

Submission
No 486

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am a mother of 3 children.

During my first obstetrician appointment with my first pregnancy;

Dr: "So I suppose you've been reading books about birth"

Me: "Yes, I have. I'm learning as much as I can so that I can make informed [interrupted by Dr]"

Dr: "I suggest you don't bother. No one has any control over birth, LEAST OF ALL the labouring woman. Leave it up to me and I will take care of you"

I left the appointment feeling undermined, disrespected and confused. How could I protect my baby and myself in a setting that afforded me no choice or trust in my own body.

The answer of course, was to home birth. Supported throughout my pregnancy, birth and post natal period by an incredible homebirth midwife, her support midwife and my husband, I birthed my posterior baby at home. Through this experience I learned that my mothering instinct and intuition were both essential and accurate and that as a woman and mother I was a valued and valuable member of society.

This lesson impacted my life and that of my children. This homebirth is an experience I am forever grateful for. I am acutely aware of the significant financial cost of this homebirth and that such choice is out of reach for most women.

My sister gave birth in a large private hospital. I was there to support her and her husband. She also wished for a natural birth. Induced early and monitored via machines throughout her labour she was restricted in movement, prevented from any food or drink other than water and routinely observed and assessed by hospital midwives and Dr's, none of whom she had previously met.

My role was to soothe her with massage and reassurance and to remind the hospital staff of her wishes; do not offer pain relief mother will ask if required, do not medically manage 3rd stage placenta will be delivered naturally, etc. These choices were ignored and during her intense, induced labour she was frequently asked these same questions over and over. Paperwork which she had previously signed was brought into the room for her to 'review, consider and confirm'. Many different midwives and Dr's came and went from the room without ever asking permission to enter. Finally, after an extraordinary show of resilient, strength and patience her body was ready to birth. She was told forcefully to "wait for the Dr to arrive". The following contractions were incredibly painful as she resisted the urge to push her baby into the world during which time MANY Dr's, nurses and midwives entered the room for the sole purpose of watching this woman, my sister, give birth without any pain relief.

This new mother undertook one of the most private, primitive and transformative life experiences with an uninvited audience. During the following days in hospital, she was visited

by several midwives who confided in her that they had never, in their entire career, observed a natural birth. The trauma of such violation is immeasurable.

I have heard from friends and acquaintances countless stories of violence inflicted during birth.

My second child was also born at home, supported by midwives, my husband and a close friend who helped with my then 3 year old son. This experience, outside of the mainstream medical system was safe, empowering and treasured.

During my third pregnancy I went for a routine ultrasound. There was a student sonographer at the clinic who could not locate my baby's heartbeat. The supervising sonographer advised me that as they could not locate the baby's heartbeat they would need to perform an internal ultrasound. Please note that I was not asked but rather told. It was also implied that my baby was at some risk. I refused the internal and instead requested the supervising sonographer perform the regular ultrasound. After trying to dissuade me, she performed the regular ultrasound and my baby's heartbeat was found immediately.

I am concerned at this practice which manipulates mothers into internal ultrasounds for the purpose of students gaining required experience or skill.

This, my third baby, was also born at home, supported by midwives, my husband and close friend and my two children aged 2 and 5.

My sister in law chose to have an elective caesarean. She was supported in this choice by her obstetrician who, at no point, discussed with her the risks of such surgery. The date was set, the operation was performed and the baby was delivered safely to her arms. Regardless of my sister in law's description of ongoing pain, a few days later they were both discharged from the hospital. Her pain continued to increase at home and her phone calls to the hospital seeking advise were dismissed as 'normal caesarean pain' and to 'take more paracetamol'. After 48 hours she returned to the hospital where it was discovered that she had significant infection and, from memory, sepsis. I cannot talk to her about this to clarify details as it is still too traumatic for her to discuss.

A week in hospital, separated from her baby, to perform investigative surgery, remedy the infection and later further surgery to correct the punctured bowel caused during the caesarean was only the beginning of the long term physical and emotional trauma that would follow. For her and her child. Her life has been irrefutably impacted as a result of this trauma.

My limited experiences within the mainstream birthing system were coercive, manipulative and inaccurate. It was insinuated that I had no control of my circumstances, decisions or body. This impacted my trust in the medical system which continues to this day.

I was one of the lucky ones, able to access and afford private midwifery care that supported me as a woman, a mother and a human being. The key recommendations I have, based on my experiences, are as follows;

- 1) midwife-led continuity of care is essential and should be a basic right for all mothers
- 2) publicly funded choice in birth settings is essential
- 3) true midwifery models improve outcomes for babies, mothers and families
- 4) spacious timeframes, during prenatal visits, birth and postpartum are integral to best practise.
- 5) birth is a significant and transformative human experience and should be treated with the respect required of such events
- 6) hospitals and obstetricians should be rewarded for REDUCTIONS in interventions and interventions which exceed the WHO recommendations should be financially penalised.

Thank you for this important inquiry and for following the recommendations which will result. Birth trauma has life long and profound implications for mothers, babies, families and communities.