

Submission  
No 609

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I birthed both my babies in [REDACTED] private hospital in 2018 and 2022

Both births were positive experiences, albeit very different ones.

I was under the care of a private obstetrician - the same doctor both times.

My first labour, I had early labour for over a week before going into hospital to have my membranes artificially ruptured. I was encouraged by both my obstetrician and midwives to have an epidural, at the time I was grateful for it as I had been labouring for so long before going into active labour. I was never given the opportunity to have an active epidural, meaning that I lost all sensation in my lower body and was completely bedridden for the twelve hours of my labour.

In reflection, I believe this caused my labour to stall meaning I needed to have syntocin to aid in my contractions effectiveness.

I was coached through pushing as I had no sensation. And my healthy baby was born after 50 minutes of pushing on my back. I thankfully had minimal tearing. It took several hours before I had feeling properly in my legs after the birth.

My second labour again was induced with artificial rupture of membranes. I had been diagnosed with GD earlier on in my pregnancy, and was diet controlled. I was able to go past my due date, and my doctor didn't seem too concerned. But, he hadn't foreseen me being overdue and had scheduled a trip away and I knew I was close to going into labour so I opted to have my membranes ruptured again as I didn't want to labour without him there.

This time I had written in my birth preferences that I didn't want an epidural, I wanted an active labour. I was able to utilise tools I had learned throughout my second pregnancy to help with pain management - a tens machine, combs, meditation and breathing, different positions on the yoga ball. I had a foetal heart monitor on throughout all this, which I found restricting and unnecessary as my baby's heart rate was perfectly fine, I was healthy and low-risk - seeing as my GD was diet controlled and I was never on insulin.

I laboured really well with the support of my husband, but noticed the midwife seemed very busy, on more than one occasion when she came in to check on me she was on the phone - supporting other labouring mums at home to tell them whether to come in or not, calling the other mothers' on the wards obstetricians. It seemed like the phone was ringing off the hook most of the time I was there and there was not enough staff to man the phone.

So after a short four hours, I'd begun pushing.

My midwife knew I was 8+ cms at my last exam but didn't think things would happen so fast, so for all the time she spent manning the phone she didn't call my obstetrician in time for him to witness the birth of our son. He was born onto the bed so fast no one was there to catch him, so I scooped him up in my arms and it was a bit shocking but also wonderful.

I'm grateful that my births didn't result in trauma, I understand the potential cascade of interventions could have resulted in very different outcomes for myself and my babies, and I wish I had been given more options in my first labour before the epidural was used. In my experience, everyone on my birth team was doing as much as they could with the tools they were given. I know my midwives were stretched and stressed by not enough staff in those circumstances so I'm hoping that this helps to ensure better funding, education and more staffing in those situations.