

Submission
No 731

INQUIRY INTO BIRTH TRAUMA

Name: Ms Natalia Ranson

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Partially
Confidential

Although I had a very positive birthing experience in the end I had an unnecessary stressful two weeks ahead of my natural delivery due to hospital policies and interactions with the doctors trying to provide my care within those policies. I'm currently pregnant again and expecting my second child in October, this time through a private midwife with hope of home birthing in order to avoid and reduce a similar unpleasant experience and stressful period in the lead up to birth.

In my case, I have conceived both of my children through IVF for male infertility factors. Despite this, you automatically get put in to a 'high risk' category and set of procedures the same as if I had conceived due to female infertility issues and related risk factors such as older maternal age and multiple pregnancy which were not issues in my case. Despite a number of scans that indicated I was progressing well and as to be expected I started to be engaged in some coercive interactions from 36 weeks onwards. Despite having no indication of risk or the need to induce the following messages were given in my weekly check ins with a hospital based obstetrician and their registrar:

- * If I wanted a water birth then I had to deliver my baby by 40 weeks otherwise I would need continuous monitoring throughout labour and this would prohibit water birth
- * if I wanted to birth at my hospital of choice I had to deliver by 41 weeks or I would be transferred to a non preferred hospital as it manages "high risk"
- * That I should accept a "sweep" from 38 weeks if I wouldn't accept the plan of induction at 39 weeks

The registrar also made a comment that if I wanted a water birth but didn't want to accept the induction being pressured then I should have considered a different public hospital - the obstetrician did step in to correct her on this as said it what I was advocating for was an option with that hospital. She also validated at this point when I shared my concerns I am being pressured in to interventions that have their own risks when there was no evidence of risk in my personal case and circumstance that this was true but that they were also constrained in having to work within the hospital policy that is strict and generalised in terms of recommendations for managing women who has conceived through IVF.

In order to avoid the pressure of sweeps and inductions I engaged in my own natural therapies including acupuncture and bushwalking to try being on my labour naturally but within the timeframe coerced through public hospital policy. Fortunately I went in to labour naturally at 39 weeks exactly and got to miss the next appointment with the obstetrician that I was dreading. I birthed how I wanted, without any complications and was grateful to the midwives at

Hospital who gave me the space and support for a positive birthing experience. Not every women can afford the cost of private midwifery to avoid such stress and coercion I experienced in my first pregnancy managed through the public health system. I hope to share this experience with the hope that each woman in a similar position to what I was in, who maybe doesn't feel comfortable being assertive or have the resources to engage with natural interventions, can have her individual case and factors taken in to account and given personalised birthing choices and recommendations versus being pressured to accept unnecessary intervention they do not want, and puts them and their mental health at risk, in the service of "risk management" and health system needs.