

**Submission
No 892**

INQUIRY INTO BIRTH TRAUMA

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Lucy Wong

To the members of the NSW Upper House I would like to make the following submission detailing my experience with birth trauma for their parliamentary inquiry into birth trauma:

The birth of my first child was by Leinweber et al's 2022 definition a traumatic birth,¹ and this trauma had a cascade effect into postpartum anxiety and depression, difficulty in breastfeeding, a significant delay in bonding with my son and subsequently a compounded fear around facing a second birth. These things required time with a trained perinatal psychologist to unpack and it was largely through this therapy and Hazel Keedle's book, "Birth After Caesarean" that I began to understand that the trauma came, not through the end result of an emergency caesarean, but through the experience leading up to and after the caesarean.

This includes the complete lack of control I felt over the situation from admittance up until signing off on the caesarean; an off-putting interaction with the midwife who I had never met before; an undermining of confidence in my body's ability to birth (leading it to go into shock and have a sympathetic nervous system response of shutting down - thus compounding the shock); and being stuck like a helpless small child on my back, medical staff standing over me, feeling utterly tiny, helpless and alone. Birth felt like it happened to me, not like I was allowed or even invited to be an active part of it by the health professionals. In fact, agreeing to the caesarean came as a relief as it was the only moment I felt control during the birth.

As my plan was for a physiological birth with as little intervention as possible an induction was something I wanted to avoid and desperately feared. However I was sent straight up to the birthing unit for an induction after a worrying growth scan. I don't recall anyone acknowledging that fear or the grief and anxiety around changed expectations. When we arrived at birthing unit there were no suites available so we were left to sit in the hallway while we could overhear the staff discussing our case. My contractions began while I was stuck waiting in the hall. And then I was left completely alone in an observation room while my husband ran to the car to grab our bags. I had no idea what was going on and no one was there to explain it to me. Nor did anyone explain to us how urgent/non-urgent the induction was and it was only later that we realised this it wasn't a life

¹ "A traumatic childbirth experience refers to a woman's experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/or long-term negative impacts on a woman's health and wellbeing."

Leinweber J., Fontein-Kuipers Y., Thomson G., Karlsdottir S. I., Nilsson C., Ekström-Bergström A., et al. (2022). Developing a woman-centered, inclusive definition of traumatic childbirth experiences: A discussion paper. *Birth* 49 687–696. 10.1111/birt.12634

threatening situation at this point. We could have had a moment to stop and prepare for what lay ahead, to adjust our expectations, to ask questions. But we weren't given that opportunity. I was therefore already in a state of panic before the birth even began.

I finally got shuffled along to an available birth suite before my husband had returned. I was without my only safe person, with someone I didn't know and with whom I didn't feel heard. The midwife did not even mention having seen my birth plan. The registrar failed to break my waters and the midwife had to do it. My contractions were on top of each other. I didn't feel heard when I expressed wishes. There was growing concern for our baby's safety. Two code reds. My body went into an acute stress response causing it to try to put itself to sleep. This only compounded the distress as I had no idea what my body was doing and no one to explain it. I felt I was failing birth and my body was failing me.

I was stuck in the foetal position, knowing it was not ideal for birth but with no way to move and no one asking what might help or advocating for my choices. My poor husband stood back helplessly, watching as I writhed in pain.

The caesarean became a welcome relief.

But I was again separated from my husband and even the midwife who, while I didn't click well with, at least was familiar by now. I whimpered "help me" to a theatre room filling with medical staff. No one heard. I felt the urge to push but didn't know who to tell or if I was even "allowed" to be feeling that now I was in theatre. They started cutting before my husband had entered the room. Thank goodness our baby was well enough when he came out.

There was no skin-to-skin contact even though this was really important to me and I had requested it in our birth plan. I was separated from our baby for nearly two hours while I was left in recovery alone. I later found out this is not hospital policy and that our baby should have been allowed to be with me in skin-to-skin. The midwife left my husband and our new baby in the birth suite together and didn't even tell him he was allowed to pick up his crying newborn child. This post birth experience has been a particular grief and even more so now we know it as easily avoidable.

The first breastfeed didn't happen until in the middle of the night when a maternity ward midwife roughly shoved my breast into our baby's mouth. No hoped and planned for breast crawl. No skin-to-skin. No husband allowed to stay. Nothing like I had wanted. Alone, aching and anxious.

The hospital stay was extended thanks to postnatal hypertension. The staff forgot to tell me I was allowed to leave my room so for five days I was holed up in a hospital room with covid restrictions on visitors and postnatal depression/anxiety.

This birth was characterised by feeling alone, helpless, small and terrified.

Needless to say I was petrified of a second birth.

But the birth of our second baby was far better. Unpacking it all with a perinatal psychologist through Karitane, reading Hazel Keedle's book, listening to podcasts that provide up to date perinatal research such as *The Midwives Cauldron* & *The Great Birth Rebellion*, creating more comprehensive birth maps (rather than just a birth plan), and most significantly getting into a continuity of care program with our hospital's midwifery group practice we're all key in ensuring I felt more confident, in control, supported and ready to face a VBAC birth.

I would love to see continuity of care with a midwife offered to all women in Australia regardless of risk factors knowing that the research demonstrates that this model of care leads to better outcomes for both babies AND mothers, and can personally attest to this being the critical difference in my two births. I believe better access to current research through birth preparation classes, continuity of care, updated public birthing resources etc. would aid this.

I thank you for seeking to understand birth trauma in all its many facets. And for seeking to improve the birthing experience for women in NSW. Might the work you are doing lead to a significant decrease in birth trauma.

Sincerely,
Lucy Wong.