birth, and both times she provided very kind and helpful answers that put my mind at ease about certain aspects of the birth. Having this relationship with someone who actually knows me and remembers my birth makes me feel respected and held, and that my experience matters.

We know that continuity of care is so important for mothers in pregnancy, birth and postpartum but it is rare for women to be able to access it without paying a lot of money for a private midwife, of which only a small amount is covered by medicare.

- Resuscitate babies on their mother's chests

Research shows that babies heart rates are stabler when they are kept on their mothers chests, as well as the benefits of delayed cord clamping, so why are so many hospitals not set up to resuscitate babies on their mother's chests? My baby would have received far more cord blood and we would have been able to stay skin-to skin for far longer too.

- Make sure the mother has properly seen her baby and ask permission before taking the baby from the room after birth. Support women to be with their babies whenever they want to.

My baby required oxygen and was whisked from the room before I even got to look at his face. I wanted to call out 'I haven't even seen him, let me see his face', but I was still in shock and dissociating. It was extremely damaging to me that I didn't get to see him properly for so many hours after his birth. It was very hard for me to bond with him after the post-birth separation, and for the first two months my brain kept wondering if this was even my baby or if he had been mixed up. I felt a lot of grief and shame about this part of his birth. It would only take a moment to ask permission to take the baby from the mother and check that she is ready.

I also don't understand why we couldn't have been kept together after the birth. I could have waited for theatre next to him while he was in the humidicrib. And then it took so long after theatre for me to get to see him. I desperately wanted to see my baby but didn't know what was allowed or how I could even get there when I couldn't walk. I would have appreciated someone explaining that I could see my baby at any time I wanted and that they would ring for an orderly to take me. Instead I lay in bed unable to sleep, having flashbacks to the birth, and imagining him lying cold and alone. Seeing him warm and safe in the humidicrib even for a short time would have given me so much peace of mind. It is not adequate to just wait for women to ask to see their babies. After being mostly awake for 4 nights in a row and shell-shocked from the final minutes of our birth, I was in a frozen nervous system state and could barely talk. I also felt very intimidated by the hospital environment.

- Support women to sleep next to or near their babies in NICU/SCN if they wish to

I was shocked by how little support there is for mothers to be near their babies, including overnight. I don't understand why women and their newborn babies are treated as separate units, when we know that they are physiologically and emotionally intertwined. This has a huge impact on breastfeeding and bonding. Parents of older babies and young children are

supported to sleep with/near them when they are sick in hospital, so why is this not an option for new mothers in every hospital?

On the last day my baby was in SCN, I was finally able to establish breastfeeding instead of bottle feeding. I wanted to stay with him so I could breastfeed overnight, but was told that the only way I could was to sit in a chair all night, which means I wouldn't sleep. This is a cruel thing to ask of a mother who has very recently given birth, who is exhausted and is struggling to even sit because of the pain of recovering from both an episiotomy and third degree tear.

I felt so much guilt and shame for not being with my baby more in his first week, but it is really the fault of the hospital for making it so hard for new mums to stay with their babies in NICU/SCU. I had to choose between eating or being with him, drinking or being with him, sleeping or being with him. Obviously a woman who has just given birth needs to be eating, drinking and sleeping sometimes! I felt that the expectation was that the baby is the patient and the mother should be superhuman and not need any care herself.

- Provide adequate discharge information and support

When I asked about when I might be discharged because I had no idea what to expect, I was told that it wasn't a prison and they weren't keeping me there. They organised my discharge papers but gave me no information about how to care for my injuries at home, no scripts for the painkillers and antibiotics that I needed to keep taking, and no information about what to expect in the short and long term with my injuries. I felt scared and confused about my body and didn't know how to heal safely.

- Provide more extensive support and information to women wishing to breastfeed when their babies are in NICU/SCN

I count myself extremely lucky that my private midwife stayed with me after the birth and helped me to express colostrum immediately. I consider this a major reason that I was able to establish a good supply and to exclusively breastfeed after discharge. Other women I know who were separated from their babies and/or had NICU/SCN stays were never able to establish their supply and were heartbroken to need formula for their babies' whole infancy.

About 8 hours after my birth, a midwife finally gave me some tools for hand expressing and a leaflet about expressing for babies in NICU/SCN. Later, one nurse showed me how to use the electric pump. This was the only breastfeeding support I received from the hospital. We were told that there was a lactation consultant but she only worked part-time and we were never able to see her. I sourced my own private lactation consultant but because of the covid restrictions, she wasn't able to come into the SCN nursery to actually see my baby trying to breastfeed, so we weren't able to access her help until we were both discharged.

Women who have babies in NICU need to be supported to express as soon as possible after birth and help to understand how often they should express. Again, having my private midwife with me made a world of difference

- Provide birth debriefs for all births

The obstetrician who attended my birth came to see me two days later to discuss and debrief the birth. This seemed to be hospital policy for assisted delivery and caesarean births, but it needs to be offered for all births. Any type of birth has the potential to be traumatic. The obstetrician's debrief was helpful, but the debriefs with my private midwife that I have already mentioned were far more so. Ideally debriefs should be done by someone the mother knows, who was at the birth, and should be available more than once if required.

- Provide funding for physical and emotional birth recovery

Aside from the huge cost of hiring a private midwife, I have now been spending so much money on physical and emotional healing, including a women's physio. Why are all women not offered free physio sessions after birth, at the very least? There was no emotional follow up from the hospital, and I've spent the first year of my baby's life with postpartum anxiety, grief and shame, so much regret and so much anger about how hospitals work and how mothers are not supported to be with their babies.