

Submission  
No 419

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I wish to submit a brief summary of my personal experiences to the NSW parliamentary inquiry into birth trauma to advocate for higher standards and availability of subsidised mental health care immediately following, and in the two years after birth trauma occurs.

1. That a select committee be established to inquire into and report on birth trauma, and in particular: (

a) the experience and prevalence of birth trauma

I gave birth to my daughters in 2020 and 2022. Both births were extremely traumatic. The first due to severe postpartum haemorrhage (PPH) resulting in surgery to prevent an emergency obstetric hysterectomy, and the second due to what I believe to be 'obstetric violence' as the conduct of my obstetrician was aggressive, unprofessional, intimidating and threatening. Following both incidents there was the lack of adequate postpartum psychological care, and as a result, my trauma, postpartum depression and postpartum anxiety went undiagnosed for over 12 months. The significance of this is a burden I will carry as a mother for the rest of my life.

(c) the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on patients and their families and health workers

1(c) Whilst my obstetrician conducted daily checks on my physical wellbeing during my stay in hospital after the PPH, no psychological assessment or support was provided during this time by my obstetrician or hospital staff. Furthermore, at my 6 week follow up obstetric appointment, during which I was extremely emotional discussing the traumatic experience, I was only briefly and indirectly offered support as the staff said they had people they could recommend if I needed it. I was not supplied with these contact details or any support material that day, nor did any follow up occur. I believe this was a missed opportunity to provide necessary mental health support to a traumatised mother and I hope this inquiry can contribute to preventing similar occurrences in the future by increasing the accountability, education and training of obstetricians in the area of mental health care.

As a first time mother I was desperate for support once returning home but it took over 4 weeks for the community nurse to visit. At this time it was clear to her that my mental state was very fragile and she not only recommended I seek professional assistance but also scheduled a follow up session the next week. Whilst I appreciate the recommendation the length of time it took for the nurse to visit was far too long, and the recommendation too vague. As a first time mother I was unaware of the severity of my condition and desperately wish I had access to a professional in the initial 6week period that was capable of identifying and managing these conditions. The ongoing financial impact of continued psychological care directly related to the birth trauma is significant. The Medicare Mental Health Plan assists with this, however there are still considerable out of pocket expenses and if adequate

postpartum psychological care was initially provided I believe the need for this long term intervention could have been reduced.

Following the incident of 'obstetric violence', no mental health support was provided outside of my ongoing, privately funded, psychology appointments.

Recommendation:

I propose that obstetric care by law should extend beyond the physical wellbeing of the mother to include psychological assessment and intervention during a formalised debriefing, especially in the case of severe and dangerous birth trauma such as Postpartum Haemorrhaging (PPH). For example, this care may occur through the inclusion of a psychologist as part of the obstetrics care team or a more comprehensive referral process. I believe the NSW government should provide funding to ensure a clinical psychologist is appointed to each mother on the maternity ward regardless of whether she is a first time mother or not, or experienced trauma or not. Additionally, a minimum of 2 sessions should be covered by Medicare for all mothers within the first two years postpartum. Additional funding should be directed towards increasing the number of nurses and midwifery staff both in hospitals and providing at home care.