

Submission  
No 572

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

RE: Inquiry on Birth Trauma

I am a NSW resident and gave birth to our first son in August 2021 at [REDACTED] Private Hospital in Sydney and I would like to make a submission to your inquiry on birth trauma.

Due to my personal family history with birth trauma (both of my sisters suffered traumatic vaginal deliveries resulting in pelvic floor damage/pelvic organ prolapse and ongoing incontinence) I researched options and planned to have an elective c-section. Additionally to reduce the possibility of birth trauma we proactively created a written birth plan and discussed this with both our Obstetrician during the final trimester and with the midwives on admission to hospital at the time of delivery. This plan included skin to skin, delaying weights and measurements and not being separated from my baby.

When my waters broke and I started having contractions a week before our planned delivery date I was excited, I had a good plan in place. However this excitement soon faded as we arrived at the hospital at 11pm and were isolated, swabbed for COVID, had monitoring applied to my belly and told that staff would remotely monitor me/baby from the nurses station while we waited for the results of the PCR. We were told staff didn't want to have to wear full PPE during theatre if they didn't have to. It took over 8 hours to get the results of my PCR test and my husbands results were not received for a further 2 hours (both negative). The timing of receiving these results felt like the staff were waiting until business hours the following day to proceed with my care. As a result of this negative experience to the start of our birth experience I felt disempowered, isolated and deprioritised during a vulnerable time.

After the birth I requested immediate skin to skin cuddles in theatres and I asked for my son to stay with me on my chest in recovery as per our birth plan. However this did not happen, I was allowed to have a quick cuddle in theatre and then the staff took my baby off me while the doctor was stitching me up. Despite having a written birth plan and me verbally expressing my wishes, my requests were not listened to. I tried to advocate for myself again in theatre asking if I could hold my baby after the staff had finished with him but the staff ignored my request and said it was better for me to go to recovery by myself, that it wouldn't take very long and that my husband could accompany our baby while I would see them on the ward. I asked if there was something wrong with our baby as to why he couldn't stay with me and they said no it's just better this way. I felt bullied, belittled, sad and then anxious as staff dismissed my most basic want as a new mother, to hold my baby.

During the immediate postpartum period my son and I went on to have incredible difficulty establishing breastfeeding requiring multiple reviews with medical staff both while in the hospital and once discharged from hospital. My son was diagnosed with a severe tongue tie. Financially this has negatively impacted us as we have had to source and pay for private lactation services, paediatric surgeons/doctors and then counselling for postpartum anxiety. Our breastfeeding journey has been horrendous and I feel traumatised by the experience. I strongly feel that being disempowered during this time effected my ability to continue advocating for myself and my son in our ongoing journey. This traumatic experience has impacted my body for months of painful breastfeeding, my mental health, my trust in the health system and my willingness to have another baby.

My hope is that legislation can be put in place that supports mothers and birth partners, including evidence based practice for non-separation in the postpartum period and more supports/funding by the government for community based lactation consultants, pelvic floor physiotherapists and social work/counselling services for new parents who have experienced trauma and require support. Ideally staff would listen to parents and attempt to comply with reasonable birth plan requests especially in the cases where there are not medical reasons that necessitates a change in that plan.