

Submission
No 514

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 10 August 2023

Partially
Confidential

I am a midwife who has practised for almost 30 years. mostly practising in a large regional tertiary hospital. in this time i have I seen an increase in the use of technology such as ultrasounds screening via blood tests that determines if your are high risk and interventions. These can be useful but i have been with women who have all the testing and even if the pregnancy has been uneventful and normal have been induced because they were determined high risk in esrly pregnancy. there is insufficient counselling on the impact of testing and what this could mean for women and their babies

Recently i supported a friend through pregnancy and labour. she consented to be a part of a research project which included ultrasounds. on the 28 week ultrasound it was noted that her babies head was under the 3rd percentile, consequently she was referred to the maternal fetal medical unit fir follow up which meant she had to come off the midwifery continuity care group and have care in the antenatal clinic. this meant that at every visit she met with a different doctor. none of them could adequately explain the benefits of having more ultrasounds, only that ultrasounds have more information. eventually it was decided that all was well enough for her to return to midwifery care in the midwives clinic, agsin with a different midwife each visit. my friend is a health professional and spent time learning about physiological birth and reading evidence based information. she read hiw induction increases birth trauma and wanted to go into spontaneous labour. At her 41 week post dates assesment, she said wanted to wait until 42 weeks to be induced, no one discussed the risks of waiting. (Though she was aware of these because she'd done her research) . on admission to hospital she felt like a 'non-compliant patient' because she asked about her options. one doctor said she could labour in the bath , the next day when she was in labour she was told she could not. my friend wanted the best fir her and her baby but the way the doctors communicated was if she just wanted to get what she wanted regardless of her baby's safety, but no one could say why she couldn't have a bath (waterproof wireless monitoring was available) . she also asked if she could have intermittent monitoring. it was just a curious question but the doctor did not perceive this as already in the obstetric minds it seemed that my friend was pushing the system and was being difficult. my friend is smart and use to working with different health professionals but she was vulnerable. It was shocking how the doctor responded..." if you don't get continuously monitored then i will not prescribe the syntocinon" It came across as a threat. I don't understand why she couldn't have take time to hear what my friend was asking because she was actually fine to be monitored she just wanted to know if was necessary sll the time. In fact, i have cared for women before who have taken off the monitor due to affecting their movement and comfort and I have just listened frequently to the baby's heart rate. Clearly there was no room for discussion and my friend feeling vulnerable felt threatened and unsafe to use her voice. I did speak up for her but was also shut down and tricky because i work in the same maternity unit. my friend remained active in labour and was excited when the midwife said she was 9cm, which surprised us all as her behaviour did not reflect this . 2 hours later when no baby seemed to be close to coming e was re-examined by a doctor and was 5 cm. picture her lying on the bed after being examined . i was 1 side of her head, her husband the other and the doctor looking down on her telling her. my friend is crying the contractions are strong and frequent. in this moment the doctor starts to suggest some pain relief, perhaps an epi..... I stopped her there... "please can you just give her some time, thers a lot going on here at the moment" The dr left. My friend was so discouraged and confused. she got in the shower with gas which really helped. when she got out of the shower she was very distressed and looking back she was in transitionEven though exhausted her body powered on and soon we could see baby's head. her head was born but then minutes passed and no body. shoulder dystocia: an

obstetric emergency. fortunately we had experienced midwives who with the help of a wonderful doctor released the shoulder. Bubs was born but needed resus and had a palsy in her arm. As she needed CPAP she went to NICU, her dad going with her. my friend was left with just me and 1 midwife in the room, feeling very much alone and empty. my friend had read about shoulder dystocia , but no one had said this was a risk at 42 weeks, she assumes because her baby's head was small the estimated fetal weight from the ultrasound did not reflect her body size. on transfer to the postnatal ward my friend totally withdrew, too exhausted physically and emotionally to speak. Meanwhile in NICU baby was given 3 hourly feeds of formula , they did not use the breast milk my friend had expressed weeks before, We don't know what happened. they also did not call my friend to let her know when they were going to feed her baby. my friend felt like that NICU had some sort of ownership on her baby. my friend was too exhausted to even realise (it was overnight and , she'd had 48 hours of no sleep) My friend was in hospital for 6 days. her milk was delayed coming in (due to birth and separation from baby) and she was waiting for a physio review of baby's arm. NICU also did not let her know when to attend the doctors rounds so she could hear their thoughts. also bubs head was small and she needed follow up

So much of what happened, happened because the human side of birth is forgotten. Individualised, woman centred care is perceived to take too much time, to

enquire and hear what is important to women, when working under constant pressure. This is one main reason why I left the acute setting of the hospital, seeing the maternity system as a machine and conveyer belt. Now, i'm loving working with aboriginal women, spending time with them preparing for birth and how to make informed choices. However, my friends experience highlighted that no matter how prepared you are for birth and even if you have great support, if you do not feel listened too or respected as a human being, then dissatisfaction, disillusionment and sometimes birth trauma is the result.