

Submission
No 795

INQUIRY INTO BIRTH TRAUMA

Name: Dr Andrea Lawrence

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Partially
Confidential

My name is Andrea and I live in _____ NSW. I am 33 years old and have a two daughters aged three and 18 months. My first daughter's birth took place at _____ public hospital in August 2020 under a GP shared care model. I had applied for the MGP program but was not accepted due to lack of space on the program. I knew that continuity of care with a known midwife was the gold standard of care so being rejected from the program was devastating. I found the initial search for care models overwhelming and convoluted. Not one person was able to give me clear and concise information. No one offered private midwifery as an option to access continuity of care.

During my care through the public hospital, I experienced several instances of disrespectful and dismissive treatment. During my pregnancy, I asked an obstetrician during my appointment a question about the suture method in caesarean birth. She minimised and dismissed my question as unnecessary and ridiculous.

My waters broke and I did not go into labour for 50 hours. I went in and discharged myself twice over two nights in that time. Both times we were forced to wait hours (4 hours and then 6 hours) in an assessment room before finally being seen. I made the decision to be induced at 50 hours after membrane rupture but my decision to wait to see if I would go into labour naturally before that was not supported by the hospital staff. I felt pressured to have an induction and was not given the full range of options. I had to discharge myself 'against medical advice' despite me being low risk with no evidence of infection.

When I was admitted, I spoke with a lovely midwife and obstetrician who were supportive of my choices and allowed me to access the bath. And shortly after the shift changed and I was assigned another obstetrician who read my birth plan and told me that she agreed with most of it but that I "should definitely get an episiotomy because it's just easier and it's just a little cut" (I had asked for no episiotomy). I was given an initial vaginal exam to check my cervix (which I consented to) but was simultaneously given a stretch and sweep without my consent. This was physically very painful.

During my labour, I was left too long after they administered the syntocinon which resulted in rolling, continuous and extremely painful contractions. When they returned, they saw that I was being hyperstimulated and cut the dose in half immediately. I appeared to be slow to progress for the first 4-5 hours despite the intensity because I only went from one to two centimetres dilated in that time.

Two hours later, I felt my body pushing and was told "no, you're not pushing, just relax" which confused me and stopped me from listening to my body, which was trying to eject my baby. I was vocalising loudly to manage the intensity of the pain, which I believed frightened the staff. At this time, there were many people in the room and the obstetrician approached the bath I was in and said "you need an epidural". I had expressly asked not to be offered pain relief, especially an epidural. She directly disrespected my wishes and resulted in me feeling like I was failing. I said "no, i am not getting out of this bath" and my midwife advocated for me and convinced the obstetrician to get me a script for panadeine forte and some gas. The obstetrician left and 20 minutes later my daughter was in my arms, born in the water on my knees. I experienced foetal ejection reflex and when the obstetrician returned, she saw the baby in my arms, gave me a disgruntled look and walked out of the room. It was my wish to

birth with no pain relief and because of the intrusion made by the obstetrician, I birthed my daughter using gas. I would not have used it at all if my wishes and my birth space were respected. That led me to feel disappointed in myself for using the gas.

Later, my husband asked why she had offered us an epidural after we asked her not to. She responded that my "heart rate was high", which in hindsight I know is because I was in transition, the most intense phase of labour.

Her treatment made me feel completely dismissed and disrespected. The experience was traumatic and resulted in psychological damage that I subsequently sought support for through therapy.

I also recognise that I am lucky that my body and my baby birthed quickly because given her lack of respect for me I can only imagine the outcome had I not been close to my baby emerging.

It felt like my care was a game of Russian Roulette, where the care provider's style and attitudes trumped evidence-based care and informed consent.

I never made a complaint regarding my treatment because I wanted to distance myself from the hospital and the people there as much as possible. I felt that it would be too difficult and disappointing to pursue a complaint after hearing similar stories.

My hospital birth showed me how poorly we are caring for women in their most vulnerable time. I feel lucky that I knew what I did going into birth and was able to advocate for myself. But I strongly believe that birth should not be the place where women have to fight to have their rights respected. I feel that the law does not protect women and that hospital policy simply protects the hospital and staff against liability. Human rights are being violated under the guise of 'care' in our hospital systems. I believe birth-care is central to the wellness of mothers and families.

My experience pushed me onto a path of accessing private midwifery (continuity of care) and home birth for my second birth. The way I felt during my whole pregnancy, birth and postpartum in this model was: held and respected. This feeling is what I wish for all birthing people.

I would like to see the different care models given to pregnant women clearly and objectively right from the start. I would like to see expansion of midwifery programs that provide continuity of care to women regardless of their medical history or financial situation. Resources need to be channelled into gold standard, evidence-based practice of continuity of care with a known midwife for all women. I would like to see the cost of a home birth with private midwives covered by medicare so that this option is more accessible to women experiencing financial strain. I would like obstetricians and midwives to be trained in normal physiological birth so they know when to recognise when interventions are necessary and when they could be more harmful to the birthing person. I would like to see all staff that care for pregnant, birthing and postpartum women be trained in providing trauma-informed care and being active harm-reducers.