

Submission
No 962

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

14/08/2023

Dear Selection Committee Members,

My name is _____ and I am 32 years old. I live in _____ and I have two children, a five year old and a three year old.

I had my first birth at _____ Hospital in October 2017 and my second birth in 2020 at the same hospital. As a result of my first birth, I am still to this day suffering with the ongoing effects of birth trauma. This birth was my first pregnancy and my first experience of giving birth. Whilst at the time I believed that I had received the best pre-natal care and preparation opportunities, I quickly realised after the birth that I was in fact under prepared and under supported.

I was induced at 41 weeks at 4am in the morning, after presenting to the hospital earlier that night with some light bleeding. I was monitored, as well as my baby, and eventually did agree to be induced based on the advice and reasons of the doctor on duty. I was overdue and the bleeding was concerning the doctor (doctors were aware of a low-lying placenta but had cleared me to labour and birth). While I did receive some reasoning, I still wasn't overly comfortable with why I was getting induced and in hindsight would have preferred to go home or taken to the ward to wait and see what happened naturally. I was given very little information about what to expect with the induction and was quite apprehensive before it commenced. I was monitored throughout the labour, and this at all times indicated that baby was doing well.

During labour, I experienced non-stop contractions due to the amount of syntocinon I was being given to try and dilate me further. I also experienced some very rough and painful vaginal examinations, which I did consent to, but did not appreciate how they were carried out. The part of my labouring that upsets me most, is when at around 8am I was told that I should be more dilated than what I was and was given a tablet to take and told by the midwife to have no more food "just in case you need a caesarean". It was at this point that my labour took a turn from positive energy to worry and I was beginning to feel like a failure and that everyone had already given up on me. I felt like the decision was already made for me, and I was going to have a caesarean. From then on, I felt alone in that room. I had my husband, but he was just as unsure as I was and doing his best. I would have loved to have a support person who was invested in doing all they could to help me achieve a natural birth. I believe that I was so severely under supported and felt unsafe and scared in my most vulnerable moments, that my body was unable to carry out the physiological birth. I also believe that my body and baby were not ready for birth, and that I should have been properly informed with information about induction intervention on the outcome of a natural birth.

My child was born via emergency caesarean at 1.52pm on the same day. I did not progress past 3cm, and my leaking amniotic fluid was showing meconium later in the labour. After a failed epidural and recommendation of the doctor, we decided at the time that a caesarean was necessary. I required a spinal block in theatre before the procedure, as the epidural was not working effectively enough. My child came into the world with no health complications. However, from this point onwards, I experienced complications that affected me physically, emotionally, and psychologically.

I haemorrhaged on the theatre table and then again in recovery, requiring a Bakri balloon insertion immediately. I did give consent for training doctors to watch this procedure as it was rarely used at the hospital. There were about 8 people standing around the bed watching. It was only after I had time to process everything and the drugs were wearing off, that I felt quite humiliated, vulnerable and that my privacy had been invaded on top of everything that had already happened. I was trying to bond with my baby, feed my baby and enjoy those first moments, and it felt interrupted and chaotic. I

do understand that it was a life-threatening situation, however, I feel that I could have had more verbal support and reassurance that I would be ok from the doctor and recovery nurses. I don't remember much at all about the first 12 hours with my baby and family who visited at the hospital. That first night was incredibly difficult as I was unable to tend to my baby when he cried or was choking on phlegm (common with caesarean babies). I relied on the midwives to come in and help. I was also experiencing the effects of the pain relief/spinal and was not able to sleep, as I was jolted out of my sleep feeling like I wasn't breathing. The midwives weren't overly comforting regarding this problem, and I was rather distressed in coming to terms with how my birth unfolded.

I ended up requiring 2x blood transfusions the next day to be able to stay alert, speak, sit up and feed my baby properly. After this I could get up and shower. I spent four nights in the hospital to ensure that I was doing ok and that my son was feeding well. I found the feeding part difficult as I was getting a lot of varied advice from the midwives on each shift. Some were quite abrupt and forceful with positioning my baby on me to latch and this made me uncomfortable, as I did not give consent and it was upsetting.

Weeks after the birth, I knew I wasn't doing well emotionally and psychologically when I was still crying and experiencing heightened anxiety long after the baby blues should have subsided. I was always thinking about my birth and tried to work out why everything happened the way it did. I was seeking answers at my six week follow up, and the doctor was unable to give me much comfort as to what went wrong and showed little compassion for my experience. At the same time, I was still battling recovery issues with the caesarean wound not healing properly, a urinary tract infection and a weak/dragging right leg. After investigative testing including a nerve conduction study and MRI, as well as Neurologist consult and Anaesthetist follow up, I was diagnosed with nerve palsy, which took two years to correct itself. It is believed the prolonged compression machine on my legs after the surgery was responsible for damage to a nerve in my leg.

Around the time of my son turning one, I was diagnosed with Post Natal Depression and Anxiety. My relationship with my son and my experience of being a mum for the first time was always dampened while I quietly struggled with soul crushing emotions. I relied heavily on my husband to help look after our son and this strained our relationship and created more distance between myself and my baby. I don't believe that new mums have adequate post-natal care in terms of length of time and frequency. I would love to see women benefiting from quality, ongoing support from professionals in after birth care. I feel this is particularly important for women who experience complications during childbirth and/or caesarean births. I do not believe there is enough recognition of the impacts of birth trauma and in most cases, women are unprepared for what can go wrong in labour. Trauma informed training for clinicians and birthing women should be a priority. Birth trauma deserves a place in birth education classes and needs to be normalised as a possible natural psychological response to something that doesn't go well or feel right, but with the right post-natal support can be treated. I feel that there needs to be specific referrals and services to psychologists that can assist women in birth trauma and other conditions related to the outcome of their birth. My personal experience was that I was suffering in solitude, as I felt that I should be grateful to have a healthy child and enjoy being a mum.

A further suggestion I have, and the one I feel would improve the outcomes for birthing women in Australia is better access for all women to continuity of care models. Having one midwife throughout pre- natal and post-natal care and labour I believe is paramount for women achieving the birth that they hope for. The potential of this relationship between mother/midwife is undervalued and underutilised. Furthermore, I would like to see funding for training of birth support workers/doulas who assist women in pre and post birth as well as holding space and advocating for women in labour.

I don't believe many women are informed with the knowledge of their purpose and what a trained support person can offer to their birth experience. I've always felt that if I had this form of support for my first birth, it could have had a much better outcome.

In May 2020, we welcomed my second child via a caesarean birth, another emergency after an attempted VBAC. The same result as my first child, however a completely different birthing experience. This was a healing birth, however I had to work hard to advocate for myself in the lead up to the birth and during the birth. From my experience, there is not enough recognition of the importance of offering this option to women who have had a previous caesarean. Women should be supported to achieve VBAC births and be offered information to confidently make informed choices when it comes to their births.

Having lived through these experiences, I feel their needs to be significant improvements to the services and supports for birthing women in Australia. This is particularly pertinent to birth trauma. It is my hope that sharing my story will in some way assist with positive outcomes for the future of birth and obstetric care in Australia.

Thank you for your time in reading my submission. I give permission for my submission to be published, however request to remain anonymous.

Warm regards,