

Submission
No 865

INQUIRY INTO BIRTH TRAUMA

Name: Ruby Rush
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Partially
Confidential

Ruby Rush

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Committee Secretariat

Select Committee on Birth Trauma
NSW Parliament
Macquarie Street
Sydney NSW 2000

birthtrauma@parliament.nsw.gov.au

Re: Inquiry on Birth Trauma

Dear Chair,

I am a NSW resident and birthing parent and I would like to make a submission to your inquiry on birth trauma.

Addressing the Terms of Reference

Terms of Reference	My Response
1(a) the experience and prevalence of birth trauma (including, but not limited to, as a result of inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence")	I have experienced three pregnancies and births. All three have had elements which have created emotional, psychological and physical trauma, however, the first two pregnancies and births have created the worst trauma with the least support.
1(b) causes and factors contributing to birth trauma including: (i) evaluation of current practices in obstetric care, (ii) use of instruments and devices for assisted birth, for example, forceps and ventouse, (iii) the availability of, and systemic barriers to, trauma-informed care being provided during pregnancy,	With my first pregnancy I was under the care of a midwife group practice through my local public hospital. It started out well, I was seen by the same midwife throughout my pregnancy, however they no longer attended births so I asked for a student midwife to be assigned to me for more continuity of care. Towards the end of my first pregnancy I started to develop symptoms of preeclampsia, despite expressing my concern of my symptoms - which included significant pitting edema, blood pressure that was much higher than my normal, light spots, headaches and strong family history of preeclampsia - my concerns were dismissed and I wasn't tested any further. My symptoms continued to grow more significant and once my blood

during birth and following birth

pressure finally ticked over to the 'textbook' level of high, I was immediately admitted to hospital due to elevated kidney and liver functions, and placed on medication in an attempt to lower my blood pressure. As a first time mum I was concerned not only for my baby's health and safety but also for my own. I wasn't reassured or told what the plan was going to be. When I asked to talk to a doctor to get some more information on what was going to happen, I was treated like an inconvenience.

I was in and out of hospital over the next week and a half before being induced. Throughout this time I was told how much danger both baby and I were in but never offered reassurance or explained to about why they were waiting to induce.

Going in for the induction I had a balloon catheter placed in the evening with the intention to rupture my membranes in the morning. My husband was asked to leave the hospital and come back in the morning. The next day after AROM I had a drip placed with syntocin. Contractions came on quickly and although I had initially wanted no pain relief medication I was in immense amounts of pain. The midwife ignored my requests for pain relief telling me I would "be alright for a bit longer". When I felt like I was ready to push, the midwife again didn't listen to me. My baby boy was delivered quickly, and resulted in a 2nd degree tear, 2x first degree tears and multiple grazes. A junior doctor repaired the tears but didn't repair the area correctly, so there are now sections of my labia that used to be attached that no longer are.

The postpartum experience continued to be much like my pregnancy and birth. I wasn't listened to when I was concerned, was brushed off or ignored entirely. I had difficulty with feeding, suspected that my baby had allergies and struggled a lot with the lack of support from the healthcare system as a first time mum.

I was diagnosed with postpartum depression at 10 months postpartum. It should not have taken as long as it did to get diagnosed and even once diagnosed the support systems were limited living in a regional city.

My second pregnancy carried a lot of anxiety as a result of the trauma from my first. Everything appeared to be going well however due to not being listened to or my concerns being take seriously throughout my first peripartum experience, I was in a constant state of anxiety and worry about what may or may not be happening to my unborn baby. I had decided to go through private OB/GYN care as a public patient in order to try and avoid some of the concerns of not being listened to.

The OB/GYN I saw was great at listening to my concerns and providing adequate monitoring of baby so that I was

reassured everything was going well. However I was constantly waiting for something to go wrong. At 36 weeks, it did. Baby's growth had dropped from 60th percentile to 20th percentile and the amniotic fluid was low. I was put on immediate bed rest, daily monitoring and an induction was booked for a weeks time. I went to hospital for my daily monitoring and after a few days movements had also significantly dropped. A decision was made to induce me that day. I was happy with the plan to induce and get baby out, however I was anxious of going through labour again, unsure if I would be able to cope.

The OB/GYN reg who induced me had the worst bedside manner of any other doctor I have ever met. She repeatedly made comments like "this will hurt a lot" or "lucky we are inducing you now otherwise your baby will probably die".

During the induction, when the balloon catheter was being placed, I was having horrendous flashbacks of being in labour with my first baby. I was panicking and distraught yet ignored and told I was overreacting. After the balloon had been placed I was then left on my own, my husband yet again sent away for the night.

I had awful contractions and no sleep all night, I was given pain relief but it wasn't working and kept being told to 'try and get some sleep' although I was in immense amounts of pain and not coping.

I was finally moved to the birthing unit in the early hours of the next morning and requested an epidural straight away, knowing I wouldn't be able to cope with another labour like my last. I was given an epidural but it failed.

It worked on the right side of my body and my left leg but I was left with full sensation in my left hip and back. I was unable to move myself in the bed, and was completely reliant on the midwives and my husband to be able to move my body. The midwife attending my birth left the room when I was 10cm dilated to assist with another birth, I was left in the room with my husband, watching the CTG doppler and my baby's heartrate dropping with every contraction. I was left ready to birth, for 45 minutes before the midwife returned to assist me. I couldn't feel when I needed to push but believe that being left for so long at 10cm contributed to my baby being in distress when she was born.

My baby girl was born wrapped several times around the neck and arms by the umbilical cord. She was blue, floppy and didn't cry. The midwives rubbed her back but it wasn't long until the emergency button was pressed. The room was almost instantly filled with doctors and midwives

	<p>attending to my baby.</p> <p>After the birth, my baby had been whisked away to the special care nursery, my husband had gone with her and I was left in the room. I was trapped, the epidural was still at full strength, I was unable to move myself in the bed, couldn't reach my food, drink or the call button for the nurse. Both midwives had left the room and I was well and truly alone. I was left for 2 hours before a midwife came to check on me briefly before leaving the room again. It was another 3 hours before my husband was able to leave our daughter and come and check on me. He helped me shower and found a midwife so I could go and see our baby in special care nursery.</p> <p>After the experience of pregnancy, birth, labour and the initial post partum period, I decided I didn't want to have any more children.</p> <p>Unlike my first two, my third pregnancy was not planned. The anxiety I felt throughout my entire pregnancy was immense. Between my second and third pregnancies I was diagnosed with OCD, ADHD, Bipolar type 2 and rheumatoid arthritis. I was on a number of high risk medications and unsure on what avenues of maternal care were available. I didn't want to go with a private OB/GYN again as the 2 hour+ wait times for appointments was unrealistic. I wasn't eligible for midwife care through the hospital so I ended up going through the high risk antenatal clinic. At 23 weeks, I had an ultrasound and some high risk factors were noted. I was told that I may need to deliver baby prematurely and that if that happened we would most likely need to go to Sydney (the nearest place with NICU care). I was having fortnightly ultrasounds, plus lots of visits to the antenatal unit for reduced movements and the like. Although I was under the care of an OB/GYN, the registrar that I saw at the clinic was different every time. Having no continuity of care during an incredibly stressful time added to the stress and worry around my babies health. I was also in immense amount of pain and struggled both physically and mentally throughout my pregnancy.</p> <p>I was meant to also be under the care of a perinatal psychology and psychiatry team, to ensure my medications and mental health were well managed. However, I slipped through the cracks and my referral was bounced around with misinformation through departments and I wasn't seen until 35 weeks which was much too late to offer the support that I had needed earlier on.</p> <p>Yet again, I found myself on an early maternity leave which resulted in another admission at the end of my pregnancy. I</p>
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	<p>had already had an induction booked for mental health reasons at 39 weeks however ended up in the hospital just before 38 weeks with suspected HELLP syndrome. Again, I was not properly informed of what was going on and continually had to ask for more information and follow up with the midwives and doctors. The communication between the doctors was poor with me being told several different plans and outcomes throughout my stay in hospital.</p> <p>I had an incredible student midwife throughout the process who added in a continuity of care and was a great point on contact throughout my pregnancy for any questions or follow ups that I needed. Thankfully, with this pregnancy although it was incredibly stressful and traumatic throughout, I went into labour spontaneously at 38 weeks which resulted in a much more positive labour and birth experience. I still had baby end up in special care nursery but the post partum experience was immensely better this time around then with the other two kids.</p> <p>After three births, I have been left with a grade 2-3 rectocele prolapse, grade 2 uterine prolapse, the inability to have bowel movements without physical stimulation, PTSD, PPD, among other things. It took me months before I could bond with my babies. I didn't enjoy pregnancy and with my first two kids, I didn't enjoy the newborn period so much of this was due to lack of support and resources available to mothers in both the antenatal and postnatal periods. Due to the fact that I had 'textbook' inductions I also had no follow up in regards to my birth experience and when I mentioned having trauma it was brushed off by most people. If I had adequate support from the health system, including follow up and provision of services such as mental health support and women's health Physiotherapy.</p>
<p>1(c) the physical, emotional, psychological, and economic impacts of birth trauma, including both <u>short and long term impacts</u> on patients and their families and health workers</p>	<p>Personally I have been left with physical injuries, although mostly minor, they still affect my day to day life and require Physiotherapy and repair which are not covered by the public system which creates a financial burden that I would not have otherwise been left with.</p> <p>I am also left with the emotional and psychological trauma which I have had to find my own resources to manage due to the lack of access to mental health services.</p> <p>Fathers and non-birthing parents play a vital role in the lives of birthing parents affected by psychological and/or physical trauma and they themselves may experience trauma related to a traumatic birth.</p>

	<p>It is estimated that 1 in 10 fathers experience postnatal depression. (1) Traumatic or negative birth experiences, such as haemorrhages, concerns about the baby's or mother's survival, physical damage, and unexpected emergency surgical interventions, cause fathers distress and may increase their risk of depression.</p> <p>The impact on family relationships and sexual intimacy should also be noted, with around two thirds of mothers who experience a traumatic birth reporting that it impacted their partner relationship. (2)</p> <p>We ask that the impact of traumatic birth on fathers and non-birthing parents is not overlooked in any reforms resulting from this inquiry.</p> <p>Refs:</p> <p>(1) Paulson, J. F. & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. <i>JAMA</i>, 303(19), 1961-1969. (doi:10.1001/jama.2010.605).</p> <p>(2) Dawes, A. Beard, C. Pistone, C. Callaghan, S. Thomas, K. Wilson, N. Docherty, N. (2022) Birth Injuries: The Hidden Epidemic. Australasian Birth Trauma Association (ABTA), Birth Trauma Association (BTA) and Make Birth Better (MBB)</p>
<p>1(d) exacerbating factors in delivering and accessing maternity care that impact on birth trauma generally, but also in particular:</p> <p>(i) people in regional, rural and remote New South Wales,</p> <p>(ii) First Nations people,</p> <p>(iii) people from culturally and linguistically diverse (CALD) backgrounds,</p> <p>(iv) LGBTQIA+ people,</p> <p>(v) young parents</p>	<p>My family lives in regional NSW, although we are located in which is an epicentre for healthcare in the there is still limited access to maternity care. The hospital is short staffed, when I had my most recent baby in 2023 the midwives were only staffed to 30% which means that they are either short staffed, agency staff or general nursing staff with no midwifery training. There is also a significant lack in access to obstetricians, with only one full time at the base hospital and one other private OB/GYN.</p>
<p>1(e) the role and importance of "informed choice" in maternity care</p>	<p>Particularly with my first pregnancy, my options were not explained to me, the decisions were not clear and I was often not given a choice in what was going to happen during my maternity care. It is so important for parents to have the potential outcomes, risks and benefits explained to them during maternity care so that they know that the best decision is being made for them and their baby. I believe if I had been properly informed and communicated with, the trauma that I experienced would not have been nearly so much or had such an impact on my life.</p> <p>People need to know that they have a choice. So often in</p>

	<p>hospital care, the options presented to them are not presented as a choice but as a demand. We have a right to know all the options, the risks and benefits and still be in control of our own bodies.</p>
<p>1(f) barriers to the provision of "continuity of care" in maternity care</p>	<p>Continuity of care has been proven to significantly reduce birth trauma in all forms, as well as reducing the prevalence of unnecessary interventions. There is a lack of access to continuity of care with significant short staff in the midwifery sector, as well as many OB/GYNs no longer being on call for births. With my first pregnancy I went through a midwife group practice and although I had continuity of care throughout my pregnancy and post partum, the midwives did not attend the births. If anything labour and birth are the most important moments to have support, especially from someone familiar.</p> <p>Having a student midwife in my first and third pregnancies helped add to the continuity of care and I was grateful for the input and support throughout the process. However, this does not replace the importance of continuity of care from health professionals. Too often pregnant parents are tossed around in the system with no real support and at risk of slipping through the cracks and being ignored or missed.</p>
<p>1(g) the information available to patients regarding maternity care options <u>prior to</u> and <u>during</u> their care</p>	<p>The options for maternal care are not well known or well shared. In my personal experience, even local GPs who refer to maternity care services aren't even aware of all the options which makes it very difficult. Having both public and private options and information readily available gives parents the option to choose how they want their pregnancy and birth cared for.</p>
<p>1(h) whether current legal and regulatory settings are sufficient to protect women from experiencing birth trauma</p>	<p>Anecdotally, no.</p> <p>Women who have previously experienced birth trauma are not always adequately supported by the healthcare system with future pregnancies. Not only are there too many interventions but there are not enough policies (or certainly ones that are enforced) to inform parents of their choices.</p>
<p>1(i) any legislative, policy or other reforms likely to <u>prevent birth trauma</u></p>	<p>Having the resources and allowing partners to stay overnight on the ward, rather than just in the birthing unit would not only reduce the load of midwives and nurses needing to help with menial tasks but allow birthing parents to be adequately supported by their partner or support person. Especially for induction where you are required to stay on the ward or for the first night after giving birth, having the support of your partner would make a world of difference for both mental and physical health.</p>

	There also needs to be better mental health support for the perinatal period. There are not adequate resources or access to mental health services, particularly perinatal psychiatry for both those with new and existing issues. There needs to be access to proper medication and counselling management for mental health.
1(j) any other related matter.	

Thank you for holding this inquiry. I look forward to seeing the outcome and hopefully a substantial improvement in reducing birth trauma in NSW and beyond.

Sincerely,

Ruby Rush