

Submission
No 985

INQUIRY INTO BIRTH TRAUMA

Name: Miss Christie Bosworth

Date Received: 15 August 2023

Partially
Confidential

Birth Trauma Submission

My name is Christie Bosworth, I live in _____ and I'm 34 years old. I now have a ten month old daughter, with my partner Dane.

My pregnancy care was, for the most part, through GP-shared care between a doctor at _____ in _____, and the _____ Public Hospital. In the final few weeks of my pregnancy I switched to care fully through the hospital – wanting to go solely through the midwives, but receiving care from a combination of doctors and midwives. I also had a doula who provided extra care and support from the third trimester through to postpartum. I gave birth in October 2022, with support from my Doula, midwives and obstetricians at the _____ public hospital.

Key Points

- GP shared care experience was wholly disappointing due to biased information and coercion from GP, and hugely fragmented care between GP and _____ and Public Hospital.
- Labour at _____ Public Hospital was traumatic and distressing, due to care from the older midwives on shift during the day/early evening.
- Care from the all Obstetricians at the hospital was excellent, during antenatal care, labour and delivery
- Care from a younger midwife for delivery at night was excellent
- Care from day shift midwives in the maternity ward was excellent
- Overnight at the hospital was horrible, due to staying there solo without my partner, and inadequate care from night shift midwives
- Follow up care from hospital midwives at home was thoroughly disappointing

I experienced birth trauma from a combination of the following;

- I applied for the MGP program, as I wanted continuity of care and to birth somewhere 'in between' home and hospital, though disappointingly did not get into the program.
- Inadequate pregnancy care given by my GP. I had formed a relationship with her based on the impression that she was 'holistic', but when the time came to go through antenatal care, was certainly not. No decisions were ever framed as 'decisions' to me.
- I was not made aware of the power or control in the whole process that I actually had, such as her insistence that I have multiple gestational diabetes testing done, resulting from the fact that my blood sugar levels were slightly elevated (though within the range of normal). This slightly elevated level resulted in her being overly fearful of me birthing a 'big baby', and this fear was discussed overly at every appointment. When I would question her, or want to discuss my own research I had done, I was treated condescendingly and judgementally. Her advice felt hugely biased.

- I was also told I had to have the GBS test done (even though this was a choice – though nothing was ever framed to me this way – and even though other states don't even test for this). I tested positive for this, at around 35 weeks.
- When I brought up the idea of a homebirth with her, wanting a referral to a private midwife, she told me that there was no way she could do that as it would be highly irresponsible, and she would strongly advise me not to go down that path due to the high risk. She was assuming that my 'risk' level was high, still due to my slightly elevated blood sugar level in the first trimester – even though results since had not been high, nor had I ever tested positive for gestational diabetes. Her fear of me birthing a 'big baby' (where this fear stemmed from I'm not sure, as I am not necessarily 'small framed' and felt my body could birth a baby that was measuring larger) being the justification for this refusal for referral.
- I then learnt that it was extremely difficult in the [redacted] to find any GPs who would refer for a homebirth. Second to this, I called every single listed private midwife in both NSW and ACT, and learnt that no one was available for homebirths for the next 18 months, ruling my hope of a homebirth out entirely. This was majorly saddening at the time, as I had really been able to envision feeling safe birthing in my own home, as it aligned with my values and beliefs (however – post my actual birth – this has now changed, as I was really glad for the medical intervention that I received when needed).
- When towards the end, at around 35 weeks, my baby was measuring in the 90th percentile (even though the statistics show that ultrasound testing can be highly variable/inaccurate), my GP told me that the OBs at the hospital would want to induce me early, most likely at 37 weeks, and perform a caesarean section due to the perceived size of my baby. When I tried to advocate for myself, saying I did not want to be induced that early and would want to try to go until 40 weeks, I was told by my GP that this would be irresponsible and that making this decision would greatly heighten the risk of stillbirth. This felt hugely coercive and threatening – that if I didn't follow her orders I would be putting my babies life at risk (whereas to me, the inverse felt like a far greater risk).
- Overall, within the GP shared care, I felt that the care received I was hugely fragmented, with poor/no communication between my GP and the midwives/doctors at the hospital. Information was often lost and I never felt I had a proper continuity of care: each time at the hospital I would see someone new and no information was ever remembered or transmitted accurately.
- I experienced antenatal anxiety and depression, certainly exacerbated by the lack of care I feel I received from my GP. I started seeing an antenatal psychologist, which helped. I had wanted to come off medication before birth but because my mental health felt fragile, decided to stay on this.
- I then decided to transfer from GP shared care to care solely through the hospital, wanting care from just the midwives (mainly because my GP had instilled fear in me of what care I would receive from the OBs there). I was told the midwives were too busy to take me on but I could see whoever was available, which ended up being mainly doctors. Luckily, the care I received from the OBs at [redacted] public hospital was amazing, and I felt no pressure or coercion to be induced pre-40 weeks.

I felt informed by them, to then make the decision to be induced at 41 weeks, if necessary.

- I went into labour naturally at 40weeks+ 5 days, following a stretch and sweep procedure I had asked for that day by a midwife at the hospital. My labour was long and painful due to a posterior presentation. As I was only dilated to 3cms on first arrival at hospital, I was sent home to labour more, and returned to the hospital approximately 6 hours later. As I had not dilated further, at 3cms I was told I could not properly be admitted, so had to labour further in a small waiting room (even though the birthing suites were all vacant at the time). I spent approximately 4 hours in a small room, with support of my partner and Doula, attempting to rotate the baby to an anterior presentation and further the progress.
- I experienced such intense pain due to the posterior presentation of my baby. I felt wholly ill-equipped and ill-prepared for this level of pain – I had been prepared to be able to work through pain naturally with my breath and hormones (through Calm Birth), and felt hugely shameful that I couldn't. All that helped for me in the moment was to vocalise loudly, but I was told by a midwife that I was going to have to “get control of myself and stop making so much noise” and start breathing instead. As I had opted for no medical pain relief, and was only using the TENS machine, it was suggested I have sterile water injections to help manage the pain. I was told it would feel like a bee-sting for a minute but then provide huge relief. Being held down by two midwives to administer this, I then felt the most pain I have ever experienced and couldn't stop screaming for a very, very long time. The process then had to be repeated a second time and I was in complete shock at how painful it was and how I had definitely not been told how much it would hurt (I felt lied to). I spent time by myself in the toilet after, crying and shaking and in shock at how instantly traumatised I felt from these injections. As much as it did then help to alleviate the pain in the lower back (for a couple of hours) it was repeatedly then suggested to me, by my doula and the midwives, that I have another dose. When I said I would prefer a caesarean section to another dose, they were in disbelief and no one seemed to understand how much the administration of the injections had affected me.
- Finally I was told that I would be able to move to a birthing suite, despite not having 'progressed' in dilation. The two midwives (who were older in age, stubborn in following 'policy', and quite archaic in their general beliefs) on shift seemed really fearful of my baby being in the 90th percentile. Due to this, I was told that despite really wanting to be able to labour and birth in the bath, I would not be able to as this was too much of a 'risk' (due to my 'big baby', and GBS). The attending OB refuted this and told me that because of my body type, I would be fine to both labour and birth my baby in the bath if I wanted. The midwives stalled, telling me that I would need to be constantly monitored and the wireless monitors that go in the bath weren't charged, so I couldn't go in the bath – and only went to charge them once to OB ordered them to.
- Despite all of this back and forth, once in the room I was still advised by the midwife that it would be irresponsible to go in the bath (even though it had been prepared).

When they returned to the room and saw that I had decided to labour in the bath, the midwife got very close right in front of my face and 'told me off', telling me I had gone behind her back and got in the bath after being told not to. All I could do (in hugely intense pain by this point) was turn my head to the side and try to survive through my contractions. I had made a big point in my birth plan about non-critical communication being directed towards my doula and partner, to allow me to stay in labour land and ease stressful decisions (though I don't think my birth plan I gave to them was actually looked at).

- By this point the pain got too much to handle and after learning I was still only 3cms dilated, approximately 26 hours later, I opted to have an epidural which luckily was encouraged and allowed me (while sleeping) to dilate to 10cms. As the most traumatic part of the day had really felt like the pain, to be finally free of this felt like the biggest relief, and empowered me. Pushing felt scary, as I could not feel what I was doing, though with the shift change brought an amazing midwife who coached me through this excellently, with the pushing phase lasting only 20 mins.
- Towards the end my babies heart rate dropped significantly, which was terrifying as I was told I absolutely had to push her out on the next push, which luckily I did. She came to me blue and limp and I was so upset and terrified, wanting them to take her from me and help her. They did, with multiple people rushing into the room and working on her. The following minutes felt like an eternity though finally they told me she was pink, and I heard her cry. We were then left to have time to ourselves with her, which was hugely appreciated.
- Luckily, as it was 1am, my partner was then allowed to stay in the birthing suite with us until we were shifted to the maternity ward in the morning around 7am. We received excellent care from the midwives there, who were hugely generous with their time and advice for us.
- Despite it then being mainly empty in the whole ward, my partner had to leave after visiting hours for the night. Having to stay alone with my baby that night was so challenging – I was in disbelief that all of that had just happened to me and then I was expected to care for my baby solo, after such trauma and shock and my body still in pieces (multiple second degree tears and a fractured tailbone). How could it possibly be safe for me to do this solo, without my partner? I also noticed a significant drop in the standard of care from midwives overnight; the amazing care during the day replaced with lack lustre care at night. Especially with how empty the ward was at the time, it would have made all the difference if my partner had been able to stay.
- Because of this, as much as I was encouraged to stay longer for recovery, I opted to go home asap the next day, so as not to endure another night solo and instead be at home with my partner to jointly care for our baby.
- The care I then received from visiting midwives twice after birth, at home, was pretty disappointing. Medical advice was given adequately with regards to care for vaginal tears etc, but when asking for advice on bedsharing with our baby, I was told outrightly that this was unsafe and the only way we should sleep was separate to our baby. This just seems like such outdated advice, as evidence based suggests this shames parents and can actually lead to greater risk of SIDS as parents attempt not to sleep with their babies in their beds (falling asleep sitting up, etc).

Changes I would like to see:

- Greater access to continuity of care models, ie the Midwifery Group Practice and publicly funded private midwives and homebirths.
- Trauma-informed training for all clinicians (GPs, Midwives, Obstetricians).
- Policy to ensure women are provided with all options for their antenatal care. GPs must inform of all care options, including homebirth, and that all tests and scans are voluntary.
- Antenatal care to include more information to prepare for pain management options. That this care then also intersects with more holistic external birth information programs (such as Doula/Midwife run courses such as Calm/Active Birth).
- Policy changes in the hospital to allow for partners to stay overnight at the Public Hospital.
- Statewide target for lowering rates of unnecessary induction and intervention
- Publicly funded women's pelvic floor physio, psychologists and social workers for postpartum care both hospital and at home.