

Submission
No 408

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

During my maternity care for all of my children, I was not given access to all models of care by my GP when I attended to confirm my pregnancy with a blood test. I was just handed a referral to the general labour ward at my closest public hospital. It was my preference to partake in a low intervention birth centre model of care and because this information was not given to me at my initial GP visit, I had to be put on a waitlist and wait for the possibility of a spot to open up. GPs have a responsibility to be offering choices for women and supporting all models of care. It has been my experience that my GP never offered evidence-based low risk options such as the local hospital birth centre or a home birth program, to which I would have been well suited.

I had a traumatic event occur during the birth of my second child that was due to understaffing at the birth centre, which was part of the hospital. There was only one midwife on shift that evening and she mentioned that she was looking after two women who were birthing at the same time, on her own. I had a smooth, drug free, natural delivery in the shower of the birth centre. About half an hour post birth I started to bleed, but the midwife had hardly been in the room. When she came in and noticed the blood loss she called the emergency button and a team came in. I was being treated as if I was having a postpartum haemorrhage, having my fundus massaged and internal checks but one of the staff in the room found that I had a 2nd degree tear that was higher up in my vagina that the midwife had missed. I was then separated from my baby and taken to have it repaired under general anaesthetic in theatre. My husband was left with the baby with no explanation of what was going on or if I was ok. I remember crying as I was being wheeled off to theatre, knowing that I was going to have drugs and asking if I would still be able to feed my baby.

I now know that this kind of vaginal tear could have just been repaired in the room had it been found earlier. The rush of emergency staff and trauma could have been avoided if there were adequate midwives to assist and assess for vaginal tears adequately after the birth. Also, if I had have had a known midwife that could have communicated to myself and my husband exactly what was happening to me, we could have been less panicked. I was groggy from the general anaesthetic the day after the baby was born and even when I was offered the chance to ask questions on the postnatal ward, I was not in a frame of mind to debrief or understand what had happened to me. The trauma of that birth stayed with us for some time and it took us a long time to find out what the actual problem was that happened at the birth.

I have had three other babies births at the same birth centre. At all of these births, I had two midwives dedicated to me at the time of the baby being born. At these births, there were no issues at all and I was well informed and cared for.

In my case, low staffing caused the inadequate care that led to a traumatic event. While I had never received continuity of care in any of my births, I know this would have also mean that the trauma from the emergency would have been avoided because I would have been better informed through a trusting relationship with a midwife where there would be better opportunities for open communication and a more present midwife at the birth.

Please allow GPs and hospital to better inform women of their choices to birth in low intervention models of care, and promote autonomy for women to make decisions. We need more access to continuity of care models, birth centres and education for women on normal birth. I was so privileged to be part of a birth centre where normal births are supported and promoted, but this is not accessible to everyone and it should be. We need more midwives so that they are not overworked and there are enough staff to care for women, so that traumatic events happen less often and women are cared for adequately.