

Submission
No 960

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 14 August 2023

Partially
Confidential

In the lead up to the week of my due date (28-2-22) we were told that [redacted] hospital maternity department was on by pass and was unable to deliver babies due to short staffing. I was told if I presented to the department in early labor I would be sent to [redacted] (1hr 20 min from [redacted]) to have our baby. The staff were very apologetic and we were told it was an hospital upper management decision that was out of their control.

This meant that potentially we had to make a decision to stay at home longer in early labour and present in active labour to be able to stay and give birth in [redacted], or travel 2 hours from our home in [redacted] and give birth in a hospital not known to us surrounded by unknown care providers.

This was quite distressing as this caused a lot of uncertainty as to where we were going to be for the birth of our child and also if we were going to be supported by any known care providers.

After about a week we were told that the strict by pass had been lifted and the maternity unit was open for births in [redacted] again. There was still the potential that if staffing dropped again that [redacted] Maternity would go on by pass unexpectedly.

At 40 + 10 days I went into labour. I had a long but beautiful drug free labour where my husband and I were mostly left to do our thing. When it was time to push there was a changeover of staff and the vibe changed dramatically. My husband felt he was pushed to the side a little after being so present and active as my birth partner the whole time.

The midwife may have been very well meaning and experienced however she kept telling me to “change my breathing” from a breathing technique I had been using throughout the whole labour into something that felt forceful and coached. This made me feel like I was losing control of the situation and not listened to. It was clear in my birth map that I did not want coached pushing.

There were multiple scenarios during this point of the labour where I was told to lay on my back which was also something I clearly stated I did not want to do(unless medically necessary) on my birth map.

I was 10cm dilated with a cervical lip, which they tried to push back several times. They believed this was the reason the baby was not descending into the birth canal. Eventually after hours of this the baby’s heart rate was dropping considerably.

The obstetrician spoke to us and told us we were going to go to theatre and try and have another go at birthing vaginally with the assistance of the vacuum, if this didn’t work we would proceed to a cesarean section. We consented to this.

There was a lot of back and forth and unclear decision making during this time. No one was clearly taking the lead during what felt like a crucial moment in our care which I think made a big difference in the outcome of our birth. One midwife in particular who had been there the day

before arrived back on shift just as this was all unfolding. She quickly made a clear and precise decision to go straight to theatre and have an emergency cesarean.

Our baby was delivered by an incredible team of nurses, midwives and doctors and we are eternally grateful for the team on shift that day.

He was born with a low APGAR score & needed resuscitation immediately in theatre. My husband and I weren't sure if our child was alive for a few moments following his birth. This was very distressing for both of us.

Due to this I did not get to hold my son until I was in recovery, then he was taken to the special care nursery with my husband. This caused great pain and grief knowing that I was not the first person to see, touch or be with my baby.

Luckily he recovered quickly and we were able to stay in _____ and recover from our traumatic birth experience.

There were many points in our birth story that caused distress and grief. The lack of staffing and support was the biggest contributor to the trauma we experienced as new parents.

The midwives and doctors at this hospital are chronically understaffed and resources are constantly stretched. The system needs more support for rural and remote areas to provide an adequate service to women and babies.

There needs to be more access to public funded home birth so people that are a significant distance from a hospital can stay in the comfort of their own environment when they are at their most vulnerable. This will facilitate families to birth their baby in a safe environment and support a normal uninterrupted physiological labour and birth.

I wish I could have had access to a midwife led continuity of care program during my pregnancy. I also wish I could have had access to midwife home visits towards the end of pregnancy to reduce the amount of travel we had to do. I believe it would have made a huge difference in the outcome of our birth story. This is a significant barrier in rural and remote antenatal care.