

Submission  
No 512

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 10 August 2023

---

Partially  
Confidential

My friend, who we'll refer to as [Friend's Name], embarked on her journey to motherhood at a [REDACTED] Sydney hospital, participating in the MG P program tailored to support expecting mothers. Despite the program's intentions, her birthing experience turned out to be far from what she had hoped.

[Friend's Name]'s labor commenced at home, a natural progression that started without any induction. We journeyed to the hospital after she had begun laboring. As her supportive presence, I witnessed her navigating through contractions at home, utilizing different pain relief methods like water immersion, heat packs, and a tens machine. Her connection with her environment seemed to bolster her resilience.

Upon arrival at the hospital, the atmosphere changed. Despite her clear signs of labor, she was sent back home initially. When her labor continued progressing, we returned to the hospital, and she was admitted to a birth suite. The medical staff examined her using a speculum to check if her waters had broken, a procedure she found uncomfortable and unwelcome. Despite her discomfort, she was informed that her dilation wasn't sufficient to warrant staying in the birth suite.

The hospital's decisions were perplexing. They had prepared a birthing bath for her, only to turn it off upon assessing her dilation. She was presented with a disheartening choice—leave and return home or remain and be induced at a later time. [Friend's Name]'s distress was palpable; the idea of going home after laboring at home and feeling well-supported became overwhelming, leading to her breaking down in tears.

Following her emotional distress, medical interventions were introduced. Morphine was offered to alleviate her pain, but instead, it stalled her labor, causing contractions to fade away. The following day, she was subjected to an induction via Syntocinon drip. The pain brought about by this induction was far more intense than her previous experience at home, leading her to opt for an epidural—a choice that brought both relief and a sense of detachment.

Amidst her labor, she sensed the pressure of her baby descending. While she communicated her readiness to push, it was met with skepticism by the midwife, delaying acknowledgment of her impending delivery. Ultimately, the baby was ready to emerge, and [Friend's Name] found herself pushing unattended, even delivering the baby's head without the midwife's presence.

Her birthing narrative did not end there. A synthetic oxytocin injection was administered without her consent, exacerbating her sense of powerlessness.

It was after this process that a significant tear—a 3rd-degree vaginal and clitoral tear—unfurled. This tear, combined with the cascade of interventions and their unintended consequences, left her physically and emotionally strained. Her perineum's vulnerability could potentially have been averted with more attentive care, and perhaps a less intervention-heavy approach.

The suturing and repair of her tear were followed by hours of excruciating pain. Requests for proper care were met with indifference, exemplified by the obstetrician's insensitive remark: "Well, you just had a baby. What do you expect?"

The traumatic events persisted post-birth. Despite expressing her pain and discomfort, her pleas for attention were dismissed. Left unattended for over 12 hours, wearing bloodied pads, and with a neglected catheter, [Friend's Name]'s anguish was compounded. This neglect culminated in an infection (later discovered by a G) requiring multiple rounds of antibiotics—an avoidable outcome had her needs been acknowledged.

As she tried to reclaim her agency, the discharge process proved just as challenging. The catheter remained, her repeated requests to remove it were ignored, and she found herself unable to leave the hospital due to this oversight. Only through her own self-advocacy was she able to leave, discharging herself.

When I met her outside the hospital, she was holding her newborn, enveloped in a blanket, facing the cold winter air. Her physical and emotional state was haunting—pain, confusion, and trauma were etched into her expression. This stark contrast to the joyful expectations of motherhood was a testament to the inadequacies of the care she had received.

[Friend's Name]'s experience, is one marred by neglect and dismissal. In my opinion this a catalyst for her diagnosis of postpartum anxiety—an unforeseen consequence of a birthing experience that should have been joyful and empowering.

**\*\*A Different Path: My Positive Labor at Home\*\***

In stark contrast, my own journey to motherhood unfolded with a profoundly different narrative. Electing to labor at home under the care of a private midwife, my experience was marked by attentive support and the preservation of my autonomy.

From personalized appointments to a labor that flowed without interventions, I found myself respected and empowered. The support I received extended well beyond labor, encompassing a healing postpartum period enriched with tailored guidance and breastfeeding support.

The disparity between our stories underscores the pressing need for compassionate, individualized care during childbirth. [Friend's Name]'s ordeal is a poignant reminder that every woman deserves to embark on this transformative journey with their dignity, agency, and well-being preserved.