

Submission
No 900

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 4 August 2023

Partially
Confidential

Subject: My Traumatic Pregnancy Experience - Addressing the Factors

Dear Members of the Parliamentary Inquiry,

I am writing to share my deeply traumatic experience during pregnancy, specifically concerning my battle with hyperemesis and the subsequent birthing trauma. My intention is to shed light on the multitude of factors that contributed to my distress, and to advocate for improvements in maternal healthcare to prevent such challenges in the future.

From the onset of my pregnancy at 5 weeks, hyperemesis plagued me relentlessly. Repeatedly, I found myself in the emergency room, requiring IV fluids to manage the severe dehydration caused by excessive vomiting. However, seeking help was a distressing experience in itself. Each time I arrived, I was met with skepticism and a barrage of questions, making me feel like a burden rather than a patient in need of care.

To my dismay, the medical professionals consistently recommended ineffective remedies like ginger and water sipping, despite clear guidelines from Somanz advocating for evidence-based treatments for hyperemesis. These dismissive responses only served to exacerbate my feelings of helplessness and isolation, leaving me to cope with debilitating symptoms without proper medical support.

Even when I mustered the courage to seek treatment, I faced obstacles that worsened my trauma. On one occasion, I was made to sit in the waiting room while receiving IV fluids, all the while struggling to walk back and forth to the restroom to vomit. Such treatment left me feeling humiliated and unsupported, adding to the anguish I was already enduring.

During a routine maternity appointment at 36 weeks, I disclosed that I had vomited fifteen times that day alone. The response from healthcare providers was nothing short of disheartening, with disbelief and a dismissive attitude, making me feel like I was exaggerating my symptoms. Despite my pleas for fluids, I was denied because I was deemed "not dehydrated enough." This lack of compassion and unwillingness to provide necessary care further compounded my pregnancy trauma.

Throughout my journey, I diligently followed the maternity ward's instructions to call and report my vomiting episodes. However, each time I reached out for help, I was met with resistance, being told to take more medication and wait until the next day. This frustrating pattern persisted, with no early intervention offered, forcing me to endure severe vomiting for over 24 hours before I could access the essential IV fluids.

I cannot stress enough how each of these factors contributed to my pregnancy trauma. The disregard for evidence-based treatments, the lack of proactive measures to prevent dehydration, and the dismissive attitudes of healthcare providers all left a profound impact on my well-being. I firmly believe that with enhanced awareness, training, and support for individuals facing hyperemesis during pregnancy, such traumatic experiences can be prevented.

It is my sincere hope that my account will be taken into serious consideration by this parliamentary inquiry, leading to essential changes in maternal healthcare practices. My experience serves as a testament to the urgent need for reform, ensuring that pregnant individuals receive the care, empathy, and treatment they deserve, without having to endure undue suffering.

Thank you for your attention to this matter.

Sincerely,