

Submission
No 724

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

In 2023, I gave birth at _____ Hospital.

I was one of the fortunate women, as a first time Mum, to gain a spot on the Midwifery Group Practice (MGP), what we know as the gold standard of care for pregnant women. To gain a spot in this program, I made an appointment to see my GP the day I found out I was pregnant. My GP agreed that I would be a good candidate for the program because I was classified as 'low risk' and sent a referral to the MGP submissions (when I was just 5 weeks pregnant). I waited nervously to find out if I was lucky enough to be accepted onto the program, knowing that if I wasn't successful that I would have to navigate a model of care that increased intervention, decreased maternal satisfaction and impaired neonatal outcomes. I was fortunate enough to know about the competitiveness of gaining a spot into the MGP. Friends who had missed out shared their stories and encouraged me to apply the moment I 'peed on a stick!'.

Evidence shows that a woman who receives care from a known midwife is more likely to have a normal birth of a healthy baby at term, have a more positive experience of labour and birth, be more satisfied with her care, and successfully breastfeed. My story further supports these statements. Throughout my pregnancy, I formed a strong relationship with my assigned midwife. Each appointment, we discussed topics specific to me and my pregnancy journey. We built on conversations from previous appointments. My partner attended a number of appointments, and he too, built a relationship with our midwife and felt empowered and informed entering labour.

Leading up to my due date, I knew I was supported in my birth preferences and my decision to be left without medical intervention. I knew that the decisions I made were backed by my midwife and she respected my choices and I respected her opinions and knowledge.

At 40+1, I went into spontaneous labour. In the lead up to this, I was in constant communication with my midwife, via text messages and phone calls. My midwife was on call the night I went into labour and my partner and I spoke on the phone to her, a number of times from our home. She coached us through the contractions and reassured us on my choice to stay home during early labour. When the timing was right, my midwife met us at the hospital and set up our birthing suite, just as we had requested. My midwife gave us the space and time in the birthing suite to feel comfortable, to feel at ease and to relax. She popped into the room every now and then to check in on the three of us. At no point did I feel rushed or uneasy, she held a belief for my body and so did I.

I birthed a healthy baby, at 40+2, with no intervention. My birth experience was truly positive, my midwife was at our birth from start to finish, she knew the ins and outs of our preferences and I truly trusted that she would honour our families' requests.

We spent two nights in hospital, where our midwife visited us regularly, to debrief about the birth and medically check baby and I. In the weeks following, she visited us at home, weighing our baby, checking his health, supporting breast feeding and answering the hundreds of questions I had about a newborn and my body. She replied promptly to text messages with questions and called frequently to check in on our family.

My story clearly advocates the need for all women to have the opportunity to access a continuity of care model. Why is it so hard to gain a spot on MGP and for all women to have this standard of care? If I could recommend one thing to prevent birth trauma it would be to allow all women access to continuity of care. Changes need to be made so more women can experience a positive birth.