

Submission  
No 905

## INQUIRY INTO BIRTH TRAUMA

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Partially  
Confidential

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To the Members of the Parliamentary Inquiry,

In December 2022, at the age of 39, I experienced a traumatic birth that compelled me to advocate for better care and compassion for birthing individuals and families in similar situations. My story revolves around the birth of my baby boy at [redacted]. I had a normal pregnancy up until the birth, planning a water home birth with my partner Raphael, doula [redacted], and a midwife from the [redacted] Hospital home birth clinic named [redacted]. All my scans were normal however our journey into the unexpected began during what was meant to be a joyful baby moon at the [redacted]. Amid the first day of festivities, a sense of unease crept in as I noticed watery discharge accompanied by cramps. As the night progressed, the cramps continued, prompting concern.

Before dawn my partner and I made our way to [redacted] Hospital's emergency department, arriving around 6 am. The empty corridors of the hospital became a backdrop for a waiting game filled with uncertainty. I was placed in an isolated waiting room, devoid of basic comforts such as food, water, movement or even a window for fresh air. The passing hours were marked by restlessness as we waited for a doctor to examine me. It took over three hours for the doctor to finish his rounds. During this time the midwife in charge applied a tight strap around my belly to monitor the baby, an action that escalated the already intense discomfort due to the fact I was experiencing labor pains that had not been identified by the medical team. After what felt like an eternity, the doctor finally arrived and his diagnosis confirmed that it was amniotic fluid, a clear indication that my waters had broken. It was then decided that I needed to be transferred to a larger hospital in [redacted] via ambulance. The process of arranging this transportation took an additional couple of hours of uncomfortable waiting. A new midwife came along just for the journey so I had someone unfamiliar in the transportation and was by myself as my partner had to bring the car and go back to [redacted] to get our things. During the journey the conversation between the ambulance officer and the midwife revolved around inappropriate personal topics that were deeply triggering given the context. Their casual discussion of their own premature births and children, over the top of where I was laying in the vehicle, brought forth a wave of shock and sadness. Fearing the worst, I pleaded with them to change the subject, my voice breaking as I requested their sensitivity to my emotional state.

Upon arriving at the [redacted] Hospital, the midwife who had accompanied me from [redacted] continued to remain distant, failing to explain what would happen or offer the comfort and reassurance I desperately needed. I was placed in yet another isolated, airless, hot, waiting room, and again the hours dragged on, marked by intermittent checks from the medical staff. The isolation and vulnerability intensified as the labour progressed, and the medical team seemed absent in both presence and empathy. The confusion of what was happening, the mounting intensity of the cramps, coupled with the excruciating discomfort caused by the monitoring, created a distressing ordeal in what should have been a powerful and sacred time of birthing. I encountered a lack of compassion and a disregard for my well-being. The medical team's failure to adequately understand and explain my condition, the risks involved, or the

urgency of the situation had left me in a state of confusion and emotional turmoil. Left for hours at a time (6 in total) toward the end of the day I found myself calling out for help for over 20 mins without a call button during the intensity of labour. In this moment of vulnerability, one of the Midwives named \_\_\_\_\_ held my hands as if to comfort me then got right in my face and forcefully repeated at me to stop panicking. My pleas for understanding were met with hostility, deepening my feelings of powerlessness. Amidst this challenging context, a glimmer of compassion and understanding emerged when obstetrician Dr. \_\_\_\_\_ entered the scene. Her approach stood in stark contrast to the day's previous experiences. As she examined me and revealed that I was 7 cm dilated, her demeanor was remarkably grounding. In a space where communication and empathy were lacking, Dr. \_\_\_\_\_ manner conveyed a genuine concern for my well-being. Dr. \_\_\_\_\_ kindness and empathetic manner resonated deeply with me. Her presence served as a beacon of hope and safety, allowing me to finally breathe a sigh of relief. Unfortunately she was not included in my birthing team, and the following stages of my labor were marked by a lack of communication, consent violations, and clinical detachment from the medical staff. My doula's arrival from NSW should have been a source of comfort, but even this moment was tainted by the hospital's lack of coordination. Instead of promptly allowing her to join me, she was kept waiting outside. The lack of communication and delayed support added to the frustration and helplessness I felt. When my partner Raphael arrived he went and found her and brought her in with him. Their entrance marked a turning point. \_\_\_\_\_ immediate validation of my emotions, needs, and frustrations brought a sense of respite. Their presence allowed me to stop crying, knowing that my feelings were not only valid but also deserving of attention and care. Their presence not only provided emotional support but also served as a catalyst for change. As witnesses to my distress, they held the medical staff accountable for their actions. With their backing, the negative demeanor of the staff who initially dismissed my concerns shifted dramatically. Through my doula's validation of my experience and recognition of the significance of basic human requirements—air, hydration, and comfort—I felt a renewed sense of agency over my own birthing process. The effect of \_\_\_\_\_ and Dr. \_\_\_\_\_ actions symbolizes the critical need for an emotionally safe and compassionate birthing environment.

I was finally ushered into a birth suite and this transition marked the beginning of a new set of challenges—unfamiliar faces obscured by facemasks and a distinct lack of communication. The midwife and junior doctor who attended to me failed to introduce themselves or establish a connection beyond the medical monitors and numbers that consumed their attention. During labor, my desire for a supportive and empowering environment was met with an approach that seemed oblivious to my needs. The medical team's focus on the monitors left me feeling like a passive participant in my own birthing process. They disregarded my wishes for movement, gravity, and use of hot water—key elements that could have provided comfort and relief during this intense phase. Desperate for some form of pain relief, I reluctantly accepted gas as a temporary measure. The absence of alternatives pushed me to make a concession despite my initial intentions. In the midst of the physical ordeal, I longed for an environment that allowed me to surrender to the process and draw on my own intuition to guide me through labor. As labor intensified, the medical staff's interactions grew increasingly distressing. Their discussions about me in my presence, their dismissive attitude toward my preferred state of focus, and their refusal to allow me to create my optimal birthing space created a disconcerting environment. My

attempts to engage with the birth process were stifled by their clinical approach and lack of emotional connection. In the absence of effective communication and respect for my autonomy, I fought to create a birthing environment aligned with my instincts. Their insistence on adhering to their clinical agenda and their dismissal of my pleas for some silence so I could concentrate and find a more intuitive approach heightened my distress. My yearning to enter the birth zone—to connect with my body and the life within—was met with resistance at every turn. As the final moments of labor approached, I struggled to maintain control over an environment that seemed intent on obstructing my instincts. Their constant chatter, panicked voices, and uninvited visitors created a cacophony that drowned out my efforts to focus and push. Strangers entered and left the room without acknowledging my presence or seeking my input, treating me as an object rather than a participant.

Amidst the discomfort of labor, my instinctual desire to stand and move was met with obstinate denial. The stark absence of safe surfaces for a standing or squatting birth became a barrier, preventing me from accessing the forces of gravity that my body craved. Undeterred, I seized the opportunity to use the upright position of the bed as a makeshift anchor, a way to hold onto a semblance of control and empowerment. As I attempted to reposition myself, the medical team intervened in a manner that violated both my body and my autonomy. The abrupt and forceful pinning of my legs was executed without so much as a word of communication. The sensation of my desires being disregarded left me grappling with a complex blend of anger, frustration, and a deep sense of being unheard. In a moment that epitomized the dichotomy of power dynamics, I found myself physically struggling to reclaim agency over my own body. The fervent insistence on positioning me according to their convenience stood in stark contrast to my impassioned plea for understanding and respect for my wishes. The birthing suite resonated with an unexpected symphony – the interplay of my laboring body, the medical team's clinical calculations, and my impassioned plea for validation. Amidst the chaos, I assumed an unexpected role – that of a coach. In the height of labor's intensity, I became the conductor, urging the medical team to lower their own crescendo of urgency, allowing me the sacred space I needed to concentrate, focus, and give birth. Guiding them towards a semblance of calm, I found empowerment within the storm. This unexpected role reversal was both a testament to my strength and a reflection of the disconnect that had pervaded my birthing experience. In those moments of shared vulnerability, the barriers of misunderstanding began to crumble, allowing a glimmer of mutual understanding to emerge.

Despite the overwhelming challenges at 9:28 pm on December 28th, 2022, I birthed . Amidst the chaos, I held onto the knowledge that my son was alive and breathing, a moment of relief and gratitude that tempered the struggles that had preceded it. However, this initial joy was short-lived. The medical team's actions after the birth further compounded my anguish. Despite my eager anticipation to see and hold my newborn, I was met with disbelief when they questioned whether I wanted to turn around to meet him. Of course, I did, but their lack of planning and understanding stole precious moments from me and I was told he was about to be put in my arms then he was whisked away without anyone explaining anything to me. I was left repeatedly asking what was happening and told my partner to follow them and stay with him so our son wouldn't be alone. No one from the hospital explained what had happened, talked to me

or debriefed. The hospital's policies took precedence over my wishes as a mother. I was deprived of the chance to spend those first precious moments with my son, to feel his heartbeat against mine, and to envelop him in the warmth of my embrace. The aftermath of birth was a complex tapestry of emotions, I was so grateful he was alive but this was also overshadowed by a deep sense of grief. The fact that I was denied the immediate opportunity to hold my newborn son or even see him left a lasting wound on my heart. The longing to connect with him during those precious first moments remains a source of pain, a reminder of what should have been but was denied by the assumptions of a non-woman-centered environment.

An hour after giving birth, the moment finally came when I was allowed to meet . However, this meeting was not the tender, natural embrace I had envisioned. Instead, it was a sterile encounter in the Neonatal Intensive Care Unit (NICU). lay in a humidicrib, a barrier between us that denied me the physical connection I so desperately craved. The powerlessness of watching him from a distance was an eternity of heartache. On top of this, the aftermath of birth was marked by an unsettling isolation. As we navigated the complexities of the hospital's protocols one of the most painful aspects of my traumatic birth experience was the enforced separation from my partner, Raphael. The vulnerability and intensity of the post-birth period should have been a time of togetherness and mutual support. Instead, I was subjected to an unthinkable isolation that stripped away the comfort of his presence. As the clock struck 2 am, the hospital's rigid policies dictated that Raphael be unceremoniously sent away. The very moment when both of us needed each other the most, we were forcibly torn apart. The weight of this separation, at a time when emotional bonding was essential, added an additional layer of distress to an already challenging situation. The birth suite, meant to be a space of intimate bonding for a family, wasn't made available to us because they had had a rotation of staff. I should have been able to lay beside my partner, sharing the awe and wonder of our child's arrival. The opportunity to connect, to navigate the uncharted waters of parenthood together, was taken from us in a cold and impersonal decision. At a time when unity and togetherness should have been paramount, the decision to separate us cast a shadow over our first moments as parents. The very essence of support and companionship was withheld, replaced by a cruel and arbitrary rule. The emotional toll of being alone, combined with the uncertainty of condition, was an unimaginable burden to bear right after giving birth. My partner's forced departure from the hospital room in the middle of the night was an unimaginably difficult moment. Stranded without a place to stay, he was cast into an unfamiliar and unwelcoming environment, unable to provide the support we both needed. Our experience highlights a united start is vital for the emotional health of both parents and newborns. No family should be subjected to the isolation and anxiety we experienced. Hospitals should recognize the significance of this period and prioritize policies that promote unity and emotional support, enabling families to embark on their parenting journey together.

In the following days, the lack of timely lactation support and inconsistent rules in interacting with my newborn further added to the distress. It was clear that the understaffing during the holiday season and fill-in staff contributed to the breakdowns in communication and care. After two weeks in we finally got transferred to with very little warning though. We had to buy a second car to be able to navigate the daily hospital visits and juggle with my

partner's job in . On top of that in what should have been a relief, a home-coming of sorts was marred by the fact that we weren't given any warning that the state laws changed coming over the border and there was no longer going to be any donated breast milk and that we would now have to give him formula which we were not willing to do so I had to do a call out and find community breast milk donations immediately. We also had to find accommodation for me so I could stay closer to as he gained the ability to swallow and be breastfed as there was no community accommodation attached to hospital. This was a lot for us. There was so much to do in arranging our home and rent and unpacking from 2 weeks in and my partner's work which was in (also our preferred hospital to be transferred to). Noone from the hospital system was there to help us with any of this, luckily our friends recognised our distress and the financial burden and did a gofundme campaign to help us through this challenging time, we would have gone into debt had they not helped us.

As I reflect on these moments, my heart aches for the experiences I missed, for the natural connections and early bonds that were denied. Yet, amidst the pain, there is hope—hope that my story will contribute to change. Change in the way hospitals approach birthing experiences during understaffed times, and change in the way medical professionals prioritize emotional well-being alongside physical health. My experience is not just a recounting of events; it is a call for compassionate care that acknowledges the emotional needs of mothers and their newborns. It is a plea to ensure that families, regardless of the circumstances, are treated with dignity and provided the support they require during these pivotal moments.

Sincerely,  
Ami Peluchetti