

Submission
No 656

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 3 August 2023

Partially
Confidential

I gave birth to my daughter at 3.55am on 20 May 2023.

I opted for a home birth, offered through my local public hospital. I was aware of the risks of obstetric violence as well as the likelihood of receiving unnecessary, time based interventions and an overly medicalised birth if I birthed in a hospital.

My birth was beautiful. Myself, my partner and my doula were present in my home. Due to labour progressing quite quickly, my midwife did not arrive until the very moment my daughter exploded into the birth pool. It was the most serene environment and my daughter arrived without any interference.

I want to make it known that at no time throughout birthing my daughter did I 'push'. My daughter was birthed relying solely on the fetal ejection reflex. This is relevant to the next part of my story.

In a nutshell, this beautiful experience shifted when I was captured by a generic, broad brush policy that I must birth my placenta within an hour.

For the sake of brevity, I have summarised what was an unbelievably traumatic experience in dot points, which does not explain the full extent of my experience, but conveys the general theme:

- a home birth required I birth the placenta within one hour, otherwise a hospital transfer is necessary.
- I opted for a physiological third stage, without administration of syntocinon
- I wanted the entirety of my birth to be physiological, but also, I had a velamentous cord insertion which created a high risk of rupture if cord traction was applied
- At around the 50 minute mark after giving birth (having not had any contractions) my midwife assured me my placenta had detached and I just had to 'push it out'
- For 20 minutes I squatted over a bowl (holding my baby) with a torch shone in my face while my midwife yelled at me to push.
- Having a clinical background myself, I was aware that none of the usual signs of detachment had occurred and continued to question this but it was disregarded.
- After about 20 minutes of continued pushing (20 minutes more than I did to birth my baby!) I looked down to notice my vagina wall had completely prolapsed outside my body.
- I stopped pushing, laid on the lounge and at this point my midwife just took over, administering cord traction without any consent.
- The midwife was screaming to the other midwife to call an ambulance (I had not started bleeding at this stage) and told me I must have an injection of synto.
- I just consented. What choice did I really have at this point.
- The midwife continued to tug at my cord until she pulled away screaming 'OH MY GOD I CAN SEE CERVIX' (she was concerned she had pulled so hard she'd inverted my uterus)
- Two ambulances arrived
- I was given a second shot of synto (without consent)
- My contractions began after being strapped into the gurney and on the way to hospital
- With every contraction I haemorrhaged. It was excruciating.
- I was taken straight into theatre where before being sedated, more internal exams occurred
- I was in excruciating pain. My contractions were out of this world, worse than those I had had before giving birth

- I was freezing
- No one gave me pain relief
- No one gave me a blanket despite telling them how cold I was
- I lost two litres of blood and required a 2 night stay in hospital and 2 blood transfusions.

Whilst I understand this policy is in place as the risk of haemorrhage increases after an hour, this policy does not allow for patient centred care. Many women birth placentas well after one hour has elapsed, without any risk or injury. This usually happens under the care of a private midwife, without the pressure of time based policy. In contrast, look at the rates of haemorrhage that occur in hospitals WITH intervention and the 'benefit' of active management, which is supposedly 'best practice'.

This policy led to my midwife experiencing excessive levels of stress and utilising every possible intervention. The policy shaped her practice and her mindset to believe 'if this doesn't happen within an hour, something bad will happen!' (Which is just untrue).

I will add, at no stage had I experienced any bleeding until any interventions and cord traction took place.

It was these interventions that caused a haemorrhage, transfer by ambulance, requiring a general anaesthetic for manual removal as well as a significant physical and emotional scars of the experience.

From the forceful instruction to 'JUST PUSH IT OUT, ITS RIGHT THERE', as well as excessive cord traction before my placenta had detached, I now suffer from a prolapsed bladder which has a significant impact on my mental and physical health, impacts my ability to care for my baby and is costing me a substantial amount of money for treatment.

This will also impact my quality of life moving forward in ways that can't be quantified, from my ability to have sex comfortably and my ability to return to my passions of sport and running.

Had such restrictive time based policy not existed, I would not have experienced the emotional and physical trauma I did and continue to carry with me.

The system and current model needs to change. Low risk Birth is not a medical event. Low risk Birth does not need medical intervention at every turn.

Patient care needs to be patient centred and benefit the patient, not generalised and time based. This has, in my situation and many others I know, led to trauma that would not have been experienced otherwise.