

Submission
No 1112

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

My Birth Trauma Experience

My name is Emily Walder, and I have a two-and-a-half-year-old son, named . My birthing experience was complicated, and I now face the challenge of working through and processing aspects that have traumatised me.

I first started receiving care on the NSW during February 2020, through the Doctors when I had found out I was pregnant – this also happened to coincide with the first outbreak of Covid-19 in Australia. It was during this time that I was advised to take the Nuchal Translucency test along with other routine examinations, to screen my baby for possible Downs Syndrome. This wasn't presented as 'optional', and I was led to believe that such tests were compulsory.

As this was my first child, I was already feeling overwhelmed following a process that felt extensive and vast, let alone one that ethically challenged me and inflicted unnecessary fear. During the Nuchal Translucency test I was also advised by the ultrasound technician that it appeared that I may be at risk of having Placenta Praevia – due to my placenta being anterior. This was anxiety inducing and scary.

After returning a 'high risk' result on the screening test, I was then advised to take a more conclusive blood test – the NIPT test, which cost \$500. The feeling of being told you are now 'high risk' in a test that you wouldn't have ethically participated in, and then advised to undergo further testing, tainted this early experience of pregnancy and left me feeling frightened.

At 11 weeks I experienced a large bleed which led me to believe I may have miscarried. After presenting to emergency at the Hospital, I was made to wait for an ultrasound for two hours. This was heartbreaking not knowing the outcome or impact of this bleed. I received the ultrasound finally and a heartbeat was found. I was then sent home and advised to rest.

At 26 weeks, I had another bleed during a family visit to the , which was the catalyst for admission to hospital at the Hospital, where I was then transferred to for further observation and risk assessment. Unknowingly at this time, I was to go on to spend the remainder of the pregnancy in the maternity ward at .

Throughout this time, I was having daily CTG's and was sometime hooked up to the machine for between 2-3 hours before a 'stable' heartbeat was recorded for my child. This left me feeling fatigued and overwhelmed. I had at times requested a break to move around – as I was intuitively feeling that the environment was negatively impacting the result, through the stress I was experiencing, and unnatural lack of body movement. I was advised by a midwife during and 2+ hour session at 8pm at night that if I was to have a break, I would be risking the health and safety of my baby. This lack of control or agency over my body and baby was extremely distressing and left me feeling trapped.

As all of this was happening during covid, I was only allowed one visitor each day, this was restricted to one visitor in total each 24 hour period, not just one person at a time. This placed a great deal of stress on me as I couldn't have family or friend support, as well as my partner Jakeb, who is father. I felt that because I was the body carrying my child,

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my partner had to either sacrifice his daily visit and potentially be unavailable to be present or support me during another critical bleed, or limit my interactions with my support circle to only him.

We had tried to negotiate with the on-site social worker, that my partner be granted accommodation at the _____ Hospital _____, but were advised that we would not be eligible even considering that our home address was on the _____. Jakeb had to couch surf or sleep in the ward in a chair to be present in case of an emergency. This put stress on both of us as we felt we had no safe space to be totally comfortable and at ease.

I continued to bleed sporadically between 26 weeks' gestation, and 31 weeks when I delivered _____ via a caesarean. The bleeds varied in severity. Each time I would have a bleed, I was asked to do a speculum examination that felt harshly invasive and scary while I tried to manage and process potentially miscarrying, or haemorrhaging. I received no ongoing counselling throughout this time, and only had a daily visit by a social worker who suggested mindfulness exercises to cope with the stress.

After delivering _____ via caesarean, I had an injured urethra from the catheter. This injury prevented me from being able to urinate unassisted for the first three hours after it was removed. Against hospital advice to re-insert another, I persisted to try and urinate on my own despite excruciating pain. It took me 40 minutes to empty my bladder, during which one of the nurses 'huffed and puffed' in annoyance, at my decision to do this on my own rather than have a new catheter.

After what felt like a lifetime in hospital, after three days of observation I was given the 'all-clear' to go home with Jakeb and _____. Emerging from hospital was confronting and frightening as I hadn't been out in the world for over a month. I felt as though I didn't receive enough sensitive aftercare, considering the extent to which I was challenged during my time at _____ Hospital.

When I attempted to explore contraception at 6 months postpartum, I requested the outpatient GP at the _____ Medical Centre allow me to have the Mirena implanted whilst under general anaesthetic. This was due to my extreme fear around medical intervention around my womb and pelvic region after the traumatic birth and hospital experience, to which he advised as unnecessary – due to successfully implanting the Mirena for teenage patients with no complaints. This perpetuated a feeling of a lack of agency, and made me feel like my request was not respected or taken seriously. I never returned to see him again and have not since had the Mirena implanted.

I had disclosed during my admission to hospital that I am a victim of sexual abuse and assault, so the invasion into my body and privacy during this time has left me feeling traumatised and unable to go through the process of pregnancy again. I feel as though the lack of consistent and measured mentorship during my time in hospital limited my capacity to see out my pregnancy in a reassured and stable manner. I was living in a busy hospital ward for five weeks, in a state of heightened fear, and left with a new baby and no road map to a sustainable and holistic recovery - or any real psychological support.