

Submission  
No 868

## INQUIRY INTO BIRTH TRAUMA

**Name:** Patricia Boyd-Moore

**Date Received:** 12 August 2023

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Partially  
Confidential

**Patricia Boyd-Moore**

29<sup>th</sup> July 2023

**Committee Secretariat**

Select Committee on Birth Trauma  
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**Re: Inquiry on Birth Trauma**

Dear Chair,

I am a NSW resident and was the birthing mother in this story, and I would like to make a submission to your inquiry on birth trauma.

I will address the following in the Inquiry into birth trauma TERMS OF REFERENCE:

- 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".
- 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 e.g, forceps and ventouse
  - iii. the availability of , and systemic barriers to, trauma-informed care being provided during pregnancy, during birth and following birth
- c) the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on patients and their families and health workerse
- d) ---
- e) the role and importance of "informed consent" in maternity care
- f) barriers to the provision of "continuity of care" in maternity care
- g) the information available to patients regarding maternity care options prior to and during their care
- h) ---
- i) any legislative, policy or other reforms likely to prevent birth trauma, and
- j) other related matters

My traumatic birthing story occurred a long time ago, but that does not make it any the less important than a recent injury.

I birthed my first born son in 1975. I attended \_\_\_\_\_ Hospital in Sydney experiencing what I thought was the beginnings of my labour. I recall this experience very clearly and I was very scared and very

vulnerable. The staff said I probably wasn't in labour after an examination. The staff was very detached and seemed preoccupied. They were not welcoming at all. I was then prepped, with a drip inserted in my arm and induced. Nothing was explained to me and I was given sedative medication. I know this because I was unconscious, after I was prepped for delivery.

I recall this account in the times I was conscious from this point on. Nobody comforted me, offered any reassurance or instilled in me any confidence. My husband obviously trusted that I would be looked after in the hospital.

I recall being wheeled in the bed and the next time I was awakened I had a mask shoved over my mouth, in a very forceful way. I fell into unconsciousness very quickly and I recall every time I regained consciousness I would turn to the midwife sitting next to me for help, each time wanting to say 'I can't breathe', only to have the mask shoved over my mouth each time. This treatment had me so terrified, out of control of my experience and completely powerless. It rendered me as someone who didn't exist, and I now was even more scared, this time terrified of maybe dying.

I also recall the midwife bringing my baby to me and saying that I had a beautiful baby boy. I remember that for a short time I was conscious and I looked at the baby and thought this must be the wrong baby. He had slits for eyes and his face was swollen and bruised. I remember thinking when I saw him that I would not be able to care for him, because I felt so unwell. I am not hesitant to say that I knew within me the truth of the abhorrent situation I found myself in. I then lapsed into unconsciousness again, remembering later being awake again and vomiting in the ward.

I was very bewildered during these shocking events and I was extremely unwell, finding it almost impossible to care for my baby. My thought process then was of thinking that my harrowing experience was normal, and that it was what other mothers experienced during and after the birthing process. This was due to the fact that I was given no information about what was happening to me, and I had given no permission to be given excessive amounts of medication that kept me in a state of unconsciousness for most of my labour.

Further, I had never met or been introduced to the attending obstetrician, Dr \_\_\_\_\_, who apparently was standing in for the doctor I had consulted throughout my pregnancy, Dr \_\_\_\_\_. I also was in and out of consciousness for some days following the birthing of my son.

I have been advised that my hospital medical records indicate that the nursing staff who attended me after the delivery of my son, were very worried about me. It was very important for me to know this. I know the nursing staff in the ward were trying to contact the doctor and it was very difficult for them to make contact. Also, a male nurse attended me during my stay in the ward and he was so kind, trying his best to help me with feeding.

I consulted an independent midwife, because of my need to understand the trauma and shocking events of the birth of my son. These points are noted here:

1. I was forced to inhale nitrous oxide by the attending terrified midwife, who responded to my pleas for help at the beginning of each contraction by holding a mask tightly over my mouth and nose. I was also given IMI Pethidene 100mgms plus Sparine 50 mgms. I am informed that this amount of

sedation is extreme for someone of my slight stature and this is why the only recollections that I have of this labour and the events that led to my repeated hospitalisation are of a continuous nightmare.

2. I had not passed urine for some hours during labour. It was noted at 1.50pm on 23/1/75, 'HMPU'. I believe that labouring women should pass urine at least hourly, and given that I was on intravenous fluids, it appears negligent that I was not offered a pan, nor even catheterised, and this in itself could have led to the further haemorrhaging problems and long term urinary problems I suffered. For 20+ years I had urinary tract infections requiring IVP and cystoscopy procedures, which showed scarring. It is clear that the physical damage was done during the birth of my baby.
3. I have been advised that there are missing observation charts in my medical records.

Ten days after delivering my first born son, I delivered the placenta in the toilet at my home. I had just been discharged from the hospital, after asking to be discharged, due to feeling extremely unsafe during the delivery and in the post partum period directly after my son was born. I remember all I wanted to do was to be somewhere safe, I felt terrible that I did not have the physical resources to attend to my baby. I thought that if I were at home my situation would improve, I would feel safer and loved ones could watch over my little baby boy. It is clear just what this felt like. I felt extremely powerless, completely silenced, intimidated, extremely unwell, absolutely invisible, extremely vulnerable and alone, and had needless guilt feelings for not being able to properly care for my baby, due to my suffering and being extremely exhausted. Further, I had not been given any information about what could be causing me to feel unwell, which added to my thoughts that 'everyone must feel like this and it must be normal'.

After I had deliver the placenta, I was driven to Hospital emergency by my terrified husband, with our screaming baby in the back of the car. The emergency doctor proceeded to manually remove what was left of the placenta. Throughout this ordeal I was screaming. It was the cruellest, most inhumane abuse, with me so vulnerable and not giving any permission for this gruelling procedure to go ahead. The doctor just kept holding up pieces of placental tissue and talking at me asking, ' was it this much...was it this much...', in reference to what placental tissue I had lost in the toilet earlier. The emergency doctor then blamed me for wanting to go home, saying 'it is your fault. You were the one who wanted to go home'. I felt empty and violated. The doctor then said that I had two choices, I could stay in hospital or go home. My reply was 'just let me go home'. The emergency doctor showed no concern for my safety or the safety of my newborn. He never even mentioned my baby. Obviously I felt exhausted and again in an extremely vulnerable state. I could hear my baby crying outside of the area where I was being tortured; physically, psychologically and emotionally. I found it difficult to talk. I was shown no compassion or kindness, which then was soul destroying for me.

I have been advised:

1. There was over management of the 3<sup>rd</sup> stage of labour. That is, it is apparent that the attending doctor did not wait for any signs of separation of the placenta, and failed to enlist my co-operation in this vital part of my labour. Overuse of ergometrine. This drug is known to cause retention of urine, yet it was used in gross amounts, rather than any other form of investigation

taking place, i.e., ultrasound to determine if there were any placental products still within the uterus.

2. I was a private patient who had contracted Dr [redacted] to care for me. He did not attend my labour or delivery, nor at anytime during my postpartum admissions. I believe the doctor needs to answer my questions in a forum of disciplinary review (rather than my asking why alone).

My husband drove us via my mother's house with me in the back trying to feed our highly distressed and obviously hungry baby. I tried but due to exhaustion my efforts did not bring any relief to our little boy. He was so traumatised. Luckily my mother was able to accompany us to our home. My father was seriously ill and at that time and was in hospital, suffering from the effects of cancer, after his earlier gruelling surgery. It is clear the trauma my mother was feeling.

On our arrival home, my mother brought the baby to me to feed and I said 'I can't'. Of course my mother said, 'Trish...but you have to'. I imagine she would have been thinking, well...who else can feed the child! She was powerless as well. Soon after I began to haemorrhage, falling into unconsciousness. My husband and mother then rang for the ambulance, and my mother later informed me that they said for her to pack me with plenty of towels so as not to soil the ambulance!! Mum said the sirens were blazing as the 3 of them followed me to [redacted] Hospital, our little boy still screaming.

The following paragraph describes what I learned later ,after I was again conscious.

I was admitted to a room at the end of the corridor , I thought later somewhere out of sight and away from other patients. The staff then told my husband and mother that our new born son could not be readmitted with me. The staff said to my mother that she would have to take the baby home!! My mother was left with the screaming baby in her arms and she told me later that she said to the staff, 'and what am I to do with the baby. I can't feed him!'. The nurse then went to the nursery to get some bottles and formula, and after that my mother had to go to the chemist to get formula'.

My mother obviously struggled, as everyone was in a state of extreme shock from this most harrowing ordeal. She also had to manage a very ill husband in another hospital.

I lapsed in and out of consciousness after being given fluids and I remember Dr [redacted] attending me and she said she was removing clots from me. Dr [redacted] also seemed very angry and acted in a harsh manner toward me, exclaiming 'this is all your fault, you were the one who wanted to go home'. Dr [redacted] and the emergency doctor may have exchanged notes, as their intimidating behaviour was identical! I was then given a blood transfusion. My mother and husband brought the baby in to me and this occurred only because they asked and the management gave permission. The rest of the time I was forced to express my breast milk. I felt terrible and had nobody to confide in with my distress and therefore no outlet for what I was feeling and experiencing. There was never any explanation of what had happened to me, just that I had retained placental tissue.

1. I need to have answers to the fact that after having two severe secondary post-partum haemorrhages, I was sent home. There was no clear explanation given to me about my condition, no guidance as to what was best for me medically; just a sense that the hospital would rather be rid

of me. I need to know why I was not given an emergency D & C on either of these two emergency hospital attendances.

I believe Hospital were responsible for the care of our baby, at all times after my initial discharge and when I was readmitted to hospital, for a blood transfusion. They showed no compassion or care for my myself, my husband, my mother or my baby. They did not even ask if my mother could manage a newborn baby, nor did they show any insight into asking about her circumstances. She already had much trauma in having to manage my father who was seriously ill in another hospital. The resilience and strength of women, is outstanding in my story!

*Following the birth of my brother, my mother was intimidated and coerced by the delivery staff, and we did not find where he was laid to rest until 50 years later. My mother was my ally during this period of my life; she was my witness and my courageous woman supporter, and she sadly died in 2015 at 98 years of age. I will miss her forever.*

After all of this, I was given an appointment for a dilation and curettage, which I attended on the given date. I was prepped for the procedure i.e. given the appropriate sedative medication, and then learned that the hospital had mismanaged the times. I was then sent home again and given a further appointment. My opinion is that this was another serious mismanagement by the hospital, to further add to my extremely traumatic experience, and yet another risk to my safety. After this procedure I returned home to my mother's house doubled over and yet again exhausted. The procedure also included the resuturing of my episiotomy.

I submitted a complaint the Health Care Complaints Commission in 1997 Due to my long standing PTSD (post natal traumatic stress disorder) symptoms and because of nonexistent post natal trauma services and therefore no professional support, I was not able to address the trauma myself and my family experienced any earlier. My complaint could therefore not be investigated, due to

'documents and other information are often not available, witnesses are difficult to find and often their recollections are less reliable after several years have passed. In addition, doctors generally are not required to keep records more than seven years so there may be no records of your confinement. Accordingly, a complaint such as yours cannot be thoroughly investigated'.

I subsequently informed them that I had the hospital medical records regarding my delivery and the aftermath, and that I had two witnesses at the time, my mother and my ex-husband.

I withdrew my complaint after a few months, as my experience was again of being unnecessarily traumatised by the tediousness of the process. I had to follow up in regard to omissions the Commission made in their correspondence to me and for my some of my correspondence not being acknowledged at all. All the Commission could give me was the phone number of the Operations Manager, for any queries I had.

Birth trauma has had a profound impact on my life in that as a new mother I felt that I did not stand a chance to bring the best version of myself to the mothering role, as the traumatic events damaged me physically, psychologically and emotionally. Further, these unaddressed traumas in my family, deeply affected us as they remained unheard for many years. There was no emotional or psychological help

offered to myself or my family at anytime; my opinion is that the health system were covering up their mismanagement of my birthing process and the consequent serious effects that myself and my family suffered after.

As a result of the terror these traumatic events caused me and my family, together with the disruption and separation that repeated hospitalisations set up, and finally the successful intimidation by the doctor and some hospital staff that this chain of events was my own fault has meant many long years of grief and needless guilt. I went into hospital a young woman trusting a system, which victimised me and left me wounded in ways that I had no resources to know how to heal and my relationship with my son was forever damaged. The successful intimidation that was inflicted on me by those we put our trust in and being let down by the health care system, were instrumental in my low feelings, self blame and inadequacies as a mother. These thoughts were always in my mind. We had nowhere to turn with difficult feelings and unanswered questions, and felt that we were just left to try our best to cope.

These traumatic events I believe were instrumental in the divorce between my husband and I . The hospital offered no help or resources after I was finally discharged and having no post natal support led to unaddressed trauma issues, which I believe led to many kinds of negative behaviour in our relationship, including domestic violence, for which there is never an excuse.

I experienced symptoms of PTSD (post natal traumatic stress disorder), low self esteem, and mothering inadequacies brought about by the bullying and intimidation by the doctors and hospital staff, at that time. I suffered emotional detachment from my baby, I believe due to ongoing traumatic hospitalisation directly after the birth and the separation from my baby, which severed that critical early bonding process between mother and baby.

**Additionally, I vehemently believe that mothers have a right not to be separated from their children, ever.**

It is also important to say here that health care professionals need to clearly see the differences between post natal depression and PTSD. I understand that PTSD differs in its causes and symptoms. PTSD is caused by the experience of a traumatic event or witnessing the same. It can be experienced immediately after the event or come on months or years later. PTSD causes unwanted memories and for me, every time I saw a new baby I was emotionally upset as it reminded me of my being abused by doctors and that subsequently, I was unable to deal with the care of my son, after his birth.

The erroneous construct, in our society of the 'Good Mother' as self-sacrificing and selfless even at the expense of her own well-being has pervaded how a woman perceives herself for generations. In my birth trauma experience this is highlighted by how the abusive treatment I received had me exhausted, to the point where I knew I did not have the physical or emotional resources to care for my newborn. My family compounded this by letting me know that I had to cope, because not coping for them meant being disobedient and a failure in society. They were punishing me for not being able to uphold this prevalent and false lie, further exacerbating my trauma. I am unapologetic that I was unable to cope for a long time after my son was born, firstly that all my physical and mental resources went to my survival and secondly that I received no follow up assistance after the shocking birth trauma experience I had endured. Further

to this, I think that for obstetricians in the health care system, the goal is to have a viable foetus, and so that surpasses the needs and rights of the mother, along with her well-being.

Also I have suffered urinary tract infections, endometriosis and irritable bowel syndrome. In recent years, I believe there has been research into the causes of endometriosis, one being severe stress and another being damage to the uterus by surgical intervention e.g., curettage and the use of instruments, in my case the use of forceps during delivery. I had a hysterectomy as a result of endometriosis. I have suffered pain during sexual intercourse, some urinary incontinence, and uterine and ovarian cysts. Further most of the counselling and psychological help that I sought out and received some years after this traumatic birth experience, I paid for myself, sometimes out of a Centrelink benefit.

Because of birth trauma, and the successful victimisation by the doctors who were supposed to be caring for me, it set me up for a motherhood that whenever anything went wrong, no matter what...I was to blame; at least in my own mind.

My participation in work was difficult due to ongoing PTSD (post natal traumatic stress disorder) symptoms.

Because of birth trauma, my participation in social and recreational activities was difficult because of PTSD symptoms i.e. hyper vigilance, flashbacks, poor self-esteem, feelings of inadequacy and my thoughts then, that I was a failure as a mother. The hyper vigilance I suffered was pertaining to visiting doctor's surgeries. A very important point here is that my trauma experiences set up a distrust of the medical profession. This, I believe is totally understandable after the abusive and bullying treatment I received from the obstetricians during my son's birth.

Because of birth trauma, my general health suffered, as I believe my negative and unnecessary feelings and thoughts about birth and mothering effected my whole being, for a long time after giving birth. The positive thoughts I once had that birth was a natural process, was changed to thoughts that it was a dangerous, life-threatening event. These thoughts pervaded my life for a long time.

Also, before the birth, nobody told me that the birthing of my baby could lead to a medical emergency and that I would be fighting for my life, as opposed to being given the respect to experience bonding with my new born baby, and not separation. Nobody told me to expect disrespect and a total disregard for myself, my family and my baby.

Before birth I wasn't prepared for the experience of being unconscious due to the over use of drugs, during and after birthing and that I wouldn't be a participant in the my birthing process.

During birth, I wasn't given adequate information to make informed decisions about medical interventions i.e. the consequences/side effects of sedatives and instruments being used during labour. I wasn't given adequate information to make informed decisions about any aspect of my care. I do not recall anyone talking to me at all during the labour, regarding information about what was happening to me. All interventions were applied without consent, as I was unaware of what interventions were used until after the delivery of my baby. I was for the most part unconscious before and during labour, due to the excessive drugs given to me.



During birth, I could not refuse any interventions because I was given excessive drugs that rendered me mostly unconscious before and during birth. My efforts to ask for help and my pleas that I was unable to breathe, were ignored by the midwife, who was sitting alongside of me.

After birth, I was discharged before any information or explanation was given to me about why I was so unwell. The staff knew I was unwell and were very attentive toward me, but there was no diagnosis from the attending doctor. Of course I would have stayed in the hospital if I had been informed of any concerns about my health, or even if the doctor had expressed any care, empathy or concern for my safety, which she never did. Again, to me it was a very unsafe place.

After birth, there was no follow up care after I had a dilation and curettage. There were no trauma related resources given to me or my family.

Further, during my 6 week check up, my contracted obstetrician, Dr \_\_\_\_\_, who played no part in my labour, subsequent emergency hospital visits or my eventually being admitted to hospital, said to me after my examination that I obviously had not been doing my exercises. My mother who was my support person, jumped in to defend me by telling him the details of my experience, and also how on earth I would have had the physical, mental or emotional resources within me to exercise. Survival, at that time, was all I could do. When I was leaving my appointment Dr \_\_\_\_\_ said to me that it was over now and to just forget about it.

### **Causes and factors contributing to birth trauma and systemic and societal barriers to trauma informed care**

- There is a requirement for more government funding, for services to assist in the reduction and prevention of birth trauma. Adequate Medicare coverage should be available to mothers and their families, who may require specific treatments and supports. More funding should be given for hospital support services for women who suffer birth trauma, such as specialised social workers, community nurses and programs to assist mothers who require more support etc. I believe there is an over emphasis on autonomy in our health care system, and governments have 'dropped the ball' in overseeing hospitals both public and private.
- I believe that discrimination and gender bias strongly informs birth trauma. I do not believe that equality exists within policy or within the legal system. To prevent or lessen the incidence of birth trauma there is still much work to be done around discrimination, and the male domination that has long been prevalent in delivering maternity and child birth services. Men have too much power in determining child birth policy in both government and health care facilities, and male doctors have had too much power in determining what is right for birthing mothers, for too long. I strongly believe that doctors are not the 'font of all knowledge' and that their role is to give us accurate information, so as we can make informed decisions about our care. There needs to be more consultation with mothers, in determining child birth policy.

- I believe there is a requirement for a government funded inquiry into the severe shortage of midwives in our health system. This inquiry should include an investigation into the numbers of midwives that are leaving their workplaces in many birthing facilities.
- Facilities that provide birthing services for women and governments, need to be held accountable for the demise in the morale of the midwifery profession. To me, it is imperative to hold those in who are in positions of power, particularly doctors, to their responsibilities in keeping mothers and their babies safe. Further and most importantly, there is a much needed requirement for the protection of whistle blowers, regarding the reporting of any traumas they have witnessed in birthing environments. Birth attendants also need safe places to debrief and process the birth trauma they have witnessed. Governments should demand full transparency from all birthing facilities, monitoring not only their procedures and professional conduct, but also that there are adequate birthing staff numbers i.e., midwives, nurses etc., so as to make sure women, babies and their families are appropriately cared for and respected. There needs to be funding for programmes and advertising, to attract nursing staff to these much valued positions.
- Errors in procedures are born of fatigue, due to long work hours brought about by the lack of adequate staffing numbers, therefore endangering birthing women's lives. In regard to my own birth trauma experience, my mother and my aunt informed me after that they believed the diagnosis of 'retained placental tissue' could not be correct, because they knew that the placenta is always checked, so as to ascertain that it is complete. This has been confirmed by a friend, who as a nurse did extra training in the birthing suite at the hospital. She was clear that the birthing woman must not be moved from the birthing suite until the placenta is thoroughly checked, and that the mother is thoroughly checked. Maybe a more accurate diagnosis would have been 'retained placental tissue due to mismanagement of the 3rd stage of labour'.
- Midwives are an integral and highly valued part of our birthing communities. This shortage of midwives has to be stopped and resolved, and governments need to be actively involved in the resolutions for making birthing safer for mothers and their families.
- These midwife and nursing issues described above have been experienced in facilities for a long time. We have family members who have left midwifery due to the same issues previously described. They were forced to leave the profession they loved, after gaining invaluable skills and experience; a profession that they put their hearts into and wanted to make a difference in.
- Age appropriate Childbirth education included in the school curriculum, as determined by educators. I believe birth trauma can be prevented or lessened by educating our young people, particularly young girls, about the 'normality' of the birthing process. Also, it is most important to educate young boys about the 'normality' of giving birth as they will be our future fathers, future doctors and health care workers, as well. Our girls and young women, some more than others, require knowledge about their innate ability to give birth, if they choose to. Much information needs to be available to young people about informed consent in childbirth, as it makes it

impossible to make good decisions in regards to childbirth without this information. Respect for women's contribution to life is paramount, and held to equal esteem as that of men.

- In the education of our children, we need to also focus on the need to break cycles in regard to intergenerational trauma. We need to empower our young people to acknowledge their current traumas in ways that are appropriate for them, in safe environments. Their traumas may include the death of siblings or parents, birth trauma in their family, divorce in their families, separation issues and many other life events. These traumas are passed down in families, especially if they go unaddressed and unacknowledged. They require sensitive professional understanding so as young people can make sense of intergenerational trauma within their families. These traumas have been historically 'not talked about' within families and are passed on to future generations. There is no blame apportioned here, as also historically there have been no services or encouragement to acknowledge distress, mostly because of the attitudes held that it was seen as weakness. Unacknowledged intergenerational trauma can unconsciously effect a mother's distress during birth and also a father's distress in his participation, or his non participation, in the birthing process. Further, intergenerational trauma also impacts professionals who assist women in the birthing of their babies.
- Highlighted here is the importance of providing comprehensive, equitable post natal trauma services for mothers and their families, who require accessible treatment. These services include pelvic health physiotherapy, which can help women recover physically from birth injuries such as prolapse of organs, and pelvic floor damage. The emotional well-being of all involved with a traumatic birth, highlights a need for equitable, professional counselling/ monitoring services being available to traumatised mothers and their families.
- Further, Trauma Informed Care during pregnancy, during birth and following birth is essential. Trauma should not be brushed aside, but seriously treated and taken into account. Barriers to this may be that in health care professional training/courses, participants may not be encouraged to acknowledge their own traumas. Also highlighted here is the need for training in 'emotional intelligence' and the ability to 'walk in another's shoes', for a time. Also, women's innate intuition/gut feelings in regard to birthing and their own bodies should be taken seriously and investigated. A barrier to women not being taken seriously is the over medicalisation of childbirth and how in 'systems', childbirth is often viewed as a problem requiring medical intervention. For generations doctors have been viewed as the 'font of all knowledge' and women's intuition and their innate knowledge of their own body rhythms have been unjustly ignored.

It is abhorrent that such high rates of birth trauma are still being reported in our modern day society. ABTA (Australasian Birth Trauma Association) states that '110,000 families are impacted by birth-related trauma across Australia'. This figure and the stories linked to it should be thoroughly investigated.

In summary, the birth trauma I suffered severely damaged my intrinsic mothering rights, it was a devastating loss and grief that pervaded my life. The doctors, both Dr \_\_\_\_\_, Dr \_\_\_\_\_ and the emergency department doctor at \_\_\_\_\_ Hospital, used intimidation and bullying, to silence me and to

blame me rather than take responsibility for the sequelae of their mistakes, and their neglect of my human rights to be properly informed throughout my ordeal. I believe the hospital emergency doctor seriously assaulted me on my first visit to the emergency department. The doctor and hospital mismanaged my labour, especially the 3rd stage, subsequently leading to the trauma myself, my baby and my family had to bear. As these shocking birth traumas unfolded for me, the [redacted] and doctors involved did not take responsibility for my ongoing care, my newborn baby's care or my family's care, except, in my opinion to 'mop up' after, and then just forgot about us all. Even though I submitted a complaint to The Health Care Complaints Commission and they informed me that they had contacted Dr [redacted] and the [redacted], in regard to my complaint, there has never been any acknowledgement or apology from either.

It cannot be stressed enough that there is a urgent need to prevent this epidemic of injury to birthing mothers and their families, and also the injury to the hospital staff, who witness unacceptable birth trauma. I acknowledge most definitely, that unexpected and unavoidable emergency child birth care, is required sometimes but the ongoing devastating implications of avoidable 'trauma upon trauma' being inflicted on mothers and their families needs to be stopped.

The far reaching impacts that birth trauma has in our communities, should not be overlooked in any reforms of this inquiry.

I am available for any further information that may be required by the Committee.

Please note that I am willing to have my submission published on the website and I am willing to testify at a hearing.

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,

Patricia Boyd-Moore  
BHACS (UNE)