Submission No 717

## INQUIRY INTO BIRTH TRAUMA

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## Partially Confidential

I am a 33 year old woman, I have birthed both of my sons in NSW, the first through the public system and the second through the private.

My first pregnancy started as a shared care arrangement between my GP and the Midwifery Group Practice. The team of midwives at the were knowledgeable and caring, I felt comfortable under their care and guidance. Unfortunately, I experienced two unexplained antepartum haemorrhages and my care was transferred to the high risk obstetric clinic at the hospital. It was under the care of this obstetric team that I felt bullied and that I no longer had any control over my care.

An obstertrician was making decisions about my care not ever having met me. His notes were passed onto a midwife who relayed the plan to me. During these antenatal appointments I had questions about the plan that was made without me, the midwife didn't have the answers and the obstertrician overseeing my care was not available.

After having had the plan change drastically at one of these appointments for no apparent reason, I broke down in tears at the next meeting as I no longer felt I had any control over my care and I wasn't being given the information I needed and was asking for to be able to make informed choices. It was at this appointment that I finally met an obstertrician overseeing my care, only after refusing the plan for an induction at 37 weeks. When I queried the change in my delivery plan I was told my baby would die if I didn't follow their induction plan. My husband, who was on speaker phone during this appointment as he was unable to attend in person, asked the doctor to provide some statistics to give us a factual representation of our situation and he couldn't, nor could he provide any evidence based reason as to why I needed to be induced on this now much more expedient timeline.

Neither my husband nor I felt comfortable having an early induction and refused, instead we had to argue to be able to continue my pregnancy and agreed to extra monitoring. When it came time to book in an induction, due to the timing of my due date, the induction was put off for 7 days as it would have been between Christmas and New Years - given that I had been told my baby would die if I didn't deliver on this timeline, it is hard to rationalise why the same doctor was comfortable in delaying my induction due to a handful of public holidays and the festive season.

Despite being an educated woman who has based her career in science, I felt pressured and coerced into conforming to a plan laid out by a doctor who couldn't provide evidence based reasons to validate the course of treatment. I ending up having an induction I didn't want.

Pregnant women are vulnerable. Doctors are relying on invoking an emotional response by instilling fear to illicit their desired outcomes rather than providing the evidence and research for women to make their own informed choices.

I sought out private care for my second pregnancy as I was not willing to risk going through a similar scenario a second time. Despite private care generally coming with a higher rate of intervention and at great expense, continuity of care and having a known care provider were the most important factors when choosing an avenue of care.

Pregnancy isn't a disease, unnecessary intervention should be avoided rather than encouraged unless medically necessary. My experience in both the public and private systems is that intervention is the norm rather than the exception, and this needs to change.