

Submission
No 517

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 10 August 2023

Partially
Confidential

Subject: Submission on Birth Trauma

AUGUST 08 2023

Dear Members of the Committee,

I am writing to share my personal experiences and perspectives on behalf of women who have encountered birth trauma.

I, _____ have experienced birth trauma firsthand. The specifics of my own encounter with birth trauma are as follows:

I was in a midwifery continuity of care model program when I found out I was carrying twins. Upon contacting my midwife I was told I was now classified as high risk and was no longer eligible for the continuity of care model and that I was to contact the hospital for more information of my options. My calls were unanswered and messages left unresponded to for 6 days. Those days were filled with questions, confusion and loneliness. The news shared to me that I was high risk and carrying twins with no follow up caused a lot of anxiety and my fears of falling through the cracks felt like it was coming to a reality. I was told this was a common experience of the public system in non-continuity of care models and one of the reasons I had originally chosen a continuity of care model. I received so many conflicting messages around twin pregnancies and births, around what was possible. I was told conflicting statistics, some that were not even relevant to the kind of twins I was carrying. I took my responsibility for informed decision making seriously. I found myself 'catching' care providers out on sharing risks that weren't relevant to my pregnancy or presenting statistics in ways that made them seem way more significant or likely than they were. It felt like fear mongering, did not feel like a partnership and did not feel positive.

When I was in labour and arrived at the maternity care unit, the door was unanswered for a significant amount of time (10-15 minutes). I was confused and angry questioning why we weren't being let in and why no one was there to support us. The lights were bright and it was a horrible experience being locked out with labouring. We had called ahead so staff did know we were coming. I birthed during covid times and we weren't allowed a support person. We tried to apply for a special consideration as I was having twins and I didn't want my babies to be left alone if there were any issues and we were separated. One of my babies was in special care alone and it caused me a lot of distress not knowing there was someone their advocating for my wishes and giving baby love.

During labour I experienced the change over of four different midwives, none of which I had ever met before. I believe all the staff I encountered were great at their job, but that they were constrained by policies and the system they were employed by. I was spoken to with coercive language that I believe was used to manipulate me and my decisions. An example of this was in regards to intermittent monitoring. My pregnancy was straight forward and my babies were healthy and showing no signs of distress. The only part of my pregnancy and birth that was high risk was the fact there was two babies. The babies had been monitored and were doing well but the midwives wanted to monitor again which I was open to as I had agreed to intermittent monitoring. They couldn't get a reading (which is challenging on big bellies, with two heartbeats and one baby already deep in the pelvis) and after some time of attempting to get a reading I wanted to get up and move around again. I wanted to go in the shower and move freely. Every time I expressed that, the midwife kept saying 'I've nearly got it, just 5 more minutes.' She said this for over an hour. Every time I asked to stop she said this. She would also remind me that we were doing it to check for babies distress, even though

there was no sign of distress. This is not informed consent and I believe this framing is subtle manipulation.

Having reflected upon my experience, I believe that several factors contributed to my birth trauma. These factors may include lack of continuity of care options for high risk patients, subtle manipulation through coercive language and limitations on support people. Drawing from my personal journey, I would like to propose specific solutions and changes to enhance maternity care in Australia, with the aim of preventing future instances of birth trauma.

First and foremost I advocate for continuity of care options for high risk pregnancies and births. They have more decisions to be made, and more information to communicate with to every new care provider they see.

Other changes I advocate for include:

1. **Enhancing Education and Training:** Improving the understanding of birth trauma, trauma-informed care, and evidence-based practices among healthcare professionals can foster more respectful and compassionate birthing experiences. Specialised training in postpartum care ensures comprehensive support for women during this transformative period.
2. **Promoting Women-Centred Care:** Prioritising women-centred midwifery care allows us to recognise the unique needs and preferences of each woman. Investing in models that emphasise personalised care and shared decision-making empowers women to actively participate in their birthing journey and receive ongoing postpartum support.
3. **Strengthening Continuity of Care:** Implementing continuity of care models provides consistent support from known midwives or healthcare professionals throughout the entire childbirth process. This promotes trust, reduces anxiety, and leads to improved outcomes. We believe in the power of continuity, extending comprehensive postpartum support for women's recovery and adjustment.
4. **Increasing Funding and Support for Postpartum Care:** Recognising the profound significance of the postpartum period, we advocate for allocating sufficient funding and resources to provide high-level postpartum care. Addressing mental health needs, supporting breastfeeding, providing lactation support, and offering comprehensive follow-up care are vital components of this nurturing process. Let's ensure every woman feels supported and empowered during this transformative time.

I want to also express my respect and gratitude to the care providers I encountered on my journey (noting I live in NSW and understand I am very privileged in terms of access to some really great care providers). My overall impression of them is passionate, caring, and skilled. I believe my trauma is reflective of systematic limitations and I sincerely hope any reforms based on this inquiry empower our care providers to be able to work in ways that have better outcomes for women and their families.

Thank you for considering my submission. I am grateful for the opportunity to contribute my experiences and viewpoints to the committee's ongoing inquiry.

With sincere appreciation,