

**Submission
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INQUIRY INTO BIRTH TRAUMA

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When I chose to become pregnant with my first child, I had little idea of the maternity system. I visited my GP who put me on the list for the local hospital. I considered myself lucky to have a few choices as there is both a hospital based and birth centre/homebirth based midwifery group practice available. Something most women in Australia do not have access to. I initially opted for the group practice at the hospital, however, a few weeks after my first appointment at 20 weeks had been set, I received a call telling me there was no longer space for me at the service.

I was given a choice to swap to the birth centre or the obstetrician led care model. I had started my own private birth education by this point and knew about the statistics of obstetrician/hospital led care being much worse outcomes for intervention than midwife led care and so opted for the birth centre. Over the course of getting to know my midwife from the birth centre I felt more and more confident to birth at home. From the information she shared with me I felt that the birth centre system was supportive of natural birth, and that I could rely on them.

As someone who suffers from PTSD due to childhood sexual abuse, I was very scared of being in a hospital environment as I was told that unless I expressly told them not to staff would assume they could touch me without having to ask for prior consent. The idea of being touched by strangers or having to revisit my trauma in labour was horrifying. I came up with the idea to print business cards explaining the situation and that staff must ask for my express consent before touching me, thank goodness I did!

As the expected date of delivery came closer, I started to feel more and more pressure from the policies governing the birth centre. Rather than being supportive of natural birth and its variations as they had initially positioned themselves to be, the closer to 40 weeks I got the more pressure there was. I was made to have a blood test that I didn't want "because everyone at this stage is low on iron"... I wasn't. I was made to have an additional 24-week growth scan that I didn't want because the sonographer messed up at the 20 week one. I knew my baby was fine and didn't have a tiny head (a fatal condition at the measurements reported), even if they had I would have continued to carry them, but my choices were not respected, if I had not complied I would be kicked off the program. At the 38-week appointment discussion of what would start happening "post-dates" started. Ridiculously early for a first time Mum, the stats show us that most first time mothers will not birth until during the 40th week.

It was made clear to me that I would be made to have regular scans after 41 weeks and I was told that if it reached midnight on the beginning of the 42nd week I would be transferred straight to hospital for care in labour. If I refused the scans, I would be kicked off the program. I did not want extra scans, they were not comfortable, I felt strongly that my baby did not like them, and they are not evidence based as we do not have conclusive proof of what different fluid levels mean and accuracy for size is poor and I did not want to be pressured to be induced.

The pressure to birth "on time" was extraordinary, rather than enjoying my last few days or weeks with my baby on the inside it became a constant source of stress and appointments

for chiro, acupuncture, eating and drinking specified foods... all to force the baby fit with the system's timescale. The stress was creeping. In myself I was not worried about anything bad happening to my baby while she was still in my womb. I was born at 42 weeks and my family tend to carry long, but the pressure of the system robbed me of my sense of tranquillity and instilled a fear of being forced into the hospital where I was not comfortable to be.

When I eventually went into labour at 40+2, I diligently followed the advice I had been given to take long walks and do things to "get labour going". However, all the pressure had the opposite effect. It took 3 days for labour to become established. Labour was long but relaxed. I was supported by a doula, although she too was a lot more focused on positions than making me and the environment emotionally safe. My first midwife arrived, and things seemed to be progressing well. My body started to push spontaneously, and all seemed to be following the textbook. However, as my hips started to truly open, I had a trauma flashback and labour became quiet. Rather than finding out how I was feeling and supporting getting back into the zone I started being pushed to have cervical exams, which I hadn't wanted but consented to. I was fully dilated. After a while of being ordered out of the birth pool and on to the toilet or floor to "try some contractions there", I was told my waters needed to be broken. I now know this was not evidence based either. I refused anyone else to break my waters but agreed to do so myself. During a contraction on the toilet, I pushed up into the sac as the contraction pushed down and the waters burst. I returned to the pool but no "progress" was made (unsurprisingly as breaking waters is not evidence based). I was told to get out of the pool by the secondary midwife who was playing "bad cop". From experiences of other women at the same birth centre this seems to be a pattern: primary midwife = "good cop", caring etc, secondary midwife = "bad cop" holding everyone to policy and timings. Her energy was like a dark cloud in the room.

I had some contractions on the floor and saw that the waters were stained with meconium. I felt broken in that moment. I had been told before that meconium in the water meant a hospital transfer, although I have subsequently found out this is not evidence based either unless baby is in distress - mine wasn't). I didn't feel like I had any other option. As the ambulance was on the way my contractions returned to full strength and were more painful than before. In the bright lights of the ambulance this was a transfer to the last place I wanted to be and the pain worsened. I had with me the business cards and my midwife was very diligent about handing them out. They were respected, every medical professional was clear about what they wanted to do and sought my consent at each stage. It was how all maternity care should be.

I was told that because I had been pushing for 2 hours, I had to have a forceps birth or a c-section. It was not explained to me why these were the only two options. My baby was not in distress, and I wholeheartedly believe that if we had waited, I could have birthed her naturally. At the time, I was too far into labour to be able to ask the right questions "why do we need to do this now, what are the alternatives, what if we wait?".

I was born by forceps, and it was an awful experience for my mother. I knew that it was not an option for me due to this and my history of trauma. I opted for the c-section, not feeling like I had any other choice. The anaesthetists looked at my medical history of hypermobility

and said they needed to research if an epidural would work. I knew that there was a good chance it wouldn't so opted for a general anaesthetic to protect my baby from "trying" an epidural which failed and left her drug affected and me unconscious. The process of being put under was awful, I have been given gas and air while waiting but this was taken away and the pain from the now strong contractions was awful. I was trying not to push and fighting everything because I feared being forced into a forceps birth. I felt like I was suffocating as the nurse pushed the mask on to my face after I had been strapped down to the operating table. The last thing I felt was someone pushing my baby back up into my womb before I lost consciousness.

I missed the birth of my daughter. My husband took wonderful care of her, but I will never get that time back. She was hours old by the time I met her after waking up alone in the recovery ward, having to ask and wait for my family to join me. All this because of arbitrary, non-evidence-based policies and time limits. It was and remains heart breaking.

As a result, with my second child who is due soon I am not engaging with the hospital system at all. My hope is to have a private midwife, much less bound by outdated policy and able to respond to evidence, but failing this I will choose to birth without a licenced medical professional, rather with a strong support system and experienced birth keeper.

The hospital/medical system needs to stop treating all birth as a medical emergency, start respecting women as autonomous, capable beings and responding in a timely manner to evidence. It is wonderful that for the WHO estimated 10-15% of actual emergencies the hospital system exists to support good outcomes for mothers and babies, but a variation of normal is not an emergency. Relying on old, poorly researched studies of small populations of women to inform, for example, how a cervix "should" dilate and force invasive checks on vast numbers of healthy women is not acceptable and should not be accepted. There is wonderful research being done in to how to provide the best outcomes for women and babies and repeatedly we are shown that known midwives, emotionally and physically safe labouring environments, minimal possible intervention and genuinely respectful care interactions are key to achieving these outcomes.

Thank you all for your work in reviewing this important topic, I sincerely hope that systemic changes will be made following the review.

Kindest regards.