

Submission
No 443

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I wanted to share my birth experience of my second birth in the public system. Although I don't feel significant birth trauma, I do believe that I experienced medical coercion and this caused anxiety and stress leading up to the birth and also resulted in my son being born earlier than he potentially needed to be.

My first birth in Feb 2021 was a planned cesarean as I had a breech baby, I was seen through Public system at a large hospital in [REDACTED] Sydney.

My second birth was a successful induced VBAC in March 2023, also at the same hospital. I requested to be put into MGP as I wanted continuity of care, I was not able to get on this program as I was seen as high risk due to previous pre eclampsia, however I was put on to their MAPS program, which is a continuity of care Midwife led program operating in the community who would see me antenatally and postnatally but would not be at my birth. I had a wonderful midwife and I had really amazing care from her throughout my pregnancy and after. It really made such a difference to build a relationship with her and meant that I really trusted her advice and recommendations. It was a really great to have her support particularly when my pregnancy became more complicated towards the end. I experienced PPROM at 34 weeks, which was confirmed in hospital at 35 weeks. I was admitted for antibiotics and monitoring for 48 hours. I showed no signs of infection, however I was GBS positive, so I was treated for this. I was allowed to go home after 48 hours with oral antibiotics and I came in for monitoring and blood tests every couple of days to ensure baby was doing well and no signs of infection.

At 36 weeks, I had an appointment with [REDACTED] clinic which is run by Obstetricians. I saw a senior obstetrician at this appointment, however I found this a very stressful appointment. I took the time to educate myself before this appointment and asked questions about the risks around expectant management and active management with PPROM and how long we could give my body and my baby to hopefully naturally go into labour, and also to let my baby develop more before being born. The doctor was very much pushing us to have our baby as soon as he reached 37 weeks saying there was no difference between 37 weeks and 40 weeks. I knew from research that although the baby is technically considered term at 37 weeks, there is still some important development that happened in these final weeks. I understand the consultant was trying to weigh up and balance this with the risk of infection but I didn't feel I was given a balanced view of risks and benefits of each approach and instead pushed towards the policy to make her life easier. When I was asking questions and probing the stats around the risk and what would happen if we waited a little longer, she made a comment to me that most women choose this route because all they care about is having a healthy, live baby. I found this very upsetting and that she was implying I did not care about this and that by pushing to wait a bit longer I was choosing to put my baby's life at risk. We didn't make a decision in this meeting and decided to meet the next day to discuss further. I was very anxious and upset after this meeting and I called my midwife who was a great support. She listened and made me feel that the questions I was asking were reasonable and that I was not trying to put my baby's life in danger. She said she would ask her consultant for a second opinion. However the next morning I woke up and the colour of my waters had changed to pink. I called Delivery Ward and was told to come in. The same

consultant who we had a meeting with the previous day was working on DW and basically told us that the pink colour could indicate the start of infection and she would highly recommend an induction or cesarean that day. We didn't want any risk to our baby and were already feeling anxious and stressed from the previous meeting, so agreed to an induction. I was 36+6. I felt very supported by the midwives on DW, who asked the doctors to give us some time to make a decision, and talked us through the risks and benefits of each in a calm, balanced way. I had these midwives stay with me, along with a doula and my husband and I believe this contributed to a positive induction experience. It was an extremely fast and intense labour due to the induction process but I was able to birth naturally and without any significant medical intervention. My baby was placed on to my chest, but although it went well I felt completely shell shocked and unable to bond with him initially. I believe this was due to the anxiety and stress leading up to his birth plus the extremely fast, painful birth that put my body and mind into a state of shock. I was able to bond with my baby after a day or so and ultimately I had a positive experience and achieved my VBAC. We did have some challenges with our son being born at 36+6 (jaundice and weight challenges) so I don't agree with the obstetrician that there was no difference between birth at 37 weeks and 40 weeks. Also since the birth I have seen information (from reputable sources) that pink colours of waters is normal and not a sign of infection, so I do wonder if this was used as a way to get us to agree to birth him early rather than being a true risk and valid reason for induction at that stage.

From my pregnancy and birth experience I felt very well cared for by the midwives whereas some of my experiences with the obstetricians made me feel that I wasn't listened to, that I was putting my baby at risk by asking questions and that I should just blindly accept their recommendations. I understand that ultimately they were just trying to keep me and my baby safe but I do not think they went about it with the right level of understanding and care, and I do not think they should use the threat of harm or death to your baby as a way to push patients to follow policy, unless there is a very strong evidence based statistic around the risk. I think continuity of midwife care is extremely important and having my midwife's support both leading up to and after the birth (she visited me at home and helped me through his weight challenges and processing birth) was invaluable and should be something on offer to all women birthing in Australia.

I hope that by sharing my experience and receiving other women's experience of more significant birth trauma that is sadly so common, that you will drive change in the system.