

Submission  
No 472

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 10 August 2023

---

Partially  
Confidential

Almost 7 years after my first child's birth, I still struggle to discuss her birth without crying, or feeling sick with anger. These are the main reasons why I still have a visceral, full body reaction to the events of her birth, and the subsequent two days in the maternity ward:

#### 1. Completely unnecessary separation from my baby:

My first baby was born at ██████████ Hospital in late 2016. Minutes after she was born by emergency caesarean (due to failure-to-progress), I was told that I would “just need to stay in recovery for a little while”, while my baby and my husband went back to the nursery. I hadn't even been able to look at my baby properly before I was told this. They had sort of placed her on my neck while they sewed me up, and each time I tried to move her further down my chest so I could see her, the midwife would say “no really, please stop moving, the doctors don't like you to move while they're sewing you”. So I tried to stay still, even though it meant that my eyes couldn't properly see my baby girl.

They then wheeled me out of the theatre and explained that I would just need to stay in recovery for a little while and the baby and my husband would be going back to maternity. I lay in a bed shivering, either from the anaesthetic, or from actual shock at how terribly the birth had gone. A gregarious nurse stood next to my bed and chatted away with me. She was doing a PhD on the social history of nursing and I decided that she was the most fabulous person I'd ever met in my life. Then a little voice in my head would say “no, you're not falling in love with this random nurse, your hormones are meant to be bonding with your baby” and then another voice would go “What?? You have a baby and you're not even with her!!” and then I would stop thinking about the baby and I'd keep talking with the nurse. We spoke about TV shows, and a voice in my head would say “what the hell are you doing talking about goddamn TV when your tiny newborn baby is somewhere in this hospital!?” My baby hadn't been given a moment to put her mouth near my breast. I hadn't even been able to see her properly. I would later learn there was no medical reason we had been separated – it was 100% due to hospital policy and staffing.

That nurse finished her shift and I was left alone in an increasingly empty ward. I looked at the clock, and it was 90 minutes since I'd been separated from the baby. It was 10pm by then and the recovery ward was empty. A staff member came over to me and said “I'll call maternity and say you're ready to go down”. They called twice and no one answered. They told me that it was shift changeover and no one was answering the phone. Another half an hour passed. I was in a dark ward, all alone, with one staff member sitting about 8 metres away on a computer. I tried to remind myself that I had had a baby. I tried to imagine breastfeeding her. I tried to will my breasts to know that they would need to feed a baby soon. I hoped the staff member hadn't forgotten me.

Eventually at 11pm, 2.5 hours after my baby was born, I got wheeled down to maternity and reunited with her and my husband. My baby hadn't been able to nuzzle or feed for the first 2.5 hours of her life. My husband had cradled her for 2.5 hours. My doula had stayed there with him. She got to watch him become a father – I wasn't allowed to.

Once I arrived in the room, my baby was placed on my chest and started suckling. I can barely look at the photos of my face, taken at that moment. I look broken.

Months after the birth, I requested a debrief at the hospital. I was surprised when the hospital's new Head Obstetrician attended the debrief. He was very kind, and we discussed various aspects of the birth, and how I would have given anything for access to a bathtub, etc. Then I said “Oh, there was one more thing I wanted to discuss” and he joked “it's always the last thing that is the big thing”.. I then said “I'm sure all hospitals have policies about separating mums from babies after caesareans, but I need to tell you how devastating that is”, and he then said – and this is where my anger and grief tripled – “I'm so sorry, it's not hospital policy. You were only separated because of short staffing. If we had more staff, a midwife could have stayed up in recovery with you, and kept the baby there with you. I agree, it's not good enough. I want to change it”.

Unfortunately, learning that my separation from my baby – for the first 2.5 hours of her life – was purely due to staffing, filled me with a rage and grief that still flaws me 6.5 years later. It is NOT good enough. It is torture. For no real reason.

I commenced motherhood, feeling that I had already failed my daughter. I had sat back and been well-behaved and hadn't advocated for myself at all, and I will blame myself for this forever. Under the surface, I carry a deep, hidden feeling of having fundamentally failed my daughter. And in the pit of my stomach, I know that this birth is a big part of why.

## 2. Unnecessary separation from my husband:

My husband had cradled our baby for 2.5 hours while I was left in recovery. My doula had stayed with him. She got to watch him become a father – I wasn't allowed to.

When I was finally reunited with my husband and the baby, I tried to start breastfeeding. Moments later, the midwife said "Now [husband], visiting hours are actually over, so I am going to have to ask you leave". It was after 11pm, the middle of the night, there was no other person staying in the room, and I had been back with my husband and baby for minutes. Yet my husband nodded, not wanting to upset anyone, and got ready to leave. After major surgery and becoming parents, I was allowed to spend a few minutes with him and then he was sent home, allowed to return when visiting hours opened the next day. I was robbed of the important "golden hour" (golden hours) with my baby, but was also robbed of a time to discover our baby together with my husband. Again – for no medical reason whatsoever. (It's worth mentioning that I was paying with private health insurance, but they had put me in a shared room anyway. Nonetheless, the room was empty that night).

## 3. Bullying treatment from a midwife on the postnatal maternity ward

On my second day on the maternity ward, I reminded the hospital that I was paying for my accommodation with private health insurance, and while I knew that didn't guarantee a private room, they had said in advance the rooms would be prioritised for women who'd had caesareans. So I reminded them that I'd indeed had a caesarean, so if it was possible to get a private room under both these criteria, that would be much appreciated.

A few hours later, they appeared to be having an argument with the girl in the next bed, who had brought formula in from home because she thought she was meant to. The midwives had got angry with her and told her that formula was banned. The girl was confused and scared and I could hear it all through the curtain.. A midwife came around to my bed and said "Here, we're putting you elsewhere, you don't need to be in here with HER". And they moved me to a double room at the end of a hall, which they said was empty so I'd have it to myself.

On my second day in maternity, I'd gone for a few walks around the ward, had a sleep, and breastfeeding was thankfully going rather well. My baby had started cluster-feeding, and I had set her and I up in a comfortable position with the sides of the bed up. I had a moment of trusting myself and my intuition, and was enjoying breastfeeding my baby and connecting with her after our forced separation.

My husband arrived during visiting hours and was in the bathroom when an older midwife ["Midwife █"] arrived for a shift. She came in, looked at me, and said "Why are the sides of your bed up?" I said I'd had a caesarean so I was leaning against them while breastfeeding. She then said "You should be walking around, not just lying there. Get your husband to do something useful and put the sides of the bed down". She did not ask if I had already gone for walks, of which I had done quite a few that day.

I mentioned that I thought my milk was starting to come in. She said "You had a caesarean, your milk won't come in for days". (This was incorrect, and also completely unnecessary to say). I started to breastfeed my baby and

Midwife ■ came over, and said something to the effect of “You’re doing it wrong. Put the nipple in her mouth at an angle”. I tried to do what she was instructing me to do, while she got increasingly aggressive about what I should be doing with the nipple versus the areola. I told her I was confused and wasn’t sure what she meant. The baby started screaming and couldn’t attach properly. The feed, overseen by Midwife ■ caused blisters on my nipples.

Prior to her arrival in the room, I’d been feeling that breastfeeding was going rather well. Midwife ■ had firmly and aggressively told me otherwise. I later got my notes from the hospital, and the entry written by Midwife ■ about her shift contains three different entries, underlined, about how “the patient is nursing constantly”. I had blocked the details of these memories until reading them again (though the fear of Midwife ■ remained), but the notes show that on three separate occasions over the course of her shift, Midwife ■ had come to my room, and firmly indicated that I shouldn’t be breastfeeding the baby, I should be comforting the baby other ways, and that I needed to know when the baby is just doing a “comfort suck”. My baby was less than 48 hours old.

I was a traumatised brand new mother, with a fresh caesarean wound, desperately trying to increase my oxytocin and bond with my baby after a forced separation. And the midwife on shift would come to my room and shame me for breastfeeding. I became terrified of her.

After the first interaction I had with Midwife ■ my husband got back to the room and could tell there was a strange dynamic going on between me and the midwife. The midwife said she would be back later to go through some paper work that the hospital had to do with us. After she left the room I cried and cried, and said I didn’t want to have to see that midwife again. I asked my husband to see if a different midwife could do the paperwork with us. My husband went out and found Midwife ■ in the hall. He asked her if we could be left alone unless it was completely necessary. Midwife ■ asked him why and he said “because my wife’s feeling emotional”. Midwife ■ then said “What does she have to be emotional about?” My husband can’t remember what he said in response, but remembers he started shaking while he spoke to her.

I cried for the rest of the afternoon, scared that Midwife ■ would return. I was terrified of my husband being sent home at the end of visiting hours, and the long dark night starting. I was left alone for many hours, and managed to fall asleep. I woke up and it was quite late and I assured myself Midwife ■ must have finished her shift.

Months later when I requested my hospital paperwork, the entries from Midwife ■ had commenced with her writing “Patient has a history of anxiety disorder” at the top of the page, and then underlining that I had taken Zoloft in the past. This was the first note she wrote at the top of her clinical notes –solely based on me having taken Zoloft in the past, ending prior to my pregnancy. I can only assume that commencing her notes with this was trying to gaslight her treatment of me and the level of distress it caused.

For the last 6.5 years, I have regularly told people that “to this day, I have wanted to put in a formal complaint about this midwife, and the fact that vulnerable postpartum women should be protected from her”.

When I was discharged from the hospital, less than 72 hours after a caesarean, I felt as though I was “making a jailbreak from a mental hospital” (how I described it then and now). I was so scared of Midwife ■ and of the powerful control of the staff, that I felt like someone would try to stop me leaving, and would separate me from my baby again.

I had been given no guidance about what pain medication to take while breastfeeding, so stopped at a chemist on the way home. I hobbled in and said “so, I had a caesarean on Friday night, and am breastfeeding. Can you tell me what pain meds I can take?”. But ultimately, it was just a massive relief to be far from the hospital. For days, I would imagine the staff in the hospital and how many babies had been born since I was there, and feel relief that hopefully they’d forgotten me and wouldn’t be coming after me.

Final notes:

The legacy of my birth trauma has been complex. When I returned home after those 3 days in [REDACTED] Hospital, I didn't know that "birth trauma" was a term. I didn't even have the language for the state of being I was in, or the shock and grief I was carrying. I was just frozen. And devastated.

Internally, the birth and my baby felt like two separate universes. She was a gorgeous bundle of thick locks and squishy thighs. Surely I had no reason to be complaining. I'd remind myself: I had a healthy baby. Plenty of people say caesareans are not that bad. Breastfeeding is going well.. I should check my privilege and try to be positive...

And yet. Every time I talked about her birth, I would cry. My fists would clench, my stomach would churn, my heart would race and my throat would seize up. I would feel overcome with desperation, and no ability to channel it anywhere. In the months following her birth, people close to me started to mention PTSD and birth trauma. I started to investigate trauma, and how it works. The feelings that I hadn't had any language for, all started to fall into place and become more clear. It wasn't the simple facts of the birth that left me in a traumatised state. It was all the things I was made to feel, and forced to be, and forced to part with. It was the way that our hospitals and their policies show such astounding lack of respect for human biology, the hormonal laws of childbirth, the needs of the mother or even the needs of the baby. The way women are given zero space to follow their body's intuition and innate wisdom while birthing. The way my hospital's antenatal class spent about 20% of its duration getting all the attendees to role-play a caesarean, to show how terrible and unnatural they are (only to then place women in that very position soon after). The way hospitals say they support breastfeeding, yet separate mothers and babies for no medical reason, and even shame women for breastfeeding their newborns \*too often\*.

I'll finish by commenting that I actually left the [REDACTED] area and moved back to a Sydney. I was a healthcare worker living near [REDACTED] who didn't want to be anywhere near [REDACTED] Hospital. I suspect this did add some influence to my move back to Sydney, and away from a rural area. Being in Sydney also enabled me to engage a private midwife for my next birth. It meant paying \$6000 of my own money, but private midwifery care was the highest change I could give myself to ensure I wasn't separated from my next baby, and my needs were actually considered.