

Submission  
No 986

## INQUIRY INTO BIRTH TRAUMA

**Name:** Mrs Catherine Church

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Partially  
Confidential

My name is Catherine and I am a 42 year old mother to four living in the \_\_\_\_\_ in NSW. I had my first two births at \_\_\_\_\_ hospital in 2012 and 2015, and my twins' births at \_\_\_\_\_ hospital in 2020.

With each birth, there were empowering and positive elements as well as traumatic, disrespectful and disempowering aspects. Interestingly, these were less about the actual physical trauma (e.g. vaginal breech delivery with broken bones and episiotomy, ongoing prolapse and incontinence) that the emotional scars that came down to the attitude and communication of medical staff, lack of continuity of care, and where I felt my options were not presented or requests not respected. There are elements of each that still haunt me today and I wish had been different despite 4 healthy babies. Just once I wish I could have been fully present and calm enough to experience the joys of natural birth and not just the terror and extreme pain.

For each, the context and positive and negative experiences have been outlined below:

### **First Birth, \_\_\_\_\_, October 2 2012**

- **Details:** GP Shared care model at \_\_\_\_\_. 12 hour labour, vaginal Breech birth to a 4.2kg daughter with no pain relief. She was expected to be born bottom first but was a footling breech who then got stuck, meaning the obstetrician had to put his hand inside me to get her out, and broke her right arm in the process. She was in NICU for 2 days but the break healed after 3 weeks.
- **Positives:** Supported throughout the antenatal care process to have a vaginal birth after being empowered by a Calm Birth course. Dr \_\_\_\_\_ was assigned as my obstetrician, and I was thrilled to have gone public as they wouldn't perform natural breech birth at the private. The post-natal care on the wards for a week was fantastic (aside from different midwives giving contradictory advice on how to care and breastfeed).
- **Negatives / Trauma:** Only found out about MGP group when it was too late (12 weeks) and too hard to get in, so there was no continuity of midwife care. When I presented our midwife in the delivery suite with our birth plan she laughed at it and put it in the bin - I felt incredibly disempowered and belittled. I also wasn't consulted about the number of spectators - by the time I was in active labour there were about 16 people in the room including students as a vaginal breech was rare. I felt exposed and like a spectacle for entertainment. When I asked about it later I was told you have to actively opt out / request no audience, but wasn't told that at the time. Despite the amount of people in the room, once my daughter was out, I dropped to the floor from the birthing stool and lay there with no assistance as everyone in the room ran to see if the baby was ok. I just remember lying on the floor trying to ask if it was a boy or girl and no sound coming out. She was rushed to NICU and there was no skin to skin contact or any information coming to me about how she was while I was stitched up (thankfully finally on some sweet sweet gas).

### **Second Birth, \_\_\_\_\_, February 23 2015**

- **Details:** MGP care at [redacted] . 30 hour pre-labour, natural water birth delivery to posterior 3.6kg baby boy with no pain relief, and tearing.
- **Positives:** Continuity of midwife care, water birth, home 2 hours later and quick recovery.
- **Negatives / Trauma:** I was so thrilled to be in the MGP program this time and bonded quickly with the midwives. But it backfired as I knew and trusted them so much I let my guard down and then felt betrayed a few times. Once was in pre-labour - as he was posterior the contractions would start and then stop again for a couple of days. I had a sweep on the Sunday night and the midwife told me it could still be a couple of days, but told my husband in secret that he would be out by morning but not to worry me. This would have helped my mental state so much more to actually know the facts. Secondly was inducing the labour as it hadn't progressed fast enough by breaking my waters with a hook but not explaining the process. As soon as they were ripped I was in horrific pain and the intensity was too much to bear. Thirdly was not telling me he was posterior, thinking this would help, but I would have chosen pain relief if I'd know. She said "I know you're brave enough to not need pain relief and this will be a breeze compared to last time" so I felt like I couldn't ask. It was horrifically painful in a cold and tepid bath, nearly had hypothermia by the end of it.

### **Third and Fourth Births, [redacted] and [redacted], December 18, 2020**

- **Details:** Originally private hospital care, then switched to [redacted] Public at 18 weeks after learning of extreme cost of private NICU. Membrane rupture of twin a at 32 weeks, but after 2 weeks hospitalisation and then outpatient care, managed to incubate for another month. Fraternal boy girl twins born at 36 weeks, induced natural birth with epidural. Both twins in NICU, 1 for 1 day the other for 3.
- **Positives:** Managed to have a natural twin birth, so a quick recovery. Was offered both options for c-section and vaginal and could choose right up until the day before. Encouraging midwives as I was pushing. Excellent neonatal care for 2 weeks after waters broke.
- **Negatives / Trauma:** These were unplanned twins, so no private insurance, but my GP recommended with my age and twin risk I should go private. The obstetrician who was recommended was incredibly coercive around a c-section despite my desire for a natural birth. When I requested a gentle c-section (that most resembles natural birth, with dim lighting and no screen) she didn't know what that was. She actively scoffed at home birthers she hears talking in the playground and so the difference in our philosophies was immediately apparent. The decision to switch care was made when I realised the potential extreme cost (\$3k a night) of private neonatal care which the twins would most likely need being premature. I then went into GP shared care with [redacted] public but saw different midwives each time, and found it extremely hard to get any information on twin birthing and risks around birthing methods or if I could be guaranteed any experienced staff. In the end I decided on natural, but it was extremely traumatic. We arrived at 6am and didn't get into a bed until 8am, when the induction began. The midwife was inexperienced, barely spoke or looked at me, and was completely focused on checking stats and process. Horrible breath that nearly made me pass out. The anaesthetist was also extremely young and inexperienced, and couldn't find my

nerve - missed twice, and I fainted in the process. Needle came out and stopped working and he needed to be called back to fix it.

The midwife mistimed the speed of the induction and so I began active labour very quickly, but they couldn't get the anaesthetist quickly. None of the effects of the epidural were working, so when he finally arrived I was in intense pain. By this time there were dozens of people in the room (again, not briefed) and they were all fighting across me, blaming each other and rolling their eyes. I'd gone from calm and focused to terrified, which intensified the pain. He pumped me full of loads more drugs but by this time I was needing to push. Everyone was yelling at me to stop, at him to hurry up, and the whole thing was chaos. Eventually I had to push and my son was born in a ring of intense fiery pain, the worst of all 3 births. I was so out of it with the sudden rush of speedy epidural that I have no memory of the birth of my daughter 10 minutes later or the placenta after that. I felt completely drugged, confused, sick, and no idea when they were taken away or I was stitched (3rd degree tear). This was 1pm and I still hadn't had anything to eat, despite being asked if I wanted something and each time saying yes. By the time I got cleaned up and to the ward I had missed dinner, and so had to order my own delivery meal - didn't eat until 9pm, 13 hours after induction began.

I have had incontinence since my first birth and a prolapse since my last, which is a long lasting and irreparable disability, but with no financial support and a very long quest to get any answers or support. And I know so many women in this boat.

I have listened to the birth stories of most of my friends, and almost all have had some level of trauma or disrespect that has stayed with them long after the birth itself. Unfortunately, many birthing experiences come down to the luck of the staff or care that women and families are connected to. But there are many systemic issues too, including training, the access to the best models of care, better support for homebirthing, empowering women to have their voices heard before birth (as they often are intimidated by the experts - I certainly was), better partnerships between midwives and obstetricians (who seem to be in a political and ideological stand off), and trauma processed after birth. Also metrics that assess not just risk aversion (which seems to motivate many obs and private care) but KPIS around how women felt empowered and supported in their births, with immediate and longitudinal studies.