

Submission  
No 1047

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

My name is \_\_\_\_\_, I live in \_\_\_\_\_ NSW and I am 33 years old. I have a 3-year-old son (born September 2020) and I am currently 33 weeks pregnant with my second child.

I had my son at \_\_\_\_\_ Public Hospital and was lucky to be part of the Midwifery Group Practice for my first pregnancy and birth. Despite the impacts of COVID, my overall experience was positive, and my midwife was wonderful.

I was asked to do a growth scan at 36 weeks by the hospital obstetrician and my son measured in the 95<sup>th</sup> percentile. Discussions of induction immediately began due to a “big baby”. I agreed with the induction (I had terrible symphysis pubic dysfunction and was in significant pain from 20 weeks pregnant – I was done).

I attended for my induction using a Foleys Catheter. The insertion was unpleasant as my cervix was very far back and despite the midwives trying their best, they had to call in the attending obstetrician who I was told had a lot of experience.

This was the one time where I didn't feel like I was treated like a person during birth. The obstetrician clearly knew what to do but was rough and what I term as “very efficient”. The midwives were lovely next to me as they could tell I was uncomfortable and it was painful, it was all I could take to not crawl up the bed away from the dr. He didn't offer compassion; he spoke like I wasn't there. I was just a task to him. When someone has essentially their fist inside your vagina, whilst your legs are up in stirrups, you would hope for care and empathy.

Fast forward, I was brought to the birthing unit the next day, they break my waters, hook up the Pitocin drip and we got started. My midwife came in on her day off and I was in active labor by 11am and my baby was born at 3.05pm (weighing a normal 3.8kg). I was supported with wireless monitoring of the baby so I could use the shower for pain relief, and my birth plan was read and respected. I felt empowered, and powerful. I had a second-degree tear, which required stitching by the obstetrician on duty that day. This included an internal examination of my anus to determine extent of damage. I was treated with compassion and empathy by both the obstetrician and midwife who explained to me why they needed to do it and they were sorry, and it might hurt. Although it was painful and unpleasant, I felt well cared for and bless my midwife, who turned up my gas to get me through. I still have flashbacks of this, but how I was treated made a difference in how I processed it.

I went home 5 hours after I gave birth (my decision) and continued to receive excellent after care from my MGP midwife at my home 2 weeks post-birth.

I write this story out to show how good an experience with continuity of care can be and that it is possible. I did have elements which I consider to be physically traumatic, but this was alleviated by the care I received.

Post-partum was a different story – I had a horrible breastfeeding experience for the first 12 weeks and getting access to support was difficult and costly. I had to pay privately. I didn't understand how to access Early Childhood Health. I didn't get a mothers group. I went to my dr for help with anxiety 3 months post-partum and it didn't feel like my then-GP knew what to do, and I didn't know where to access help afterwards, so I got nothing and white-knuckled through. My pelvic floor and core were damaged after birth and symphysis pubic dysfunction but no guidance or follow up on that – I researched and went to a women's health physio at cost to myself. I was anaemic, but that was never mentioned again after my son was born.

My current pregnancy is not proceeding as well. I applied at less than 5 weeks for MGP and did not get a place. I had early bleeding and luckily, I have an excellent GP who listened, investigated, and followed up. When I finally got into the antenatal clinic **at 18 weeks**, I had no option but to continue shared care as the midwife clinics were oversubscribed.

My care this time feels disjointed, there is no continuity of care (except for my GP who will not be there when I birth anyway). Everywhere feels under resourced. Even when I called admissions to book a bed on a Friday afternoon, I was rudely told to call back on Monday (no reason given, I guess they couldn't be bothered to spend the 5 minutes it took to process it).

I have been diagnosed with gestational diabetes. It immediately started with induction comments '*you will be having a September baby now*'. I have recently had to start insulin. With that came '*you will need to deliver at 38 weeks, or 39 at the latest*'. No explanation of why that is medically indicated, or the benefits/risks, just throw away comments as if it is an inevitability. These comments are already making me feel pressured.

I wanted a spontaneous birth this time, but I am now mentally preparing myself for another 39-week induction. However, this time it is with fear in my heart, because I feel like just a number in the system. I feel like I am being given no options this time around and I am preparing to have to fight for myself.

Every woman should have options as to their model of care, not forced into something because there is no other choice available. That should always include continuity of care under a Midwifery Group Practice.

Interventions like induction should not be an assumed inevitability, or a flyaway comment, without any discussion about the need, risks, and benefits with the appropriate medical professional.

I strongly feel that there should be more funding for postpartum care, like women's physio and lactation support. It very much feels that the mother is forgotten after the birth. The help I got was completely through my own persistence, research and ability to navigate the system.

Thank you for holding this inquiry. I wrote this to show the difference continuity of care can make to women and how stark the difference in experience already feels to me, and my confidence in the process and outcomes. I have seen firsthand the positive experience of having a midwife I know and trust through MGP, and I know that my experience this 2<sup>nd</sup> time round can be better.