

Submission
No 1090

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

The hospital courses may present biased information based on who is providing the course and how tailored the course is towards hospital policies rather than presenting facts. In one of the hospital courses we did we often heard “if scenario x happens then we will do y” without directly mentioning informed consent. If hospital courses are the only training birthing people undertake then they could assume they have to make certain decisions rather than being aware that they have a right to ask for options.

The hospital policies were outdated. A lot of the information presented during my pregnancies was from guidelines produced before recent, larger scale studies.

Because I was over 35 during my pregnancies I was treated as if I had risk factors that my body and test results didn't reflect.

It's so hard to get continuity of care (proven to be more effective at supporting through to a positive outcome) and it's total potluck with who's assigned to the birth and whether they can or know how to support you. During labour for my first pregnancy I hadn't met anyone involved in the labour at all. My canula felt like it had been inserted incorrectly and was constantly painful. Instead of helping me with positioning for labouring, the midwife (who was new) was so worried about trying to get CTG readings (as per hospital pressure and policy) that she fussed constantly over the monitors on my stomach which interfered the whole time with my focus. I have since heard other stories of women in the same situation as me whose midwives knew manoeuvres to help guide the baby lower and they went on to birth vaginally. Helping me birth should have been the focus and not constantly trying to correct for collecting inaccurate data.

Without continuity of care, coercion/bullying can happen by certain hospital staff without the pregnant person knowing their rights. Copies of signed forms are not made available to the person signing on the spot and they need to go through a process to get it, meaning it could be changed without their knowledge. With continuity of care, the birthing person's personal experience and requirements could be considered to come up with the best birth plan for both the person birthing and the hospital. Due to the issues during my first labour with the canula and monitoring, I was not keen on them as a default for my second pregnancy. As I'd ended up with a Caesarean the first time, for the second labour the obstetricians wanted a canula inserted by default and constant monitoring, while I wanted to discuss only having a canula if there were any physiological indicators during the birth, as well as intermittent monitoring. I was told in a off-handed way that my veins would have collapsed if anything started going wrong and they wouldn't be able to insert a canula. Because I didn't agree to a canula or constant monitoring, on the spot and without an opportunity to discuss the options with my support team (my husband, assigned midwife, and doula) **they made me sign a form saying I had refused their recommendation. They would not give me a copy of the form at the time and said I would have to apply for a copy of it.** I only signed it as I was aware that I could change my mind and go with the canula and constant monitoring, but I hate to think of what happens to people who hadn't researched as much as I had or who don't have English as a first language. I consider that I am in more of a position to advocate for myself than a lot of other people, but that confrontation from the staff left me depressed.

The hospital advises to make decisions based on the “size” of the baby at the 36 week ultrasound scan. There is no accurate way to measure the size of the baby at this scan. I was told my baby was in the 93rd or 94th percentile. During a planning meeting, the random obstetrician said forcefully “you have a big baby – when do you want us to intervene?” and then waited for me to name an exact date. When my baby was born a couple of days before she was due, she was just under the 50th percentile for size. I was so relieved that I had stood up against the coercion for intervention.