

Submission  
No 693

## INQUIRY INTO BIRTH TRAUMA

**Name:** Mr David Porter

**Date Received:** 15 August 2023

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Partially  
Confidential

My name is David, I live in \_\_\_\_\_, a suburb of \_\_\_\_\_ and I am the father of \_\_\_\_\_ who is 7.5 and \_\_\_\_\_ who is 5. My partner Sharon experienced birth-related trauma during both of our children's births for a range of reasons.

Our first child \_\_\_\_\_ was in a breech position. We had a spot on the \_\_\_\_\_ Hospital MGP program and had a fantastic midwife who was seeing us consistently.

We were told by the hospital, without being given any evidence that breech births were dangerous and that my partner would have to birth via C-section. We were not given any other option.

Luckily our MGP midwife informed us that \_\_\_\_\_ Hospital in \_\_\_\_\_ had a breech unit and that we had the option of trying an ECV to turn our baby. We switched hospitals and made many long drives to appointments in \_\_\_\_\_

Our treatment at \_\_\_\_\_ Hospital was much more respectful than the treatment we received at \_\_\_\_\_. All of our options were explained more clearly and my partner was given the option of a natural vaginal birth which was very important for her.

At 41 weeks we were told we needed a scan. This scan showed that the baby was large and that my partner's fluid levels were low. Because of hospital policy we were told that we would need to stay and have the baby. We then felt rushed and despite trying to bring on labour naturally my partner's water's were broken. We were then given a bit longer and when labour did not commence we were told we would need to have an emergency C-section.

The obstetrician and nurses were great and enabled our requests for delayed cord clamping and skin to skin. Our baby boy \_\_\_\_\_ was however normal sized and the obstetrician commented that my partner's fluid level were actually fine. He suggested that my partner could have waited and had a vaginal birth after all. Because of hospital policies and the inaccurate ultrasound we were forced down the path of intervention.

As a partner it took some time for me to notice just how much our birth experience had affected Sharon. She felt robbed of the opportunity to birth naturally and still to this day wonders 'what if'. 'What if' we had better information, 'What if' hospital policies were different, 'What if' inaccurate ultrasounds weren't the measure of whether intervention is needed. Since that birth my partner has attended many courses and workshops around women's health and rights of passage such as birth. She has co-founded Better Births Illawarra to advocate for birthing women. This experience has had a huge impact (good and bad) on my partner's focus and values.

Our second child \_\_\_\_\_ was born via an unplanned Caesarean Section at \_\_\_\_\_ Hospital.

After our first experience, when my partner fell pregnant for the second time we opted to engage a private midwife and have our baby at home. We knew that in the hospital system we would be presented with limited options, would be rushed and pressured to have interventions when it suited hospital policy.

Our private midwife was supportive, provided information whenever we needed and gave us clear choices. After 3 days of labour our midwife suggested we may need to transfer to hospital and we agreed. No doubt my partner was very stressed about returning to Hospital after our early experience there and it caused me a lot of stress too.

We ended up with a good obstetrician who listened very carefully to what we wanted and was able to facilitate that. My partner was taken off to have an epidural and our private midwife and I were not allowed to enter. I did not think much of it at first but it seemed to be taking a long time and I found out afterwards that they were having trouble with the epidural and were discussing (without Sharon's consent) giving my partner a general anaesthetic. Luckily Sharon was able to tell them that she did not consent to a general and they managed to complete the epidural. It is distressing to think that while she was in pain she had no one there to advocate for her as both our midwife and myself could have told the anaesthetist that a general anaesthetic would have been a terrible outcome and led to a lot of birth trauma for my partner.

Thankfully, the obstetrician allowed myself and our midwife to be present for the C-section (although I could tell that others in the room clearly did not want us to be there). She also allowed us to leave the placenta attached (cut later in the ward), have immediate skin to skin and facilitate vaginal seeding which we had requested.

The result in the end was that my partner felt heard and empowered in this second birth. Even though the birth did not go the way we had planned it was a positive experience in the end because my partner knew the system and her rights better and because the obstetrician listened to our requests and was able to facilitate them.

Thankyou for reading my submission.