

Submission  
No 891

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

8 August 2023

**Committee Secretariat**

Select Committee on Birth Trauma  
NSW Parliament, Macquarie Street  
Sydney NSW 2000

**Re: Select Committee on Birth Trauma**

Dear Chair,

I attended \_\_\_\_\_ Hospital for my antenatal care and birth and I would like to make an anonymous submission to your inquiry on birth trauma.

The trauma I experienced was relatively minor - but now, two years after giving birth, I am still living with the mental and emotional scars from what happened to me in hospital. While a lot of people experience trauma from the labour, my trauma is mostly from my antenatal and postpartum care. This has negatively impacted my experience of motherhood, including how I have bonded with my baby and my ability to breastfeed. I now also find it hard to trust medical professionals.

I have attached a detailed explanation of my experience but a summary of the most important recommendations which I think would have reduced my trauma are outlined below.

**Recommendations**

**Debriefs**

- Scheduled birth debriefs with medical professionals and families

**Information**

- Hospitals should provide a document outlining the antenatal and postpartum care structure, including a checklist of what to expect at appointments e.g. week 35-37: screening for Group B Streptococcus

**Education**

- Hospital birthing classes should be free
- Free breastfeeding booklet (with real pictures and troubleshooting information)

**Hospital stay**

- Hospitals should provide an induction to the Special Care Nursery and mothers should be encouraged to have an “as normal as possible” experience with their baby while there
- Mothers should continue to be treated as patients post-birth and all medical procedures and birth injuries should be inspected by medical staff post-birth

**Postpartum care**

- More funding for in-home postpartum midwifery care

## Addressing the Terms of Reference

Inquire into and report on birth trauma, and in particular:

(a) the experience and prevalence of birth trauma (including, but not limited to, as a result of inappropriate, disrespectful or abusive treatment before, during and after birth)

### Before - antenatal care

#### Midwifery clinic versus Doctors clinic

Later in my pregnancy, I had a complication (borderline low amniotic fluid) and was transferred from midwifery care to the doctors clinic within the hospital. This meant for all my future appointments, I'd see doctors instead of midwives.

My appointments at the clinic turned from being holistic appointments with different midwives about my physical, mental and emotional health to strictly medical appointments with doctors where they would just review my test results and conduct scans. For example, before I was transferred from midwifery care, the midwife said she'd assess my nipples (at my request) for inversion and give me advice on breastfeeding at my next appointment. I was then moved to the doctors clinic so this never happened.

Once I was moved to the doctors clinic, I became very anxious and distressed about attending the remainder of my appointments. I still don't understand why there was such a disparity between how these appointments were conducted.

#### Education - birth

Other than the information I received during my midwife appointments (brochures), I sought all my labour education externally. Hospital does run birthing classes but they cost \$150 which I think is prohibitive.

#### Education - breastfeeding

I attended a free virtual 1-hour breastfeeding class run by Hospital. Even though I made notes, I remembered next-to-nothing from the class once I gave birth.

#### General - process

This was my first pregnancy so I had no idea what to expect. I found the process (e.g. timing of scans, timing of appointments and what to expect for each appointment) incredibly confusing. I also didn't find any information about this online. A lot of pregnancy care (terminology, timing etc) works on assumed knowledge, which you don't have as a first time parent.

## **Antenatal Care Recommendations**

- i) When patients are deemed high risk and moved from midwifery-care to doctors-care, midwifery-care should still continue alongside doctors-care to ensure there is consistency in care
  
- ii) All hospital birthing classes should be free
  
- iii) Mothers should be given a breastfeeding booklet (with real images of breastfeeding women along with troubleshooting advice)
  
- iv) Hospitals should provide a document outlining the general antenatal and postpartum care structure, including a checklist of what should happen during each stage in the process e.g. week 35-37: screening for Group B Streptococcus. This will allow patients to be fully informed about the process so that they can better advocate for themselves

## **During - labour**

### *When to go to the hospital*

The hospital had given me a pamphlet outlining when to go to hospital based on the timing and duration of the contractions. After labouring at home for over 24 hours and reaching their determined contraction timings, I rang the birthing ward. They told me that because I could still speak on the phone, I wasn't ready to come in. I wasn't expecting this and it left me feeling very frightened because I felt unsafe to continue labouring at home. A few hours later, when we did go to the hospital, the midwives were condescending again, "Leave all your things in the car, we will just examine you, you probably won't be admitted," they said. I was admitted. The stress this caused was totally unnecessary and contributed to slowing down my labour.

### *Labour*

I had a mostly uneventful labour, but at the end, I needed an episiotomy (which was fine) as my baby was experiencing respiratory distress. This meant that after a few seconds on my chest the baby was handed over to the awaiting doctors at the resuscitation table. Once things were stable and they had completed their initial checks, I asked if I could have some skin-to-skin with my baby before they were taken to the Special Care Nursery, the doctor agreed to this. It breaks my heart that I only got to do this because I asked to do it especially as we know, and they know, just how important skin-to-skin is immediately post-birth.

As soon as my baby was handed to the doctors, everything changed. It felt like my two midwives relinquished their care completely which was disappointing and confusing. After such a stressful ending, it would have been comforting to still have had the midwives continuing support.

As my baby was taken to the Special Care Nursery, I had no idea if my episiotomy had been sewn up (it hadn't). When someone arrived to sew me up, I had no idea who they were as they didn't introduce themselves. The person was so rude and when I told her that it hurt (i.e. the pain relief wasn't working for certain areas) she just ignored me and continued stitching without giving me any more pain relief.

## **After birth**

So much of pregnancy education is focused on the birth. Because of this and my own obsession with labour, I was totally unprepared for the continued need to advocate for myself and my baby in hospital post-birth.

### Care for the mother

Aside from regular blood pressure readings, I felt completely uncared for during my stay on the ward post-birth. For example, I asked multiple midwives if anyone was going to check my episiotomy. I was told that no one would be checking it and to just keep an eye on it. I had no idea what to look out for. It was only after I asked a midwife if she could check it, that she reluctantly agreed.

### Breastfeeding + Formula Feeding

When the lactation consultant came to see me, a day after my baby was born, she said, "I forgot to see you yesterday". If I had known what to expect post-birth in hospital, I would have advocated to see the lactation consultant on the day I'd given birth which I think would have improved my ability to breastfeed.

A day after my son was born I was summoned to try and breastfeed him. I was given a plastic chair in the middle of the Special Care Nursery and handed my baby. I felt totally exposed and vulnerable trying to breastfeed for the first time in such a public place. The nurse forcefully shoved him onto my breast while criticising my posture. We weren't able to establish a latch and I wasn't able to manually express much milk (because I didn't know how to do this). I am so grateful for the nurse who came through the night and manually expressed milk for me. But the only reason this happened is because I advocated for it. It felt strange to be advocating for these things which surely should be best practice?

The doctor then recommended that we use formula. Obviously there's a lot of stigma about using formula and while I agreed to using it, signing a consent form made me feel like I was poisoning my baby. Also, it was only after we asked about the baby developing a bottle preference that we were offered alternatives to bottles i.e. syringe or a sippy cup.

Ultimately we were never able to exclusively breastfeed and relied on mix-feeding, moving to 100% formula at 5 months of age. I felt so much guilt and failure about this. I believe this outcome stems from our experience in the hospital where convenience for staff seemed to trump best-practice at every step. While I am grateful I experienced no judgment from hospital staff about using formula, there was no support for formula feeding once I left hospital which just adds to the stigma.

### Special Care Nursery

I had no idea what the Special Care Nursery rules were. For example, I didn't pick my baby up because I thought I wasn't allowed to. Looking back now, I think I should have just picked my baby up, but because I was a first time parent, I didn't feel comfortable doing this. This meant I missed out on valuable bonding time with my baby - this haunts me. My partner was also chastised for looking at the other babies in the Nursery, something we supposedly weren't allowed to do. If someone had told us this and explained the protocols for the ward, this could have been avoided.

### Prolonged Mother/baby separation + Debriefs

After a day and half in the Nursery, my baby was disconnected from all machines and was just being visually monitored. At this point, I couldn't understand why we couldn't have them with us in our room. As it was, the Special Care Nursery was short-staffed and babies were crying with no one attending to them. After unsuccessfully trying to feed him in the Nursery, I returned to my room and sobbed. I was so upset because I still hadn't been able to privately hold my baby. At this point, I still hadn't really had any skin-to-skin time with them and all I wanted was to just be with my baby. Seeing how upset I was, my partner went and spoke to the midwives to see if we could have our baby with us in our room. He said that they weren't going to allow this to happen but because the lactation consultant thought it was a good idea (she just happened to be walking past as they were discussing it), they agreed to it. I wonder how much longer I would have been separated from my baby if my partner hadn't initiated this request or the lactation consultant wasn't there. I probably hold the most trauma regarding this experience and it definitely impacted how confident I felt looking after my baby in those early days.

Due to this, and the general unsupportive experience in the hospital post-birth, we left the hospital the next day. There's so much about our hospital experience that I don't understand. I wish we'd had an opportunity to debrief our experience with those involved in our birth - not to criticise them, but to help us understand what happened and why some decisions were made.

### Midwifery at home

The midwife who attended our home complained about how far away from the hospital we lived and how many patients she had to see. Because of this, our visits were rushed and this was disappointing because it is such a vital service.

### **Postpartum Recommendations:**

- v) One focal support person should be assigned to communicate with parents when their baby needs extra care so that there's consistency in communication. At shift changes, this should be assigned to someone else and this should be communicated to families
- vi) A compulsory short induction should be given to all parents on entry to the Special Care Nursery (outlining what you can and can't do which can be tailored to each baby/situation). A generalised brochure could be given if staff are short of time
- vii) The mother and baby should always be reunited as soon as possible post-birth
- viii) Mothers should be encouraged and supported to hold their babies in the Special Care Nursery
- ix) More support for formula feeders (i.e. information on bottle feeding, reflux, formula choices and bottle refusal)
- x) When formula is medically advised, and the mother is intent on breastfeeding, hospitals should offer alternatives to using bottles e.g. sippy cups and syringes

xi) Hospitals should provide a document outlining what parents can expect during their postpartum care e.g. first 24 hours - expect a visit from the lactation consultant. This will allow the patient to be fully informed about the process so that they can better advocate for themselves

xii) Mothers should continue to be treated as patients post-birth and all medical procedures and birth injuries should be inspected by medical staff post-birth

xiii) More funding for in-home postpartum midwifery care

Even though I look back on my hospital experience negatively, there were still moments where individual nurses went outside their remit to make my experience better and I will be forever thankful to those nurses.

Finally, thank you for establishing this inquiry. I really look forward to reading your final report and watching the hearings.

Sincerely,