

Submission
No 726

INQUIRY INTO BIRTH TRAUMA

Name: Mrs Elise Cox
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Partially
Confidential

My name is Elise, I'm 35 years of age, live in [redacted] and am a mum to two girls who are 7 and 4 years old. When I first became a mum in 2016, in [redacted] Private hospital, I did not feel like I had a choice in the cascade of interventions that began, due to my waters breaking the day before. From the syntocin drip to having a caesarean due to 'failing to progress', I was treated like there was little choice in each intervention. I was asked to decide by a certain time if I wanted an epidural as the anaesthetist was going home for the day. I soon got the impression the obstetrician wanted to go home for the day too. The anaesthetist later had to come back in to give me a spinal block before my caesarean.

My second child was born in 2018 and I wanted to try for a v-bac. I naively went through Private again because continuity of care was important to me and getting on the Caseload program seemed impossible. I went into labour spontaneously and had learnt many strategies to support an active birth and equipped myself with knowledge around trying for a v-bac. Again, I laboured hard for the half a day and was then, after another invasive internal examination, was told that I was still only 4cm dilated and I was strongly encouraged to have a second caesarean. My obstetrician said to me 'I don't want you to be my first patient with a uterine rupture'. It was unacceptable for her to speak to me in that way, especially since the risk is only 0.5%.

My experience of breastfeeding my first baby in hospital was also traumatic. The midwives were too busy to help me one night when my baby would not stop crying or feed, so I was advised to go through to the special care nursery for help from the midwife there. I walked through the only way I knew with my baby, which was through the birthing suit and the lady at the desk had a go at me saying I should not be going that way. Thankfully the midwife in the nursery was much kinder and helpful. Another day, another midwife assisted me by shoving my baby around my nipple quite forcefully. Each midwife seemed to have their own methods which I just found confusing and unhelpful.

In conclusion, continuity of care, made available in the public system through programs such as 'Caseload' should be more available to ensure women build a trustworthy relationship with a midwife who understands how they would like to birth their baby. I have had to process both births before feeling ready to try for my third which I am currently carrying. I inquired several times about 'Caseload' recently and still did not get into the program. I am going through the public hospital this time. I cannot believe the money I paid to be treated the way I was with my last two births. The rush and push through the hospital system, the words spoken by staff to patients and the threat of patients ruining a private obstetricians practise if things don't go according to the textbook, do not allow for women to feel they have choices in the way they birth their child or to feel successful and happy with their child's birth. Women should not feel rushed or pressured by staff and recommendations for their birth should be given respectfully.