Submission No 1089

INQUIRY INTO BIRTH TRAUMA

Name: Date Received: Miss Imelda Finnegan 10 August 2023

Partially Confidential

My name is Imelda, I live in , I am 36 years old and I have a 1.5 year old and a three week old. In my tirst pregnancy I received shared care with hospital and my local GP and was on the Midwife Group Practice (MGP) for my second birth.

The majority of my appointments were with my GP and I didn't receive much information about possible complications in pregnancy or birth. I decided to become as informed as I could through the book 'What to Expect when Expecting' and podcasts such as 'Evidenced Based Birthing' and 'The Midwives Cauldron' so I could be informed on evidence based research at appointments.

My waters broke in December 2021 before contractions started, so my partner and I went into hospital to be checked as per hospital policy. At the hospital I was instructed to lay down for foetal heart monitoring and a cervix examination. My results were fine so I was hoping to go into spontaneous labour at home. A doctor entered and said I had Group Strep B and it was not safe for me to go home and recommended an Oxytocin induction via drip as well as fluid antibiotics. During my shared care I had done a Group Strep B (GBS) swab at the hospital and was told I could get the results from my GP. When I asked my GP what the results were at 38, 39 and then again at 40 weeks, she said there was "no result" and that meant I didn't have GBS. Luckily I had done a little bit of independent research into GBS prior so knew the evidence based research on the statistics of infection as well as treatment options. My partner and I told the doctor we would like to wait until the morning before commencing his recommended chemical induction. He stated that "I was putting the safety of my unborn child at risk". I was aware of the statistics and was confident with my decision despite this comment. Although I was aware of the evidence based research I was not aware of hospital policies and the mum shaming I would receive from medical staff, specifically at this vulnerable time. I again said that I would like to wait until morning to start an induction and the doctor seeming visibly agitated with my decision said "well fine but you will need to sign a waiver". Due to his shaming, coercion and fear inducing comments I began doubting my own information and intuition and consented to his induction.

Approximately forty minutes later I began to have contractions. Within less than 2 hours my contractions were lasting between 30 - 50 seconds with only 10 - 30 second breaks in-between. They reduced the amount of oxytocin but unfortunately the contractions continued at this intensity and they said my cervix was only 2cm dilated and it would take another 8 hours to meet the optimal "10cm" mark. I now know this information is hospital expectations not evidence based. I had decided before labour that I would not take epidural so I can birth in an optimal position and move around more easily however given this misinformation I decided I would take epidural. I then laboured until the following evening, around 6pm when I was told I was 10cm and could start pushing. I was coached to push which was something I didn't want but wasn't able to feel much due to the epidural. I pushed for two hours and then was recommended a vacuumed delivery. A two hour period is hospital policy and is a time frame considered average pushing time but not always the case. I was given quite a significant episiotomy and my baby was vacuumed out. The damage this episiotomy did to my pelvic floor led to a prolapse of my bladder and bowel which have left me with ongoing symptoms. These ongoing symptoms have damaged my self image as I physically cannot finish going to the toilet without putting external pressure on my pelvic muscle scar to finish a poo. I also wee myself regularly and to be honest I hate myself and my body when I experience these symptoms and they provide a constant reminder of the coercion and trauma I experienced, completely uninformed on the possible consequences of the episiotomy and vacuum delivery.

My baby was then put on my chest and I was just about to blow on her face to encourage her first breath but before I even had the chance to exhale she was taken away and put on a cpac machine. There were approximately 6-8 staff members in the room at this time and a bright light shining between my legs. Within five minutes everyone was gone, including my partner as he stayed with our daughter and I was left with a doctor and nurse to be stitched up. Once the stitches were done they measured the amount of blood loss using gauzing and put it in a dish on the table next to my bed. It was then hand over time so the doctor and nurse also left me in the room by myself. I was left by myself, with piles of blood next to me, between my legs and even sprayed on the walls around the room. I had no baby, no partner and was left for 40 minutes before I buzzed a nurse to check on me who then helped clean me up. This image gave me nightmares for months after giving birth and I ended up needing Rapid Eye Movement Therapy from a trained psychologist in order to move on from the trauma.

Approximately three hours later I was supported to visit my daughter in Special Care. As the next few days unfolded I was told that my baby wasn't getting enough milk and was recommended I top up with formula in a bottle. I said I wanted to continue to breast feed. At every breast feeding attempt I was watched by a Special Care nurse without being asked permission. After feeling very pressured by nursing staff I agreed to bottle feed. There was one occasion where I went to breast feed my child to discover I was too late as she had just been fed a bottle without my knowledge or consent.

My breast feeding journey was significantly impacted and I found this birthing experience very emotionally traumatising. I have a trauma background which the hospital was informed on and had been so triggered by the experience I ended up in a mental health hospital. The hospital psychologist and nursing staff commented that my daughter and my attachment was great but I was experiencing emotional flashbacks from this birthing experience. My plea to the medical system is to use less intervention, more evidence based research to inform hospital policy and most importantly, support women's autonomy during childbirth and prioritise physiological births over interventions and instruments.

In my more recent birthing experience in 2023 I was lucky enough to have an amazing midwife support me through pregnancy and birth. When I got to the hospital before my MGP midwife, the midwife that greeted me instructed me to lie down for a foetal heart monitor and I said I didn't want that and wanted to go straight in the bath as I was close to birthing. She said she needed to check the baby was ok before I could get into the bath. I lay down in a very painful position and she told me to "stop squirming" during contractions because she could only get my heart rate instead of my babies and she wanted to do an internal heart rate monitor. I said no to the internal monitor and she said she was "concerned for the wellbeing of my child". This comment was hugely fear inducing and triggering my previous birth trauma. I said no again and asked her to fill the bath for me to birth. She said not without her getting a good heart rate read first. My MGP midwife walked in and this particular midwife left. Twenty minutes later I was gently breathing my beautifully healthy baby out in a lovely warm, soothing bath.

All women should be supported to experience physiological birth this way instead of being manipulated, guilted, shamed and coerced into a highly medicalised, instrumental and interventionist delivery.