

Submission  
No 537

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

Thank you for holding this inquiry and providing women with the opportunity to tell our stories.

I do not wish to use the term 'birth trauma' as in my view this terminology obscures the ways in which physical and physiological injury is actively inflicted on women by health professionals, the hospital system, and cultural ideas about pregnancy and birth which diminish maternal agency. We must not ignore the perpetrators and embedded structures which result in women suffering obstetric violence, and how normalised this is that so many women do not even know they have been subjected to it.

I had my first baby in [REDACTED] in March of 2009. I was 26, healthy, and my pregnancy was uncomplicated.

I discovered I was pregnant at about 5 weeks and managed to get a place in the midwifery group practice. As this was a group midwifery model I elected for GP shared care in order to have continuity of care. I also engaged the services of a friend who worked as a midwife at a different hospital, as a private doula.

Throughout my pregnancy I was very worried about the birth, specifically that I would be transferred out of the birth unit and made to labour and birth on the delivery ward. I wanted to have my baby without intervention, and I wanted to birth in a place I felt comfortable with people I knew and trusted. That is why I engaged a doula, as 'insurance' in case I had to leave the birth centre and did not have a caregiver who knew me and who I knew. The idea of being prevented from giving birth in the birth unit made me fearful. I would learn that those instincts were good ones.

I went in to labour spontaneously at 39+5. When my waters broke, there were faint traces of meconium and I was told to come to the birth centre to be assessed. I don't know if you have ever laboured in a car in Sydney traffic at 6pm on a Friday but be assured I arrived in the hospital in a state of acute stress. My husband was not able to walk in to the hospital with me because he had to find a car park- so I was alone when I was assessed by a midwife (thankfully one I had met) and was told that due to the presence of meconium I was not allowed to birth in the birth centre and must be transferred to the labour ward.

My midwife 'handed me over' at the door. I had never been in the labour ward and had never met the midwife who took over my care. To my complete shock it was a male midwife.

I was coerced into vaginal examination. I was told it was needed to be able to know if I would be allowed to continue labouring without drugs to speed up my labour because of the meconium (I know now these drugs are more likely to result in fetal distress). I have only ever had sex with my husband and felt violated to have a man I had never met put his fingers in my vagina. My husband had not arrived yet. I don't remember if another midwife was present. I said nothing. I was afraid for my baby and afraid if I did not do the right thing I would end up with unwanted drugs and more interventions. I was very frightened. I remember going in the bathroom, alone, vomiting in the sink, shaking with fear for myself and my baby. When my husband arrived I cried and cried.

My labour was progressing very quickly (my water broke at 5pm, it was about 6:30pm and I was at 5cm when examined vaginally without consent) told that my baby must be monitored, but there was not a waterproof monitor. I would not be allowed to use water for pain relief as stated in my birth plan. It was very painful to wear the monitor as it circled my hips in the spot where my contractions were most intense and it increased the pain of my contractions.

I was 'required' to undergo a second vaginal examination. To do this I was made to lie down on the bed flat on my back. This was one of the most painful things I have experienced in my life- the contractions while lying on my back were the most terrible agony beyond what I ever imagined childbirth could feel like. It is still the worst pain I have endured so far in my life (and I have now had four babies without pain relief medication).

My doula arrived and questioned the monitoring. She pointed out that after a hour of monitoring there had been no issues with my baby's heart beat and negotiated for me to be 'allowed' to have a break and labour in the shower.

During the next hour I was undisturbed with just my husband and doula in the bathroom. It was a huge relief to be left alone by the hospital midwives and the first time in my labour I had felt safe and respected- with the door closed I felt protected against the hospital and the things people kept trying to do to me, or make me do.

I felt pushing urges about 9pm and the hospital midwives did not believe me at first, they said it was too soon for a first time baby and I was told off for pushing. I could not help it and my doula stood up for me and reassured me I had done nothing wrong.

My baby was born after 20 min of pushing, 4 1/2 hours after my waters broke.

As I was helped on to the bed with my baby a hospital midwife prepared an syntocin injection and walked towards me and began to attempt to inject me without asking. I did not see this, but heard my husband say 'she does not want that'. I was very angry as I had clearly stated that I wanted a natural 3rd stage and this midwife appeared to be ready to inject me without even seeking consent.

My baby's cord was clamped before it had stopped pulsing, against my wishes. I feel this contributed to iron deficiency he experienced in toddlerhood.

I am thankful that my wishes to have uninterrupted skin to skin contact with my baby for the first hour were respected. However during this time I was badgered constantly about birthing my placenta and was threatened repeatedly by the nurse who has tried to give me an injection earlier that I would have to have the syntocin injection eventually if I did not birth my placenta soon. It felt like she wanted to punish me for saying no earlier, At the one hour 'mark' I was given a 'last chance' and it turned out that the placenta had detached naturally but because of the angle I had been sitting it was just inside my vagina ready to come out and probably had been for some time.

It was 11pm when I was transferred to a shared postnatal ward and my husband was sent home immediately. We had less than 2 hours together as a family before I was left alone to

care for our baby. It was one of the loneliest nights of my life. The postnatal ward midwives were very kind but it was just awful. I had just given birth for the first time in a very fast labour, I had sustained a bruised tailbone and some grazes and was very sore, I felt like I had been hit by a truck. But I had to care for the baby all by myself. At one point I fell asleep in the chair while attempting to breastfeed and nearly dropped him on the floor.

When my husband came the next morning I couldn't explain why I was so sad and confused. I had had a textbook uncomplicated labour and the drug free birth I had wanted. But looking back years later I can see the way I was still subjected to unwanted interventions, coerced, bullied, in a situation where I was extraordinarily vulnerable.

For the first year of motherhood I really struggled talking about my birth because so many friends had had it worse. How could a 4.5 hour spontaneous vaginal birth, no stitches, beautiful healthy baby, pretty easy start to breastfeeding, be anything other than good? It seems like a textbook easy hospital birth. But the reality was that I sustained deep emotional injuries, and was touched in ways which felt extremely violating. And that I felt like I had managed the birth I had despite - not because of- the care I experienced.

My subsequent births were in South Australia, where I experienced a radically different model of care through the midwifery group practice at the [REDACTED] hospital. The caseload midwifery model meant I had a primary midwife and a relationship with my secondary midwife and the backup midwives. I was given the option of publicly funded homebirth. Antenatal visits occurred in my own home and I had six weeks of postnatal visits from my own midwife. There was real trust, real continuity of care, in an environment in which I felt safe and was safe. Not once was I ever coerced into a test or procedure, touched in a way which was not respectful, or subjected to anything without consent.

I firmly believe the relationships developed with continuity of care were the most significant difference. I was able to be dehumanised at [REDACTED] by people who had never met me and would never see me again, who were more focused on following hospital procedure than the woman in their care. They probably have no idea how much their actions impacted me, or how wrong it felt to me, or that 14 years later I am shaking with the distress of remembering.

The following year (2010) I fell pregnant again and experienced bleeding at 10 weeks pregnant. I was directed by my GP to the early pregnancy unit at [REDACTED] for assessment. When I arrived, I was shocked and distressed to find myself spending many hours in a waiting room along with happy pregnant women waiting for antenatal checkups. It was incredibly distressing. I was sent for an ultrasound where I spent an hour in a waiting room, not knowing if my baby was alive or not, again alongside heavily pregnant women undergoing routine checks. It was cruel and unnecessary. The ultrasound discovered the worst, that my baby had no heartbeat, and I had to walk out past women cradling their bellies. It was like having my heart ripped out at one of the worst moments of my life. To this day I can't understand why anyone thought it would be acceptable to channel women experiencing pregnancy loss through the same rooms as women getting care for healthy pregnancies.

I was sent home to miscarry naturally as a D&C was deemed unnecessary. The following weekend I began to bleed heavily and was taken to [REDACTED] Hospital where I

received excellent compassionate care from the staff (including being given a memorial box on discharge). However again I was placed in the maternity unit, where I spent hours awaiting an emergency D&C while surrounded by the sounds of women giving birth and newborn cries. It was heartbreak upon heartbreak.

A few weeks later I received a letter in the mail from ■■■ confirming an antenatal appointment which had been booked with the birth centre MGP prior to the loss of my baby. I was dumbfounded. The early pregnancy unit had confirmed my miscarriage - but those medical records were not communicated to the birth centre. Was I expected to call the birth centre and tell them about my loss, or to cancel future antenatal appointments? I was horrified not to have been given guidance, and at the thought of how many mothers may have received similar letters. It is utterly careless to manage health records in this way, or expect grieving women to be the missive between hospital departments that have not bothered to develop competent communication between themselves.

I hope that by telling my story I have helped to shine a light on the way that even 'good' or 'normal' births can leave mothers devastated, as well as the way in which routine assessment management of early pregnancy loss can be so careless as to cause an additional burden of grief for already-suffering mothers. NONE OF THIS HAS TO HAPPEN. I want my sons and daughters to have access to the kinds of births I was able to have in SA. I want all mothers to have access to that kind of birth. I want women whose babies' hearts have stopped beating to be treated with dignity in their time of loss.

I want an end to obstetric violence, and the denial of what contributes to it, and the silencing of mothers. Hear us, and learn.

Most importantly- act. You can no longer say that you did not know what is happening.