

Submission
No 912

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

My first birth ended in an unnecessary transfer from _____ to _____. The birth was perfect; my pregnancy had been perfect. It was less than 5 hours active labour.

Moments after the birth, however, it became apparent that the cord had come away from the placenta. Subsequently, we learned it was a velamentous cord insertion. DESPITE my baby being VERY alert and obviously well, she was deemed to pale (she has red hair. She comes in two colours: red and white). This led to her being taken from me with a muttered 'fuck' on seeing the cord. No explanations. I found myself on a bed, having the placenta manually removed. Then left uncovered as more and more, primarily male, staff entered the room. A decision was made by doctors to transfer my obviously healthy baby to _____, claiming possible blood loss and an inability to get a reading from a faulty device. My baby was well.

My husband was alert enough to cover me and INSIST I be given a bed in _____. They very reluctantly made this happen but told us we would have to make our own way there, as they TOOK our baby away via ambulance WITHOUT EXPLANATION.

I very quickly put on a maternity pad held in place with my husband's swimmers and only my dressing gown for dignity and RAN after the ambulance officers took my baby, all within an hour of giving birth. NO ONE CHECK ON ME. Not as I left and not when I arrived at the NICU in _____ moments after the ambulance to hear the registrar say, "Why is this baby here. Oh well, we better do something". That something was a sugar drip. On a very low dose so that she would still feed.

My baby was born at 5 pm; it was 7 pm before I held her and was able to put her to the breast.

I was allowed to feed her, then ushered...forced...to go to my room, where I was vaguely shown the kitchen where I could help myself to a sandwich. NO ONE CHECKED ON ME> Obviously, I was not welcome or encouraged to ask for help. I was told I would be rung when my baby needed to feed and should stay in my room until this happened. If she fed overnight, we could go home in the morning; I was called, d up to feed her at midnight. I stayed as long as I could before reluctantly placing her back in the cot and returning to my room on an entirely different level of the hospital.

The next thing I knew, breakfast was served, and still no phone call. This couldn't be ok. A newborn MUST need to feed again. It had been 7 hours. My husband arrived, and we marched up to NICU uninvited to find that our baby was no longer on a low dose, but it was now four times what it should be. When the registrar came by for 10 am rounds, he declared, "WHO THE FUCK TURNED THIS UP!" This meant we now had to wean her off the drip, which was preventing her from feeding,

By the end of the day, she was off the drip, but we HAD to stay on the ward overnight to satisfy some protocol. Thankfully no one else was in my room, so my husband stayed. We left after breakfast.

We ended up with six agonising weeks before we were able to establish breastfeeding.

To this day (over 16 years later), I believe this was mismanaged first at _____, with unnecessary panic...failure to see my baby was well, disregard of my welfare or dignity, then an attempt to blame it on a 'velamentous cord' and try to justify their action. Faulty devices were given more attention than the actual situation: an obviously healthy baby who should not have been separated from her mother.

I returned to the crime scene for my second baby, as options weren't exactly varied. During this pregnancy, which was also without issue, I was subject to discrimination due to my BMI. At around 34 weeks, my GP/OBGYN decided my BMI was too high for unknown reasons. I had not put on any weight during pregnancy; I measured well, blood pressure was always well...anything they could measure, I was well within allowable standards: except for BMI. I was forced to go to _____ to see the specialist to be 'approved' to give birth at _____. This involved a scan to measure the baby, which was found to be average. There was no reason to suspect I had a 'big baby' because my BMI was higher than 'acceptable'. The scan is not a reliable measure of size, and I was not given an option. If I did not attend this appointment, I would be refused service at _____ based on my BMI alone. Having passed this pointless and demeaning test, where the sonographer revealed the sex of our baby despite being asked not to, we were forced to wait in the overcrowded waiting space again. Despite having appointment times, we waited over an hour for the scan and then again for the appointment with the specialist. I still do not know her speciality, but she told me my baby was average. My overall health was within acceptable boundaries, so I was approved to give birth at _____. She told me to 'lay off the Maccas and soft drinks'. She had not asked me about my diet. She then told me that as long as I put on 'not more than 10 kg before the end of the pregnancy,' she saw no issue with me birthing at _____. I was six weeks away from full term. I had not put on any weight. If I suddenly started putting on weight at more than 1kg a week, I would hope alarm bells would sound. But this would not be an issue. Why did I have this demeaning protocol to prove my worth to the _____? I went on to give birth without intervention in 4 hours, with no complications and would have gone home 6 hours after birth, except it was the middle of the night. In the middle of winter. So we went home after breakfast.

In my third pregnancy, for some bizarre reason I can only put down to a lack of options/defeat, I returned to the GP/OBGYN who so nicely discriminated against me. I didn't even get through the booking in the appointment before he rejected me. My BMI was unacceptable. No Birth for you!

Dejected, I returned home without any care.

And I am glad he did that for me; he also must have called the birth centre, for I was miraculously offered a place there, even though I did not put my name down. I live an hour from and an hour 1/2 from birth centre. I appreciated the continuity of care and the relationship I built with the midwife...I knew I would not be birthing in the hospital. I had a blissful birth at home; it was all of 20 minutes, as I had had a 'silent' first stage.

For my fourth and final baby, I again had continuity of care during pregnancy and birth without assistance at home in a 1 hour intense, but no dramas labour.

What I learned in these births was that communication is vital. I had assumed the care providers would care that I would be informed. But I was not. Consent was sort in the moment and in a manner that did not imply I had a choice: it was the opposite, very much 'do as you are told'.

I have developed a communication tool called 'birth cartography' and written a book to help mothers prepare called The Birth Map. This book is being evaluated as my PhD. The book is mostly about questions. The questions I wish I'd known to ask, the ones my friends wished they knew to ask. It outlines the medical interventions that might be offered and how the cascade of consent occurs. I heard time and time again, "I wish I had known..." "If I had been told X, I would have made a different decision". "no one told me that THAT could happen".

In the 16 years since I had my first baby, I have watched intervention rates, along with birth trauma, have risen dramatically. With each birth, the acceptable levels were reduced. More and more women were deemed high-risk, and more had gestational diabetes. It wasn't that more women were unwell; it was the lowering of parameters. FOR NO BENEFICIAL REASON.

The term 'obstetric rape' and 'obstetric violence', once muttered, are now said with absolutism. Something VERY wrong is happening in maternity care.

There needs to be more CONTINUITY OF CARE MIDWIVES. The mountains of evidence to us precisely what we should be doing. It is not the 'gold standard'. It is the minimum, and less than 10% of women have access. 90% of women receive SUBSTANDARD service.