

**Submission
No 659**

INQUIRY INTO BIRTH TRAUMA

Name: Mr Anthony Calvert

Date Received: 15 August 2023

My name is Anthony and I live in [REDACTED] NSW. My partner gave birth to our first child at [REDACTED] Hospital in early March 2023.

We were excited to welcome our baby into the world. In the months leading up to our due date we had completed a Calm Birth course and prepared a birth plan. We were hoping for as natural a birth as possible.

Unfortunately that was not to be. A Premature Rupture Of Membrane (PROM) set us on a cascade of medical interventions that has left my partner and I traumatised to this day.

We arrived at the birthing suite 48 hours after PROM and a small amount of meconium was found. We felt powerless in the face of hospital policy that required our midwife to notify the doctor on duty, even though the midwife did not seem concerned.

We immediately felt pressured by the doctor to introduce medical intervention (antibiotics and syntocinon). The doctor emphasised the risk of infection to our baby but she did not give us any evidence based research. However we had done our research. We knew that the NICE guidelines (UK National Institute for Health and Care Excellence) showed no evidence of increased risk to the baby for up to 72 hours after PROM.

As a compromise with the doctor my partner agreed to wear a CTG for continuous monitoring.

The labor continued into the afternoon and our midwife seemed happy with how things were progressing. The same doctor would continuously request to come into the birthing suite. At one point she insisted that the baby's elevated heart rate could be a sign of infection. However she did not give a percentage of what the risk of infection was or mention what else could be causing the elevated heart rate. In this particular instance my partner had been in the shower. After she had cooled down both her and the baby's heart rate returned to normal. Rather than being helpful the doctor made a stressful situation even worse.

This culminated in what I believe was a highly unprofessional encounter later in the afternoon. The doctor had almost finished her shift and approached me in the birthing suite. Within earshot of my partner (who was deep in labor) the doctor's tone escalated even further. She now mentioned our baby may be suffering from sepsis and that if it had respiratory issues when born it might be taken away from us for treatment in Sydney. There was no context or evidence based research given to support this statement and the midwife seemed happy with the progress so I again refused medical intervention. At that point the doctor presented me with a "Refusal of treatment" form and ran through all the risks to our baby that she had written on the form. Acutely aware that this conversation would not help my partner in her labor, I asked the doctor if we could go into the hallway where I told her my

number one priority was supporting my partner through her labour and I would not be signing the form.

Our baby arrived via vaginal birth in the early hours of the next morning. After consultation with our midwife my partner agreed to antibiotics and an epidural. It was not the completely natural birth we had hoped for, but it was on our terms and based on the advice of the midwives who we trusted implicitly.

The fact that we were able to achieve a natural birth is a credit to the support of the midwives and our own determination in the face of relentless pressure from the doctor on duty.

Almost six months later we have a happy and healthy baby boy, but I still feel nauseous when I think of the stress we endured due to the hospital policy that required the doctor on duty to be notified.

I strongly believe access to a midwife-led continuity of care model would have led to a less traumatic outcome for myself, my partner and our baby.

I have shared our story because I don't want anyone else to endure what we had to. I sincerely hope that this submission will help lead to access to unbiased evidence-based information, legislation on informed consent and mandatory trauma-informed training for all clinicians.