

Submission
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INQUIRY INTO BIRTH TRAUMA

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I didn't have a traumatic birth but it easily could have been an incredibly traumatic experience if I hadn't had support from some key people who helped me advocate for myself instead of being a "good girl" and doing what was expected of me within the hospital maternity system. These key people were people I chose to be part of my birth support team, and I was privileged to be able to afford and access the support of a private practicing midwife and a doula, have a supportive and informed husband as my birth partner, and have access to a free psychology service through the _____ when things went wrong. Unfortunately most women do not have access to this kind of continuity of care during their pregnancy, birth and postpartum and this is a disservice to women at the most vulnerable time in their lives. I was also privileged to be well educated and well researched as I was able to inform myself. Unfortunately I had also learned from the traumatic experiences of women around me, and their trauma lead to me doing so much research and selection the care providers I did I'm order to avoid my own traumatizing experience.

In the beginning of my pregnancy I was fortunate enough to be able to afford and have access to prenatal care by a private midwife and chose homebirth. Home felt like the safest place for me to birth, and I knew continuity of care was the gold standard of care and my best chance of getting this kind of care and a physiological birth was to pay for a private practicing midwife. My care under this private midwife was amazing and I felt well informed and my choices were respected and I never felt coerced and nothing was done without my consent. The continuity of care by this private practicing midwife is one of the reasons my pregnancy, birth and early postpartum experience were not the incredibly traumatic experiences they easily could have been given the circumstances that unfolded.

In contrast to this care was almost all the care I received in the public system.

It started with a few small issues in the first half of my pregnancy. My GP did not inform me of, and therefore did not seek my consent for, all of the initial blood tests leading him to wrongly label me as having gestational diabetes at 6 weeks pregnant and causing unnecessary stress. I received raised eyebrows and scathing looks by staff at the ultrasound clinic when I politely declined to be weighed before my anatomy scan, and upon finding out that I had chosen not to have a dating scan or NT scan.

When the results from my anatomy scan showed my baby had a significant congenital heart defect my prenatal care and birth choices changed dramatically. Suddenly I could no longer birth at home with my private midwife; instead my prenatal care was largely taken over by _____ Hospital nearly 2 hours away where I would need to birth and therefore move to from 38 weeks pregnant and stay until my baby was well enough to be discharged from the NICU _____. Fortunately I was taken into the PEARLS program where I received continuity of care for one midwife for the remainder of my pregnancy and I was still able to have some prenatal appointments with my private midwife whom I trusted; however, continuity of care in the PEARLS program did not include during labour, and I suddenly faced the reality of having an unknown midwife during labour and birth which was terrifying for me as I wanted to know and trust the midwife present during the vulnerable time of labour and birth and it felt like the random midwife I'd be assigned could make or break my birthing experience depending on how comfortable they were with my desire for a hands-off physiological birth with no medication or intervention. My PEARLS midwife did a fairly good job at reassuring me that I would have access to a like-minded midwife in labour and that physiological birth was possible at _____ Hospital and at respecting the majority of my choices around my prenatal care, but my decision felt a little less okay in the hospital setting where I was choosing to go against the routine testing and scans and policies, and the discussions we had around my choices felt a little more like debates where they would have liked to convince me to do things accordingly to hospital policy – this was particularly evident when I saw other midwives when my midwife wasn't available as these midwives were not familiar with me and did not seem used to women not doing as they are told. This really demonstrated to me the value of continuity of care and made me sad and angry that so few women have access to it. Every prenatal visit at the hospital felt to me like going in to battle – I was always expecting to fight for my choices and to need to justify my choices in order to have them respected. This caused a lot of stress for me in the lead up to appointments. It was also incredibly time consuming to inform myself. Sometimes this was exhausting, and sometimes I didn't have the energy to fight and consented to things I didn't want such as being weighed during my first _____ appointment even though I knew this was solely for the purpose of determining rather belatedly my pre-pregnancy BMI and that had my BMI been over a certain threshold it would further restrict my birth choices due to care provider lack of confidence. I chose not to have routine growth scans when there were no indications that growth was an issue, however after extensive discussion I did consent to a brief scan to recheck

an issue with baby's kidneys after discussion with my midwife where we decided that the scan was medically indicated and not merely routine; during this scan my wishes for it to be as brief as possible and not check unnecessary parameters such as growth percentile were respected (although I am aware now that these parameters were checked but not communicated to me and I cannot help but wonder if my wishes would have been respected if baby was deemed to be "big" – this was the situation I was trying to avoid as I did not want it to undermine my confidence to birth my baby or remove more of my choices in birth due to care provider lack of confidence when I know these measurements can be off by as much as 15%). Once my care was at [redacted] it was also routine policy for a urine sample to be taken but it was never communicated to me that part of this was testing for GBS and so this was done without my consent until I discovered this by my own research and from then on only consented to having my urine tested for proteins as I had a family history of preeclampsia. Similarly, my decision not to test for gestational diabetes as I was already following a sensible diet for gestational diabetes based on [redacted] research was also up for debate. It seemed like in the hospital all my well informed choices were suddenly up for debate and it was exhausting to need to fight so hard for the care I wanted and for my choices to be respected with every no requiring research and justification. I felt like I had to pay very close attention to everything to make sure nothing was done in secret without my consent.

I was incredibly fortunate that my private midwife, doula and psychologist were all part of my birth support team as I was able to respectfully discuss my care options with these women and they were supportive and validated my feelings of grief around losing the birth and early postpartum I wanted for my self and my baby. They helped me to deal with this grief and to work out a plan to salvage as much of my plan for birth as was possible under the circumstances. In contrast I felt like the midwives at [redacted] were more dismissive of my grief as if it wasn't valid to grieve the loss of many of my choices around birth and early postpartum because the loss was necessary because my baby was sick. I felt the hospital midwives lacked sufficient compassion for my situation. I am certain that without my private midwife, doula and psychologist I would have had an incredibly traumatic pregnancy, birth and postpartum when I was suddenly thrust into the hospital system which I did not trust and which I knew has a high statistical probability of traumatizing me. It was only because I was given the opportunity to process my grief with my private midwife, doula, psychologist and husband during the second half of my pregnancy that I was able to endure the necessary change in my birth plans when the time finally came to give birth and have my baby in the NICU without being traumatized by the whole experience.

As I came to the end of my pregnancy I felt my birth map was being further eroded by hospital policy: my PEARL midwife was pushing for continuous monitoring in labour despite this being against my wishes and not indicated; my midwife had told me I'd need a managed 3rd stage despite knowing I was planning for a physiological birth and wanted to try for a physiological 3rd stage if the birth was also physiological. However she was very supportive of me trying for a physiological birth and a water birth – it really just seemed to be a policy issue that caused our debates regarding care and birth choices, and she was very respectful in those debates but they were still debates I would have preferred to do without.

I believe that had my baby not arrived at 39+0, a mere day before my appointment to discuss my birth plan with my midwife and to see the high risk obstetrician, that my birth would have played out differently as I strongly suspect that some items on my birth map would have been shot down (e.g. Doppler during labour over continuous monitoring, physiological third stage instead of managed, no vaginal examinations even on arrival during labour, no GBS testing in late pregnancy or antibiotics during labour, no discussion of induction for post dates until 42 weeks). I know things could have gone very differently had my baby not come when he did.

I also believe that the midwife I was fortunate enough to be assigned during labour was another huge reason why my birth was not traumatic – she read my 3 page birth plan when I arrived at the birth suites and followed it to the letter! She was respectful, she was hands off, she trusted me and my body and my baby and let me and my doula and husband work through the labour as I wanted to whilst keeping an eye on everything and performing intermittent Doppler monitoring. I knew she was there should I need her, but she did not interrupt the process or bring me out of the zone.

The only thing that brought me out of the zone and was a little traumatic was the paediatrician on call interrupting my labour to tell me that he would be taking my baby immediately after birth rather than allowing the 5 minutes of skin to skin and delayed cord clamping that had been agreed to by our cardiologist and our PEARL midwife.

Fortunately my husband and doula and I advocated for the original plan to be honoured given nothing had happened during labour to indicate that the plan should be changed, and I quickly returned to the zone because I knew I had support people who would continue to advocate for this outcome.

Unfortunately I did not receive good care in the maternity ward – I felt ignored by staff when I was there (granted I did spend a lot of time in the NICU and mostly returned to eat and sleep) as I didn't have my baby with me and no one set me up with a pump for expressing for my sick baby when I was in the maternity ward. The midwife who discharged me was dismissive of my pain as I had had a normal vaginal birth and she didn't think I should be in pain based on my chart – it wasn't for a few months after the birth that I learned from a more experienced mother that the pain I was experiencing with walking and sitting in the early days was in normal and due to my 2nd degree tear and stitches. No body checked how I was coping without my baby or made sure I was given information about breastfeeding or pumping. No body informed my PEARL midwife that I'd had my baby despite me asking multiple midwives, so I missed out of her continuity of care in postpartum.

My birth was not the birth that I wanted due to my baby's congenital heart defect and it could have very easily become an incredibly traumatic experience for me had I not been very well informed of my choices and rights and had not been privileged enough to afford and access a strong and like-minded birth support team. Most women do not have access to continuity of care, so it is no wonder an unacceptable percentage come out of birth traumatized even when their babies might not be sick like mine. There was certainly trauma in my pregnancy and my postpartum due to all the losses that occurred due to my baby being sick, and all the grief surrounding this upheaval, but every difficult interaction seemed to be tempered by the additional care I had through my doula, private midwife, psychologist and husband. I feel like I paid for the privilege of not being traumatized and that's not good enough – escaping trauma should not be dependent on the situation you are dealt (e.g. sick baby) or on your ability to afford and access the gold standard of care. All women deserve better, and especially women already dealing with the trauma of a sick baby.