

Submission  
No 886

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I've birthed twice and experienced birth trauma in two different ways:

1. My first birth was with a private obstetrician. When I bought my birth plan to the OB, I felt belittled by the OB because of my preferences eg questioning why I wanted delayed cord clamping, telling me 'no one wants an episiotomy' in a condescending way. I didn't even bring out my birth plan when birthing because I was embarrassed by the previous time I had. My birth was then induced because of a low platelet count. In hindsight, this was not at all necessary as a platelet count of 95 is not a good reason for induction and actually increased my risk of negative outcomes (which did eventuate with an emergency c section). I had made my desire for a natural birth really clear and I feel the risks of induction were not adequately described to me. This led to the cascade of interventions - induction, epidural, c section.

2. My second birth was an empowering VBAC at my local public hospital, but with antenatal care through a private midwife. However, my care didn't start with the midwife - this only occurred at 15 weeks as although I had been accepted into MGP at 8 weeks, I was subsequently kicked out of the program at 15 weeks as they only just looked at my previous hospital records and saw I had a PPH of 1.2L (their cut off was 1L). This was extremely stressful as continuity of care was extremely important to me. If I had been asked at 8 weeks how much blood I lost in my last birth, I could have told the midwife and thereby not had the stress of finding a midwife last minute. That being said, my care was exceptional with the private midwife, I felt totally supported, heard and that I could ask questions at any time and get a quick response. Without this, I would not have had my empowering VBAC.

Continuity of care is the gold standard and it should not be so difficult or expensive to attain!