INQUIRY INTO BIRTH TRAUMA

Name: Ms Kinga Amaya

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Partially Confidential

My name is Kinga, I live in I'm 37 years old, and I have an 11-month-old. I birthed my son in 2022 at Hospital. Thankfully I had a private midwife who gave me AMAZING continuity of care every woman deserves to have. She was an invaluable part of my journey and a phenomenal advocate for me in hospital which meant I didn't get as disrespected or coerced as many other women do. Despite having her with us and handing over a very clear birth map instructing staff of my choices we still had to push hard against the medical industrial machine to be heard and our choices respected and adhered to. In saying this all my choices were not respected, and I sadly experienced coercion, harm, and neglect. I will list the issues I faced:

- I was repeatedly asked questions and rushed to give answers mid contraction. It was as if they hadn't met a woman experiencing a contraction before. It was up to my husband to tell them to wait till my contractions were done so I could answer them then.
- One midwife tried coercing us into several things we did not consent to. We were clear we had done our research and were very informed. She however completely lacked any evidence-based information for any of what she spouted and even threatened me that if I declined a CTG I would end up with a dead baby or one with cerebral palsy.
- The vaginal examination I was given by the Dr was painful.
- I did not consent to an episiotomy. The Dr however flat out refused to do the procedure without one. I was given no choice and my bodily autonomy was stripped from me. Being in such a vulnerable position with no time to be able to fight it or get another Dr I was denied authority over my own body. This was extremely traumatic psychologically, emotionally, and physically as despite being cut I was still badly torn.
- I suffered a 3a tear which the Dr blamed on me. As I was in the process of birthing, he was screaming at me to push. Once my son was born and I was torn the Dr said it was my fault I tore because I "pushed too hard".
- Whilst performing the forceps intervention my Dr saw it as a teaching moment for another Dr that was obviously new and learning. I did not consent to this. The process was as such prolonged, more painful, and potentially the cause of my tear. It was most definitely the cause of physical, emotional, and psychological distress.
- The staff tried to rush me to surgery after giving birth not allowing me to have time with my newborn to bond and breastfeed. This was unnecessary and thankfully my private midwife was there to advocate for me and delay the surgery giving me invaluable time with my newborn.
- I clearly stated I did not consent to antibiotics prophylactically. Despite this they were going to give them to me anyway. Thankfully I overheard the nurses talking before my surgery and I intervened. The Dr then tried to coerce me with misinformation and scare tactics to get me to consent. A nurse also tried coercing me with fear and misinformation to consent. I did not.
- Upon discharging from the hospital there was zero follow-up. Thankfully I had a private midwife to check up on me and monitor my healing however most women don't have that luxury.

- I was glad I went to hospital in the middle of the night as the main hospital appointed midwife that we had, who was lovely, told us that if I was there during the day, despite the increased risks, women in my situation were coerced into having caesareans. She herself said she prefers working nights as women are less pushed into having interventions.

I was one of the lucky ones as I was extremely informed, had a clear birth plan, had a supportive husband and private midwife who both fought for me and advocated on my behalf when I could not and yet I still came out of it traumatised emotionally, physically, and psychologically.

Women are not sufficiently protected by law, policies, and legislation from birth trauma. We need more protections over our autonomy. The individual needs to have their choices respected and followed. All practitioners need to understand individual rights to autonomy. They do not have to agree but they need to respect them and do as the individual chooses. They also need to be trauma informed. All interventions need to be decreased and women need to be empowered and trusted to birth their babes as nature intended. Interventions such as caesareans need to be used in extreme cases only and not pushed on women because of inconvenience. Greater access to continuity of care for all women is desperately needed. Overall, respect of women and their own bodily wisdom needs to be at the forefront.