

Submission
No 1049

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 7 August 2023

Partially
Confidential

My Birth Story

For the purpose of this submission, I will outline my personal details, my birth plan and hopes, actual birth event, immediate postpartum experience, and on-going postpartum and mental health impacts.

I urge you, the reader, to stop for a moment, and acknowledge the information you are receiving in this submission, is of the story of life being born into the world. This is the story of a human who has tried to reconcile every moment of this journey of parenthood, from conception to birth and beyond. Please treat this submission, and all others you will read with respect, reverence, and dignity.

My full name is _____, and I give permission for my details to be used in support of this inquiry moving forward. I am currently 33 years old. My daughter is now 16 months old. I live in the _____ area of New South Wales. My experiences within _____ Hospital during and after my birth, follow me every day.

In comparison to other medicalised birthing experiences, I consider myself lucky. I also carry the trauma of having to make the decision to birth in a hospital and this is where my birth story becomes painful for me. I had planned a home birth. Once I became pregnant, I contacted a private midwife who practiced in my local area, and she agreed to become my midwife for the duration of my pregnancy and birth.

My daughter decided she wanted to join us earlier than expected and was born at 35 + 5 weeks. Whilst engaging a private midwife, you are unable to have one present at a home birth if the birth is under 36 weeks. This led to me having to make the decision to birth at home, with only family present, or to transfer to _____ Hospital (over an hour from my home). This is due to local hospitals not accepting births under 36 weeks.

This meant driving for an hour to _____ whilst in labour. I had to wash, dry and pack my things during the early stages of labour and then pack everything we may need into our car and start driving. My partner had just finished 8 hours of day work, a night shift and other duties leading up to our trip to _____

Thankfully my midwife was able to join us in _____

My main prerogative for submitting my story is the practice of removing premature babies from their birthing parent, immediately following birth, and placing them in the Special Nursery (as a precaution), prevents parents from immediately bonding with their newborn, stops breastmilk production, and destroys the option for a complete physiological birth. All things that were taken from me. I do not remember my daughter until hours after she was born. I met her in the nursery. I met my daughter like I was a visitor. This first time I held my daughter was after other people had held her, after she had tubes in her and was hooked up to a monitor. All unnecessary. Whilst my daughter was born prematurely, she had no health issues and needed no assistance. Everything done to her was done as a precaution and none of it I would have agreed to if I wasn't asked for consent moments after giving birth.

I had the first moments of my daughter's life taken from me, so doctors could intervene.

Thankfully our stay in _____ was only for one week. But it was one week of not being in the same room as my daughter. Of barely being able to walk as I had hurt myself during labour, and this was

not addressed by the hospital. I was not offered relief. My blood pressure and temperature were continually monitored as is everyone's.

On the third day at [redacted] I was advised I would be discharged but my daughter would not.

Whilst I acknowledge this is normal practice for hospitals, the act of removing parents from their newborns, and having them leave is archaic, and highlights the lack of beds rather than best practice for each patient. There is no empathy, or humanity in a medicalised birth. I was shown this when I said I wouldn't be leaving the hospital without my child. I was met with "refusing to leave" and was then completely ignored by staff. I cried non-stop after I left. My partner and I were able to stay in [redacted] which is close to [redacted] Hospital. However, it involved walking and driving to and from the hospital.

I had to walk in pain to visit my daughter, and physically couldn't bring myself move.

I needed help at the most vulnerable time I've ever experienced in my life, and no one in [redacted] was willing to listen. I was simply met with "there are other women that need your bed". But didn't I need it? Nurses telling me "There's nothing we can medically do for you" therefore, I needed to leave.

I wake up crying most mornings because I do not fully understand why I couldn't have my daughter with me in the same room. When every other woman around me had their baby and then happily went home. No one could offer me an explanation. I attribute this to struggling to bond with my daughter for weeks after leaving [redacted]

Being pregnant and giving birth through the pandemic has impacted my experience. Being pregnant during lockdowns was very isolating and at times, scary.

It is also clear that, with other when who share their birth stories, there is ingrained systemic abuse that charades as medical care. Some of the women I know who have birthed, don't even realise they have been coerced and pressured during their births.

I am lucky because I had the means to have continuity of care throughout my pregnancy. But I still label my hospital experience as traumatic. I am yet to find the right professional to help me unpack my experience.

More needs to be done to empower women and help them understand their bodies during pregnancy and birth. Women need to be encouraged to listen to their bodies and trust them. Women know what needs to be done to birth. Doctors and hospital policies need to get out of the way. They hinder instead of help. There needs to be support for full physiological birthing. An empowering birth creates an empowered mother, which filters through to a child who doesn't experience second-hand traumas.

Health care professionals need to discuss all birthing options and prepare women for all outcomes.

If there had been the option for a birth-debrief in the days following my birth, I may not still feel the way I do about my birth.

I thank you for taking the time to read through my submission.