

Submission
No 604

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am writing as a mother who has experienced birth trauma and a doula who has witnessed disrespectful, inappropriate and abusive care in the delivery room and cared for women after a traumatic birth.

During the birth of my second child in 2017, the obstetrician was trying to break my waters because my labour was not progressing "fast enough". She couldn't get through my cervix and was forcefully continuing even though I was screaming and crying. I screamed at her to stop and told her it was too painful. She then suggested I have the gas to make it more bearable, I sucked on the gas until I almost passed out, I felt like I had no other option. She roughly shoved her hand up into my vagina and broke my waters. I felt like I was being raped. The rest of my labour I felt emotionally numb. When my baby was born I just stared at her, I was still in shock about what had happened and didn't feel relief or joy when she was born. I was just numb.

At the time I believed the obstetrician was acting in my best interests so thought what she was doing must have been necessary, how wrong I was. I went on to experience postnatal depression and anxiety, I believe that my traumatic birth experience significantly contributed to that.

When I was trying to breastfeed this same baby in hospital, I was finding it hard and felt self-conscious. The paediatrician was coming to check on my daughter, I asked him to wait outside while I covered up, he came in and said "oh it's fine, I've seen more boobs than a porn director."

I felt incredibly uncomfortable, disrespected and shocked. He was meant to be one of the best paediatricians in Sydney, I saw him once after that then felt too uncomfortable to be in his presence ever again.

I have worked as a doula for 3 years and time and time again I have witnessed disrespectful and inappropriate behavior from Obstetricians and midwives.

I have seen women being yelled at for making "too much noise" during birth, procedures being done during an internal vaginal examination for which consent was not obtained, women being chastised by senior midwives for their birth choices in the middle of labour and being coerced into making choices by being told their baby will die. I have seen obstetricians lying to women about the risks of obstetric interventions, failing to comply with the NSW Health Consent to Medical and Healthcare Treatment Manual (page 11).

I have walked away from births shocked at how women are treated by hospital staff. Due to what I have repeatedly witnessed, I have decided to limit how many birth clients I take on in order to protect my own mental health.

If I could suggest one thing to prevent birth trauma, it would be to give all women access to continuity of care from a known midwife or small group of known midwives during their pregnancy and birth. Research, as explained in a 2016 Cochrane Review, shows us that midwifery continuity of care leads to a more positive experience for mothers and increases the likelihood of a birth without unnecessary interventions which carry both short and long term risks for mother and baby. Birth is a physiological process, not a pathological problem.