

Submission
No 721

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

My name is Sharon, I live in _____ a suburb of _____ and I am the mother of _____ who is 7.5 and _____ who is 5. I experienced birth-related trauma in both birth journeys although they were quite different. What caused my trauma? It was the way I was treated during pregnancy by hospital clinicians, not given any evidence on breech births, my autonomy and choices stripped away from me and being pressured to have interventions because I didn't fit into hospital timelines. I will miss out a lot in this submission but it comes down to the fact that regulated hospitals disrespect women and our choices. We are on a conveyer belt and if we don't fit into their model then we will be forced somehow. The people most at risk are people from marginalised and oppressed backgrounds.

I will also describe my incredibly powerful birth experience that was a result of me speaking up and a clinician at _____ Hospital respecting my choices and listening to me, and going around some non-evidence based hospital protocols. Her doing that meant that even though that birth didn't go to plan, I emerged mentally and emotionally well and strong. I felt sadness and grief about my birth but it is an entirely different feeling to being mistreated, lied to, not listened to and not supported.

I have spent countless sleepless nights wondering what had happened. What if I had said no, what if I trusted my gut instinct instead of complying? What if they hadn't made that comment that sent me into a spiral of self-doubt and thinking that I couldn't birth my baby? What if I had been supported by a midwife the whole time so I didn't have to listen to different opinions, have to explain my choices and being told off for not doing what I was told?

I'm going to keep my birth stories brief but I want you, whoever is reading this to remember that after so much time has passed, I remember every little detail like it happened yesterday, that my parenting is still influenced by the guilt and shame and the anger that so many decisions by clinicians and hospital policies are fueled by fear, risk mitigation and cost savings.

My Stories

I had the most beautiful first pregnancy, easy and lovely until I would go into the appointments to check my baby. Firstly they told me I was a geriatric mother at 38 years. Maybe this is a clinical term but the impact that had on my mental state was that I am old and more can go wrong was awful and knocked my confidence. I was healthy and fit as was my baby. A blanket term to describe a certain portion of the population.

I was then scared about birthing a huge baby because they kept telling me he was huge - in the 90th percentile. I felt nervous about birthing this enormous baby. I was healthy and the baby was healthy. We called him Brutus, it became a way for us to process what we were being told. I know now this is a term that is used to scare women into having interventions, there is NO evidence that big babies pose risks that can't be managed in normal physiological birth.

I was also shamed for choosing not to have one of the ultrasounds and had to justify my choices to the midwife who was rude and judgemental. I left that appointment humiliated and angry that I was treated like a child. This was a common way I was spoken to by some, not all midwives.

It was then discovered that my baby was in a breech presentation. I had no idea what that meant but it was clearly something bad. Why? Because the only option offered to me by the obstetrician was a Caesarean Section. They said no obstetrician at _____ hospital delivered breech babies.

I was devastated. They didn't give me any information to read or evidence as to why a C-Section was the only option. I've since learnt this policy is common in most hospitals across NSW with 90% of breech babies born via Caesarean Section.

According to RANZCOG Guidelines on breech births, the clinicians should have told me I could have had an ECV where they try to turn the baby manually from the outside. I was not told this was an option. I was also not told about spinning babies techniques where I could do exercises to turn my baby's position. I saw upward of 15 clinicians in this pregnancy. I had to repeat my story and explain myself at every single appointment. A waste of my time and theirs.

I then got informed after a local midwife, _____ told me I had other options. She told me about the ECV option, she told me about the spinning babies techniques too. She also told me about the Breech clinic up at _____. No other clinician told me I could try to have a vaginal birth elsewhere.

Nothing has changed at _____ hospital since my breech baby birth nearly 8 years ago. Many local women either comply and have a caesarean even if they don't want one or travel up to _____ to be supported by a breech team.

The treatment I received at the _____ was worlds apart from _____. They treated me with respect, they didn't make it out as if the breech presentation was abnormal, the obstetrician there laid out all the evidence, gave me links to papers after I requested it. I felt a huge sense of relief that they were prepared to, willing and capable of supporting vaginal breech birth.

The negative part of the birth itself which ended up in a Caesarean was the imposed timeframe that is widespread across NSW - we don't "allow" women to go over a certain date. . I could tell that even though the obstetrician was fully supportive, he said that the hospital had a "cut-off" for breech births and I had reached it. He also sent me up for an ultrasound to check my fluid which measured "low" and with my huge baby they were worried. I was fine, the baby's movements were fine and his heartbeat was strong. I have since discovered ultrasounds this late in a pregnancy (41 weeks) are grossly inaccurate. Why use this tool when the accuracy is so low?

In the end I wasn't given the time I needed to get into spontaneous labour. What was a standard appointment ended up in me having to stay and have interventions.

I also birthed a baby that was average size - 3.25 kgs. Not big, not huge. And I had plenty of fluid apparently. I was the subject of unnecessary interventions instigated by inaccurate measuring tools.

The impact of this was 2 years of grief, flashbacks, not being able to look at or read positive birth stories and the feeling that I hadn't done enough made way for a deep understanding that the hospital system is fundamentally flawed. 3 months after my birth I co-founded the volunteer, community-based organisation Better Births Illawarra and have since seen, read and listened to countless similar stories of disempowerment, lack of evidence-based options, limiting access to women on maternity care options and mistreatment.

My second birth was an unplanned Caesarean Section at _____ Hospital.

After my first birth experience, I realised the hospital system was not going to support me if I went "overdue" or had a breech presentation. I had spoken to my aunties at this stage and this is just how the women in our family birth. Our "due date" is between 41 weeks - 42 weeks. The current hospital system talks to women about induction at the 32 week appointment whether they are well or not, which is what happened with me. A form of subtle, early pressure, planting the seed in your mind that you won't go into spontaneous labour. This is not informing a woman of what their options are. This is grooming - a strong term perhaps but it is precisely what is happening.

I did not want the pressure, the comments about the size or the multiple different opinions from different clinicians. No thanks.

My partner and I had been saving to pay for a private midwife so this time, even though I was accepted on the hospital MGP, I didn't accept the spot because I knew I would still be birthing under hospital policies and they could not guarantee me that I would stay on the program if I presented high risk later on if my baby was breech, big or whatever else. It wasn't worth the risk. We were in a financially privileged position to pay for private midwifery-led continuity of care but most people are not.

We invested \$5000 in a private midwife who was fully supportive, respectful and gave us evidence when asked. This experience was entirely different. It was calm, relaxed, and joyful. I felt a mutual trust between our family and the midwife. She answered all my questions with patience and respect, she listened to what I wanted, she listened to what my fears were and told me she trusted that I could birth my baby. We were a team.

This birth took a turn, nothing emergency, just that I was in labour for 3 days and decided to transfer to hospital. I remember my midwife - who used to work at the hospital - said "Are you ready to fight?" And I said Yes.

We both knew that the way hospital midwives and clinicians treat homebirth transfers is abysmal. You are judged and dismissed for making a different choice and a stigma is attached if you decide to give birth safely at home.

The only mistreatment I received was by the anaesthetist who when the spinal block failed 3 times the anaesthetist discussed without consulting me that they would give me a General Anaesthetic. I shouted at them and told them I DO NOT CONSENT to a GA. They were shocked and tried to tell me whilst I was having contractions 1 minute apart why it was a good idea. This is not how informed consent works. You do not ask a person in pain and alone (they did not allow my partner or midwife into theatre). Because of my self-advocacy and using the terms "I do not consent" they then gave me an epidural that worked. If I didn't have several years of advocacy experience I would not have known what to do in this situation.

The reason this birth do not have the trauma it could have were due to the following factors:

My midwife was still with me when I went in, she gave me strong support and they allowed her into the theatre which is something that is NOT the norm for homebirth transfers.

I was very clear that I knew what happened to Caesarean mothers (separated from their babies) and that if people didn't listen to me I would be taking it further (self-advocacy)

The obstetrician watched and listened the whole time THEN she gave me options. She never once told me what to do or what was "better for you and your baby". She just told me the facts and said "What do you want to do? I'll give you as much time as you need to make a decision" and politely moved away to give me space.

I knew I needed a Caesarean so I was clear of all the things I wanted, I was never once offered these things, it was only because I was educated and had done my research did I know what to say/do - I imagine that those people from marginalised backgrounds, young parents, people from CALD backgrounds and First Nations people would have more barriers to ask for these things:

Placenta intact so the baby would still be attached to the placenta and no-one would "accidentally" cut the cord.

Vaginal Seeding - a gauze was inserted into my vagina by my midwife which was then wiped on my baby's face. It is well documented that the bacteria in the birth canal is beneficial to the baby's immune system and helps establish good gut microbiomes.

Baby handed it straight to me without wiping or weighing. This was done later in the ward

Baby had immediate skin-to-skin. There is abundant research and it is included in Hospital policy of the importance of immediate skin to skin to establish breastfeeding, microbiome, connection and regulate the baby's breathing and heartbeat. It is often NOT DONE. So I made it explicit I would need that.

A recommendation going forward is that all the above points become standard practice. With the high Caesarean rates across NSW with most being unplanned or an emergency, there needs to be measures in place to minimise the trauma associated with an unchosen Caesarean section. I also suggest that NSW includes protocols for Maternal Assisted Caesarean Sections. The obstetrician who attended our birth has presented a paper to try and get this into our hospital but it has been rejected. This would absolutely reduce birth trauma in mothers who undergo an unplanned Caesarean or emergency Caesarean. Dr [redacted] an obstetrician in Victoria has evidence-based safe practise for this and I wish it were available in every hospital in NSW

My other recommendation is that

Trauma-informed care is mandated so all clinicians undertake this as part of their practise - similar to mandatory CPR training.

Investment into midwifery-led continuity of care. Not MAPS (Midwifery Antenatal and Postnatal Service) The midwife must be present during the birth itself because this is where a lot of the coercion, pressure and mistreatment happens.

More availability of birth centres and home births. The medicalised environment of hospital settings need to be balanced with more conducive environments.

Greater access for First Nations peoples to Birthing on Country. Replicate the Model to other centres.

Increased investment into culturally-inclusive care for culturally and linguistically diverse communities.

A target to reduce Inductions, episiotomies and Caesarean Sections

Legislation on Informed Consent similar to QLD.

Thank you for hearing my heavily edited stories, I hope the essence of what happened to me, how it felt and what I hope for came through. I am a willing participant to share my perspective at any of the public hearings.