

Submission  
No 621

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

My name is [REDACTED] and I live in [REDACTED] I have 2 daughters aged 3 years and one 4-month-old. I also work in the health care setting and have deep understanding of best practice in medicine and nursing practices.

My first pregnancy I got into my local MGP and my second I used a private midwife. The difference in the standard of care was completely mind blowing. Please let me share how different my experiences were.

Getting into MGP I felt I had the "best" standard of care to be able to achieve a physiological birth. I did all the things like educating myself with private birth courses and read all the books I could. Having continuity of care is something I felt very grateful for and I shudder to think what my outcome would have been if I did not get into my MGP. Even with this I still suffered significant birth trauma after my first birth, this was a result in multiple failures of the "system". I was repeatedly threatened antenatally (my midwife stating it was hospital policy) that I would be kicked out of the MGP if I did not comply with certain necessary tests and consultations to see the obstetricians despite being deemed a low-risk pregnancy this included the glucose testing and extra scans to monitor baby 'size' for too 'big'. Then, after being 'approved' to have a home birth due to being low risk (yes even low risk women are being coerced) this was denied the day I went into Labor due to staff shortages/inexperience of midwives not qualified for homebirth (I do not understand offering a service you cannot fully provide).

My mindset could not keep up with the change of plan and after being transferred into the hospital, I was placed in a temporary unit with inadequate facilities to allow for a safe environment to labour, this included one bathroom to be shared for over 4 birth rooms. I was denied water for pain relief due to sharing bathroom facilities and not having any birth pools or baths available and as the rooms were designed more for outpatient consults it was extremely noisy and distracting. I had multiple attempts for an epidural which required the senior MO to be called in despite being a normal BMI and having no other risk factors for an epidural. From there I fell into the classic cascade of interventions category until I was deemed failure to progress after labouring through the night and was told I required a caesarean and given no other options to continue to try for a vaginal delivery. I was asked to sign a consent however this was not informed consent as I was in no frame of mind to be making decisions have no recollection of the risk v's benefits conversation for a surgical procedure and it was not a life-threatening situation therefore waited to be taken to the operating theatres so there was time for this conversation to occur.

The operation was frightening, as I recall the surgeon screaming orders for different drugs to be used to help stop my bleeding and I could feel the palpable tension during parts of the procedure and I felt incredibly unwell and broken vomiting throughout the procedure and having incredibly low blood pressure. My epidural was topped up and I had no sensation from my collar bones down. I had no beautiful moment of meeting my daughter I was numb literally and mentally; I could not even hold her due to my numbness in my arms and hands and just wished for the time to be rewind as it all felt so wrong. My time spent on the post-

natal ward was the worst, it was clear of the severe staffing shortages I would go shifts without seeing a midwife. It was so bad I recorded my first post-surgical voids (urines) and got myself out of bed and showered with the help of my husband after waiting for help from staff became too much, that first shower was horrible I was lightheaded and nauseated and sore but at least I was clean. When I stood up, I saw my sheets were saturated in old dry blood and my hair and pillow soaked in vomit, and I remade my bed with the help of my husband, I recall only one PV check was done in the first 24hrs on my birth. Advice for breastfeeding was scarce, sparse, and varied which led to confusion and a very poor start to my breastfeeding journey. I also felt incredibly unsafe with the individual I was rooming with.

It was clear through the not so sound proof curtain dividers she was in the process of DOCs involvement and there were substance abuse issues, my husband was told to leave when visiting hours were over and I can say, hand on heart I have never felt more unsafe in my life especially in that first 24hrs when my epidural was still in effect and I could barely lift my baby. The hospital also had no lactation consultant and I was getting help from people who were not midwives (EENs) led to many just relying on their own personal journeys for comfort. An attempted debrief was 'done' by the RMO but it was more of a we made these choices and you are lucky to be here with your baby recollection of events, with a specific quote standing out above all else, your body failed you this time, your baby was never in an optimal position but you should be a good candidate for a VBAC if you wish to have another baby." I told the doctor he was crazy if I ever was putting myself through that experience again. And he walked out shrugging.

Now, I understand no-one at the hospital is trained to do post incident debriefs with women as I enquired to have one after learning I was pregnant with my second baby and as evidence states talking through prior births helps with decreasing the risk of birth trauma arising in subsequent labours. A few weeks post my birth and covid hit Australia. There was a sudden stop of contact with my midwife and the family health nurses who were instructed to not do any face-to-face visit. I felt isolated and abandoned. 8 months post-partum I hit rock bottom. I was having flashbacks, insomnia, and crippling anxiety. I used the PANDA hotline to seek help and after getting a mental health care plan from my GP and waiting extensively to see a local perinatal psychologist.

I was diagnosed with PTSD; it took multiple sessions to help using various treatment methods such as EMDR and with significant personal financial investment to do so. I isolated myself from friends who got the 'textbook' birth and saw them fall into motherhood with grace was just an insult to me as all I could see in front of me was pain. It took me years to work through the trauma of that birth and I invested heavily in educating myself and looking at best evidence for a physiological birth if I was ever going to get pregnant again and what my options were in terms of care provision. I could not talk about my birth to anyone without bawling my eyes out. I felt like the biggest failure for not being able to do what our bodies were designed to do.

After falling pregnant for a second time, I interviewed local Obstetricians to see if I would be supported for a VBAC privately as I did not wish to go back to my local public hospital following my previous experience. I followed the advice outlined by RANZCOG and yet I had no local obstetrician who fully supported my desires for a VBAC. I was made to feel uneducated I was not provided with evidence-based comments but given answers based on their experience. I was not allowed to be given their VBAC statistics and again threatened to be dropped from care if I refused their protocols on antenatal testing and screening such as late-stage growth scans. I was also told by x2 OBS that they would not 'let' me go over 40 weeks and I would be booked for a caesarean. This care that I was paying for was so unacceptable and clearly not evidence based but I felt trapped to go with them.

In my second trimester I enquired for some local doulas to help me with my care in labour and birth through to post-partum. I was recommended a private midwife by a local doula and I never looked back. I was incredibly lucky to get a spot to be provided care with this private midwife and want the parliament to recognize the limitations of access to private midwifery care in Australia especially in remote areas and financial costs to families to undertake this care provision with little Medicare or subsidized support for families. This midwife was empathetic, supportive and every decision moving forward was made by the whole birthing team including myself and my husband. We were able to discuss our options with no time pressures and my antenatal care was so much more comprehensive than anything in both the private and public hospital sectors. Her training was second to none, no question was too hard to answer and every response I got was supported by evidence and given time to reach a final decision. I had full confidence in her that I could achieve a physiological birth. I got my VBAC at home the week before Easter this year and it was the best experience of my life. I had the full self-assurance and support I needed from my care providers and achieved a textbook physiological birth undisrupted by any cascade of intervention out of the hospital environment.

My post-natal care was also unfaultable and so much more involved than anything I experienced in the public system with my midwife being available for me for the entire time 6 weeks post birth. For me my trauma was not a single catastrophic event but was created by a series of small offhand comments by different health professionals ultimately convincing me my body was broken and unable to do the thing it was designed to do. The statistics coming out of the mothers and baby reports over the past few years should be sufficient to recognize how birth cultures and clinical practices do not support best evidence with Australia moving further away from WHO recommendations surrounding percentage of vaginal births v's caesarean section rates.

The parliament needs look at how increased medical inventions in birth have increasingly caused blocks in the system with increased costs to organizations and individuals. I strongly would like to see a consideration in education training and support of midwifery care in Australia as they are truly the women's advocate in birth. The decline and staffing shortages around the country over the past few years especially in regional and remote health settings is alarming and I believe this to be as a result of midwives being stifled by their decision making to support a women's decisions in their birthing journey. Obstetric care in Australia is no

longer one where women can be supported in their choices surrounding birth and the delivery of their child/children but one that is restricted by the surgical preference of our medical leads. Thank you for allowing me to share my story. I hope no one has to suffer in the way I did.