

Submission
No 1122

INQUIRY INTO BIRTH TRAUMA

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NSW Birth Trauma Inquiry

Submission

15 August 2023

A) BIRTH STORIES

2015 - First Pregnancy, First Pregnancy Loss

- I discovered I was unexpectedly pregnant in 2015, and was excited to welcome a baby into my life sooner than I'd planned.
- After falling in love with this little one, I had a scan at 9 weeks gestation following some mild bleeding and cramping. I was told my baby had stopped growing at 6 weeks gestation, and there was no heart beat. This pregnancy loss would turn out to be devastatingly drawn out; it would lead to complex grief, and later, complicated post-partum PTSD.
- For the next 3 weeks I attempted expectant management (waited for my body to naturally expel the pregnancy). Both my GP and the Early Pregnancy Assessment Service closely monitored my hormone levels through regular blood tests.
- I continued to go to work full-time and plan my wedding, which was scheduled for the following month. I was devastated, exhausted and overwhelmed by trying to function as normal, while simultaneously processing the missed miscarriage. In hindsight, I probably needed time off work, to deeply rest and nourish my body; however I felt guilty taking time off, and none of the medical professionals seemed to think it would help (I have since had another miscarriage, and was amazed at how different the process was when I managed it entirely in the peace of my own home, without medical input, resting my body and surrendering completely to my emotions).
- Around 12 weeks gestation, I began to bleed mildly again. Because of my blood type, I had to get Anti-D injections to protect any future babies from Rhesus disease. This was confronting.
- At 12 weeks gestation, my care providers strongly encouraged me to try medical management. I felt rushed into making a decision about this, because the staff told me their policies meant I had to take the Mifepristone at the hospital before leaving, followed by more medicine at home. In hindsight, I would have been much better off taking a couple of extra days, as my fiancé was not available to provide any support that weekend; I was on my own as I sobbed, bled heavily, and was cramping in extreme pain on the bathroom floor, all through the weekend.
- Two weeks passed. I had more blood tests. My hormone levels were still high. I was told medical management had not worked.
- At 15 weeks gestation I was told I would need a D&C. It was scheduled for the following week, 2 weeks before my wedding.
- Meanwhile, I was trying my best to function at work after being promoted to a senior role in a new team a couple of months earlier. I was grieving the pregnancy loss, and felt so unwell.
- I had the D&C in a public hospital, at just over 15 weeks gestation. My baby had died inside me 9 weeks earlier.
- When I woke up from the anaesthetic, a junior Doctor approached my bedside. There was no one else with me. She told me: the procedure had been complicated, they'd had trouble removing the pregnancy tissue, it didn't come away easily so they needed to be rougher than usual to scrape it out of me, I would probably continue to bleed and be in pain for sometime, I would probably have internal scarring, I was at a high risk of developing Asherman's syndrome, I may never have children, I shouldn't wait too long before trying for another baby in case I had fertility problems.
- I was unable to process this information on my own whilst still coming out of the anaesthesia. I was in shock initially. I then felt overwhelming fear about what had happened to me during the D&C, and anxiety about my body's ability to recover.
- After the D&C I was completely exhausted. I was anaemic. I felt so weak and emotional, but also numb and empty. I was grieving this pregnancy loss, but also future pregnancies; I was devastated that on the eve of marrying my fiancé, I was faced with the prospect we may never have children. I had a fainting episode 4 days before my wedding.
- I didn't tell many people about that I was going through. Aside from our immediate family and one close friend, no else really knew what was happening.

- Our wedding day was beautiful, filled with love, laughter and tears. We weren't able to be intimate on our special night, as I was still bleeding from the D&C. It would be another couple of weeks before we could have sex again, towards the end of our honeymoon.
- Professional support was never offered to me. I was just trying to survive, and didn't think to reach out to services. In hindsight, I definitely would have benefited from some professional support prior to conceiving again, or at least during my next pregnancy.
- However, once I became pregnant for the second time (just 2 months later), and was in the maternity system, no-one really explored how my earlier miscarriage was affecting my pregnancy. No-one thoroughly assessed my psychological or emotional wellbeing, or offered me additional support to process what I had been through and how that might impact on what was to come.

2016 - Second Pregnancy, Birth of Eldest Child

- After receiving a positive pregnancy test in 2016, I attended my first prenatal appointment with my trusted GP. She told me my pregnancy would be considered healthy and low-risk, despite my missed miscarriage just two months earlier.
- My GP briefly discussed some "options" for maternity care providers. As I didn't have private health insurance, and didn't need specialist obstetric care, she explained it would be best for me to receive GP Shared Care, so she could monitor me through the pregnancy. She said she wouldn't recommend the midwifery models of care at my local public hospital or at the birth centre, as she considered them to be unsafe (I don't know why she said this, as I've since heard extremely positive reviews of our local midwifery group practices from multiple mothers and birth professionals). She never provided information about home-birth, or private midwives, let alone the option of hiring a doula to support hospital birth.
- My GP didn't tell me about continuity of midwifery care, and I wasn't aware of the benefits of choosing a provider that offered this, including: being able to develop a relationship with a known and trusted maternity care provider who can provide continuity through all the phases of care (pregnancy, labour, birth, recovery, and postpartum), OR the ability to access them via phone or be home-visited if required during these phases, OR that this is a women-centred rather than a medical model of care and the implications of this for healthy pregnancies.
- After sharing my pregnancy news with colleagues, several of them told me about the wonderful, supported births they'd had through the two local Midwifery Group Practices. The thought of having a familiar midwife throughout the different phases of care sounded sensible and comforting to me. BUT I didn't feel like I could explore it after what my GP had already told me. I felt silly for doubting her, and I shut down that internal, intuitive voice telling me this was important. After all, who was I to think I knew better than my otherwise trusted GP? She was the "expert", and had given me a clear impression and a clinical recommendation for who would care for me best during this pregnancy.
- Ultimately, I was not given evidence-based, unbiased information to make an informed choice about my maternity care providers; and in hindsight, I dearly wish I had explored this further for myself.
- During the first and second trimester, I was relatively happy with the care my GP provided. I appreciated the continuity of care I had with her at my prenatal appointments.
- However, as my pregnancy progressed, I noticed I had limited time to discuss things like: my emotional adjustment to this major life transition, how I was dealing with the traumatic pregnancy loss I'd experienced only months earlier, the various changes that were occurring (physical, cognitive, spiritual, relationship, professional, lifestyle etc), how I was preparing myself for birth and the fourth trimester, and things that might help me during labour and childbirth and the early days of parenting.
- I began to experience significant ongoing back pain in the final weeks of pregnancy. I felt this was minimised and dismissed by my care provider. The response I received left me thinking "I guess this is just how it is. If I can't manage this pain, labour will be excruciating, and I'm worried I won't be able to cope." I started doubting my ability to labour and give birth. I had a growing sense of fear.
- Furthermore, I soon realised a major flaw in the GP Shared Care model that had been strongly recommended to me; I would not have access to any known or trusted care providers as I approached the onset of labour, during early and established labour, during birth, and as I recovered in the first few days and weeks postpartum. As my GP was unable to support me through these next, important stages of my maternity care, I felt somewhat abandoned by the only known care provider I had, at my most vulnerable time.

- Unfortunately, and perhaps unsurprisingly, the time when I had the least support from my GP, was exactly the period in which I experienced several complications, which ultimately led to the development of birth trauma and postpartum PTSD.
- My growing discomfort, fear, and back pain, along with decreasing support from my known and trusted care providers, and increasing discontinuity of care, undoubtedly obstructed the onset and progress of my labour.
- I was approaching 40 weeks gestation when I went into early labour one Saturday morning. Early labour continued through the day, and I hoped to stay home for as long as possible. However, my pre-existing back pain was becoming harder to manage, and it didn't ease during or between the contractions that had commenced with high frequency and intensity. By the afternoon, I had called the birthing suite a couple of times, for advice and support.
- I found it really hard to effectively communicate with the midwives on the phone, especially since we didn't know each other, whilst simultaneously trying to navigate this unfamiliar experience of my first labour.
- I decided to go into the birthing suite late that afternoon. When I arrived, I was introduced to another midwife, who would be my primary care provider throughout the afternoon and early evening. She was quick to give me a vaginal examination. I can't remember being informed about whether or not this subjectively invasive procedure was clinically necessary, and I don't know if I gave informed consent.
- I was told I was 2cm dilated, and then she left. The reaction of my primary care provider left me feeling deflated, like I'd come into hospital too soon. Being given a number to measure my progress, without context, and without support to create the physical and environmental conditions my body and cervix required to open up and dilate, undermined my confidence.
- No one seemed to consider the possible relationship between the slow progress of my labour, my persistent back pain, and my baby's position in-utero. There was no discussion of how my labour may have been progressing differently to prescribed patterns of labour progress, and that this was ok. No-one supported me to feel safe, or offer to help me to proactively and intuitively manage the labour and back pain (by using non-invasive positioning, movements, relaxation and breathing techniques, gentle massage or pressure, water injections). Instead, I was told I should just take pain killers, and was left on my own. I was unaware that the lack of relational safety I was experiencing with my care providers was impacting my ability to relax, follow my instincts, and open up; I was unaware that being left largely unsupported and unmonitored during those first two shifts would eventually contribute to an unwanted and traumatising cascade of interventions.
- Due to the length of my labour, I would go on to have at least five different primary midwives, and contact with at least two others, whilst in the birthing suite. Additionally, there would be many other midwives and care providers that would come and go through my time in the birthing suite and on the ward. I didn't know any of these people, which left me feeling unsupported and unsafe.
- The constant changing of one unfamiliar care provider to another at shift change, was incredibly disruptive and intrusive. I felt vulnerable each time it happened; not knowing if I could trust this new person; not knowing if their recommendations or treatment would be helpful, harmful, or contradictory to the last person; not knowing if they would support me, or how they would treat me; not knowing if I was safe with them.
- Not only was this discontinuity of care disruptive to my labour, birth, immediate recovery, breastfeeding initiation, and early post-partum recovery, but the significant lack of relationship and rapport caused me to feel unsupported and insecure. The way I was treated, spoken to, and regarded by some (if not most) of my care providers in the lead up to, during and following my hospital admission, felt clinical, impersonal. They seemed apathetic towards what I was experiencing. At times I felt like I was being judged and mocked (e.g. when I chose not to take pain killers), which felt disrespectful, disempowering and dehumanising. I've since wondered if the lack of familiarity I had with my care providers contributed to this harmful treatment... Was it easier for them to lack empathy and genuine care towards me because they didn't know me? Because they'd never see me again after their shift ended?
- The first midwife I had, during my first afternoon in hospital, was almost completely absent during her shift. After she performed the vaginal examination, I didn't see much of her again. There seemed to be a significant lack of interest and care on her part, and I was unable to develop any rapport or trust with her.
- When I requested to be seen by someone after several hours of labouring on my own, I was told by a different staff member that my midwife was attending to another mother. I believed

this, as I could hear screaming in a nearby birth suite. I was left unattended again. This did not contribute to a sense of 'felt safety'; in contrast, my birthing environment felt emotionally unattended, unsupportive, and unsafe (cue the screams coming from next door, and the impact of this on an unattended first-time mother, lacking the reassurance from a trusted birthing professional). This did not set me up well for a healthy birth experience; the kind of birth I have since experienced, and know is very possible and realistic, given certain conditions. These conditions are not complex, and should not be hard to deliver; I simply needed to feel safe, respected, reassured, and supported. This was completely lacking in the birth of my first child; instead I felt unsafe, unseen, unsupported, neglected, dismissed, disrespected, mocked, coerced, and controlled.

- Without adequate monitoring or support during this first shift, and being left unattended for an extended period of time during the first afternoon, I became significantly dehydrated in the birth pool. (This was only picked up after I requested to be reviewed by someone, and although this was not our allocated midwife, and I only saw her for a short period of time at the end of her shift, I had a brief experience of feeling genuinely cared for, a therapeutic connection that was lacking in the rest of my care providers - I momentarily felt supported as this midwife sat with me, listened to my concerns, and took some small action... before she had to leave.
- I was allocated to another unknown midwife for the overnight shift, and placed on intravenous fluids. This meant I was confined to my hospital bed after just a few hours of being in hospital. I was no longer able to move around easily.
- Around this time I had another vaginal examination and was again told my labour had not progressed at all since arriving in hospital. (I have since learnt that cervical dilation measured through vaginal examination is largely ineffective in assessing a woman's labour, especially when a baby is in an OP position).
- As the night progressed, I was told by my second allocated midwife to lie down, be quiet, and go to sleep. I again felt a complete lack of rapport with her. If anything, when she was around me, I felt judged, mocked, and pressured to be compliant.
- By this point, I was becoming tired. It was a long night, and I felt all alone. I cried quietly into my pillow. I was in pain but didn't want the painkillers my midwife was pressuring me to take, because I had no trust in her. I felt completely unsupported. The way my care provider was treating me, talking to me, left me feeling like I was a nuisance for being there; like I was taking too long to have my baby, and I was unnecessarily taking up a bed that someone else could have had.
- It was at shift change the next morning (the start of the third shift since I'd arrived in hospital) when I briefly met a young student midwife. Like the midwife I'd seen very briefly the day before, when I requested a review upon becoming dehydrated in the birth pool, this student midwife listened to my concerns and seemed to genuinely care.
- The student midwife asked me if anyone had spoken to me about the position of my baby, and what might help to manage the kind of labour I was experiencing... But because she was only in the room momentarily, I wasn't able to ask any more about it.
- Up to this point, I'd been given several vaginal examinations. And while I complied to having these procedures, I don't remember providing informed consent; they certainly felt invasive, disruptive and unnecessary, and further contributed to me feeling unsafe and violated, especially as they were all performed by unfamiliar care providers.
- Indeed, despite the vaginal examinations, none of the registered midwives I encountered during my first day and night in hospital informed me of the following: 1) the position of my baby in-utero, 2) how my baby's position might be contributing to the pain and labour pattern pain I was experiencing, 3) what might have helped to manage this kind of labour, or 4) provided me with reassurance and practical support to manage this kind of labour. In hindsight, I would have expected these things to have been standard maternity care.
- Instead, I was only informed of the position of my baby (Right Occiput Transverse / Occiput Posterior), after I became dehydrated, was diagnosed with "failure to progress", and then coerced into having an induction. By then, it was too late to try and work with my baby and our physiology.
- I had another vaginal examination during the next morning shift, and was told by a junior doctor that my labour had not "progressed" at all since arriving in the hospital. I was diagnosed with "failure to progress". (I have since learnt that this diagnosis is more accurately termed "failure to wait", as cervical dilation measured through vaginal examination is ineffective in assessing a woman's labour, especially when the baby is in an OP position).
- Ultimately, this "failure to progress" diagnosis led to a cascade of interventions.

- Induction of labour was disguised as a choice; either have it, or go home and be entirely unsupported (and that if I went home, I was likely to have a poor outcome including days of painful labour, which would likely result in an instrumental birth or emergency c-section).
- I therefore felt coerced, and made this "choice" from a place of fear, which I believe further obstructed the labour and birth. I was not provided with evidence-based, unbiased information to help me make an informed choice about the induction. I didn't know what I was consenting to, what an induction involved, until the procedures were happening.
- Despite the discontinuity of care, neglectful and apathetic treatment, and coercion I experienced up to the induction, it's the next part of the story I find especially hard to write about. The cascade of interventions, resulting in an instrumental birth, is what I'd have nightmares about and flashbacks to after discharge from hospital; it's what would cause my heart to race, my eyes to squeeze shut, tears to stream down my face as I wailed, sobbed and shuddered.
- After complying to an induction, I had to move rooms, another disruption to labour.
- I was introduced to yet another unknown midwife, who was starting her morning shift, and she broke my waters. I felt shocked by this procedure, it felt surprisingly invasive and rough (I later learnt that the reduced fluids would further reduce my baby's ability to rotate into a favourable position for birth).
- When I consented to an induction, I was unaware that in addition to Artificial Rupture of Membranes (ARM), my labour would also be augmented with Pitocin (a drug I hadn't heard of before); both of these interventions increased the intensity and pain of my labour.
- Because of the increased intensity and pain, my body struggled to work with the contractions. I felt out of control. I was in no way able to soften, release, and open in between contractions.
- I accepted gas for pain relief, but found it made me confused, disoriented, and nauseous.
- I worked hard for what felt like a long time following the augmented induction of labour, but ended up becoming exhausted after several hours, particularly with my sleepless night in the birth suite the night before.
- I was strongly encouraged by my third midwife to have an epidural. I was approaching 24 hours in hospital at this point, and this midwife was coming to the end of her morning shift (about 6 hours since the induction of labour). She encouraged me to have the epidural before she finished her shift, so that she could set it up for me.
- I cried as I had an epidural. I felt awful. Numb emotionally as well as physically. I felt scared for my baby. I was worried about the side effects of the epidural, for me and my baby. I was worried that now I was even less mobile, it would make it harder for my baby to move through the birth canal. I was worried about him becoming stuck now that I was stuck on my back.
- I had the epidural just before my fourth midwife started her afternoon shift. She commented that it was a shame they hadn't given me a "walking epidural" so that I could move around a little on the bed, and feel the urge to push. She said she didn't like to coach people to push, as it wasn't how the body was designed to help work the baby out.
- After several hours, I was told I was taking a long time to dilate. I was given yet another vaginal examination. Following this, I was told I needed to have a scan to see what position my baby was in. During the scan I was told that although baby had rotated into an OA position prior to the epidural, they had now rotated back into an OP position.
- A junior doctor told me she had to manually rotate my baby; she put her hands inside my vagina and used force to turn my baby's body inside me. She did this at least twice. I was scared for my baby's life at this point, as it felt like an unnatural, invasive, and rough manoeuvre for a tiny baby in-utero.
- After further vaginal examinations, I was eventually told my cervix was dilated enough to begin pushing.
- Because I couldn't feel anything in my lower body, I had no pushing urge; I ended up being entirely coached in the pushing phase, which would end up being almost four-hours long.
- After a period of coached pushing, my midwife was concerned about how long it was taking for my baby to be born.
- The junior doctor scanned me again, and discovered my baby was back in an OP position. She manually rotated him again.
- I pushing for a bit longer, but because it had been several hours, the medical team began to worry about fetal distress (despite actual evidence of this) and threatened me with an unwanted cesarean section.

- Because I was working against gravity on my back, against the natural urge to push due to my epidural, and because baby had rotated back to an OP position several times, the doctor told me she needed to use a ventouse to pull my baby out.
- At some point she told me I was going to need an episiotomy. My husband later told me this was extremely traumatic for him to watch.
- I felt so scared for my baby when the doctor attached the ventouse and began pulling. This was the most distressing, persistent flashback I had following the birth. The junior doctor at the end of the bed, was pulling so hard on the ventouse. It made a popping noise at one point, and I thought she had broken my baby's neck. I was so scared I couldn't talk, and couldn't ask what had happened. No one told me what the sound was. I remember looking around the room in fear.
- The doctor could see I was afraid, and told me to focus on her face, which helped. She had to re-attach the ventouse and try again. It felt like the pulling went on forever.
- My baby boy was finally born via ventouse after close to four hours of coached pushing, at least two manual rotations, an episiotomy, and after about 30 hours in hospital.
- I went into shock as my baby came to my chest.
- I was injected with something to make my placenta come out.
- My doctor told me that despite the episiotomy I had suffered a second or third degree tear, and she stitched me up.
- I looked at my baby on my chest but just felt frozen and numb. I didn't know what to do, or what to say. I remember a midwife telling me to say "you're safe now baby". But I didn't feel safe in myself, let alone safe enough to reassure my baby.
- I didn't know if my baby was ok after all he had been through. I felt like he'd been really seriously injured during the birth. Everyone denied this. He looked so puffy (probably from all the IV fluids I'd had) and his face looked red and bruised. He was crying in what looked like pain. He had a sore on the top of his head, about the size of a 5 cent coin. Days later, when I remembered to ask a doctor about it, he assured me my baby was fine. No-one seriously listened to my concerns about him being unsettled, fussy, unable to latch at the breast, having difficulty settling and sleeping. Even though my nipples were already red raw following those first few feeds.
- After being discharged from the birth suite, I was transferred to the postnatal ward. I can't remember how I got there. I just remember waking up the next morning. I didn't know where my baby was. I had to ring the nurse bell, and they brought my son straight to me. They told me I'd passed out quickly when I got to the ward, so they'd taken my baby to the nurse's station.
- Whilst trying to learn how to breastfeed in the shared-room, multiple care providers would take my son's head in one hand and my breast in the other, and jam them together. No-one told me about baby-led-attachment, supported breast crawl, or comfortable breast-feeding positions.
- On the afternoon of my 5th day in hospital (about 3 days post-partum), I was getting ready to be discharged. Just before I left, another kind student midwife asked if I was ok. She said she had read my file, and that it sounded like I'd had a hard time. She was the first person to acknowledge this. I burst into tears. My body shook and I sobbed uncontrollably. I don't think either of us expected this response. And then I was discharged.
- On the drive home from the hospital I continued to feel teary. I remember feeling disoriented during the car drive. When I walked into my home, I didn't recognise it. I walked around my house like it was the first time I'd been there. I almost didn't recognise myself.
- In the days that followed, I experienced vivid nightmares and flashbacks, and other PTSD symptoms including intrusive thoughts and mental images of scenes from the birth, as well as uncomfortable physical symptoms like heart palpitations, hyperventilating and shaking when thought about the birth (although these immediate trauma symptoms would gradually reduce in intensity and frequency, they would also shift and evolve into a more chronic form of post-partum PTSD that would continue for weeks, months and years to come).
- The first midwife that home-visited me following discharge was not very helpful; when I was describing my newborn son's wakefulness, fussiness, difficulty sleeping, settling and breastfeeding, she just told me to try a nipple shield.
- When I mentioned I'd been having trouble sleeping, because of nightmares, she was quick to tell me I should be referred to the local community mental health team against my wishes (she eventually agreed not to refer me, as I was well supported by my husband and I could guarantee my safety, and posed no risk of harm to myself or anyone else).
- The next midwife who visited me was kind, caring, and helpful. She encouraged me to get as much rest as possible, and taught me how to care for my perineal injury. She helped me

consider ways of breastfeeding in bed, and encouraged my husband to take the baby in between feeds, so I could get extra rest. She ensured I had arranged an appointment with my GP. She took a verbal report of my traumatic birth, and escalated it to the Head of Midwifery at the hospital.

- During one home-visit by a Child Health Nurse though, in the early weeks post-partum, I was re-traumatised by a comment she made: "Well, I could've told you, just by looking at you, that you'd have trouble pushing out a baby. You'll definitely need a Caesar next time!"
- At some point I was referred to an early intervention parenting program, however I found this service to be unhelpful for treating post-partum PTSD, and instead, eventually, months later, asked my GP for a referral to a Clinical Psychologist.

2018 - Third Pregnancy, Birth of Second Child

- In 2018 I discovered I was pregnant again, after having some irregular and unexpected vaginal bleeding. Although it was a wanted pregnancy, in some regards I didn't feel ready to have another pregnancy, birth, and baby, given my past experiences. It took time to feel confident that I could manage.
- I'd not long returned to work after 14 months maternity leave. My husband and I were both working part-time in order to share the role of looking after our toddler at home.
- I'd only attended one appointment with my Clinical Psychologist prior to discovering I was pregnant again. This was not ideal, as it meant I no longer had the space I needed to focus on healing the postpartum PTSD; my focus had now shifted to my return to work, and then suddenly a new pregnancy. This meant I had an accumulation of unprocessed grief, loss, and perinatal trauma, that was compounding.
- I had also recently acknowledged the impact that certain childhood events had had on my life, my relationships, pregnancies, births, and parenting experiences (which hadn't been adequately screened for during my previous pregnancy). So I felt vulnerable and overwhelmed at this time, while welcoming in another person into my world.
- Unfortunately the vaginal bleeding continued. One night, I awoke to a significant loss of blood, and called Healthline, who advised me to present to the Emergency Department.
- I assumed I was having a miscarriage, however a blood test showed my hormones were rising, and a heartbeat was confirmed.
- Over the course of 12 days, I continued to bleed heavily. I experienced several episodes of significant blood loss (at least 8), and was admitted to ED a total of 5 times, via ambulance on some occasions.
- The ED staff continued to tell me one of two things: 1) that it was nothing to worry about, as bleeding in early pregnancy is common, or 2) that I was probably having a miscarriage.
- On one occasion, I think it was during the 4th admission to ED, a junior doctor told me she was confident I was having a miscarriage (despite the increasing hormones, a confirmed heartbeat, and a closed cervix). She told me she could see the pregnancy was impacting on me a lot, and asked if I really wanted to go ahead with this pregnancy. She said she could easily help my body along if I didn't want to keep the baby. She said this at the foot of my bed, after examining me. I was shocked. I felt incredibly unsafe. I told her I wanted to keep my baby. I told her to leave. It was incredibly traumatising. But, I was too unwell to make a formal complaint about it at the time. And I was discharged back home again. I would have intrusive thoughts about this event for a long time; and had an awful feeling that someone might do something that would harm my unborn child.
- I continued to become more and more impacted by the quantity of blood loss. Unable to get out of bed, look after myself or my toddler, or go to work. Feeling weak. Exhausted. Lightheaded. Short of breath. I felt very sick, and knew something was seriously wrong. But I kept being sent home from hospital. As the days progressed, and the heavy blood loss continued, I felt my situation wasn't being taken seriously. I didn't feel I was being listened to, and I didn't trust the ED staff were aware of the extent of my situation. I began trying to quantify my vaginal blood loss with a household measuring jug during the really heavy bleeds, (I measured approx. 200-500ml each time). Although extremely difficult and upsetting, I did this in order to be able to communicate more assertively with the ED staff.
- I ended up calling my GP who eventually advocated for me to be seen by the Maternal Fetal Medicine Consultant. I attended an outpatient appointment, and was diagnosed with having an extensive Subchorionic Haemorrhage / Subchorionic Haematoma (SCH). I was placed on

bedrest, and prescribed iron and progesterone. I was told to wean my toddler, which was devastating for me, and him, and a traumatic experience in itself.

- Later that same night, after my appointment with the MFM consultant, I had another large bleed. I was incredibly disorientated, extremely dizzy. I couldn't get up, talk or think properly. All I could do was lay in my bath, covered in blood, and wait for the ambulance to arrive. They had to carry me out to the ambulance. I spent hours and hours in triage, due to bed shortages, and once I was admitted to an ED bed, I remember starting to lose consciousness. I remember a sweaty, agitated feeling, a racing heart, and difficulty catching my breath. I was soon admitted to the gynaecology ward for further assessment and treatment.
- I was given IV fluids. My hemoglobin level was considered critically low, and I was given an iron infusion, as well as a blood transfusion.
- Incredibly, the pregnancy was still viable, and I was about 8 weeks gestation at this time. I was discharged after a 4 day admission to the gynaecology ward. Aside from my visits to the ED in the 10 days leading up to this admission, this was the first I'd been separated from my toddler overnight. Up to this point we had co-slept together every night since birth, and we both enjoyed our breastfeeding relationship. This separation, and forced medical weaning, was very difficult and emotional for both of us.
- I continued to bleed throughout the entire pregnancy (sometimes soaking a couple of pads a day, sometimes just spotting). However, now the source of the bleeding was being treated, I didn't suffer any more major bleeds. My recovery was slow, but I eventually started feeling good towards the end of the second trimester.
- This pregnancy was now considered medically high-risk, and so although I had wanted to access continuity of midwifery care for my second birth, I was managed by the high-risk team. Although it hadn't been my preference, the high-risk team were very good, and they offered a form of continuity of care; I was able to meet the 4 midwives and obstetricians on my team throughout the pregnancy, with the promise that I'd have one of these midwives at my birth. They were very supportive.
- I continued to see my GP as required, and my clinical psychologist monthly. I began researching additional supports. I hired a doula (who had been an experienced midwife previously) to provide me with birth debriefing, hypnobirthing education, and additional continuity of care for my birth. I began to read about birth trauma, and how to heal. I journaled, made art, relaxed, meditated. I made music, sang and danced with my toddler once my energy returned. And I cried, and cried, and cried. Eventually, sometime during my second trimester, I was medically cleared to return to work 2 days per week. I tried to be a good enough mum to my toddler, while also trying to connect deeply with this strong little soul growing in my belly. And in the process, I felt my own spirituality for the first time in my life. I began to feel empowered despite the previous adversity. I knew I was still at risk of pregnancy complications, and had to take things easy.
- Despite knowing I was at an increased risk of preterm pre-labour rupture of membranes (PPROM), preterm labour and premature birth, I still went into shock when my waters broke at 30+6 weeks gestation.
- I called the birthing suit and was advised to come into hospital. After being assessed in the Maternity Assessment Day Unit, I was given antibiotics, and steroids to help my unborn baby's lungs to develop.
- I was admitted to the Antenatal ward, and placed on bedrest for the remainder of my pregnancy, however long that was going to be. I was separated from my toddler again, but knew I needed to keep my unborn baby inside for as long as possible. An Ob/Gyn from the high-risk team came to my bedside at some time; she was not the one I knew and trusted from my prenatal appointment (he was on holidays). She didn't know me, and wasn't familiar with my history. She told me I'd likely need a caesarean section at some point, if my baby went into distress, and that my baby would need to go to the NICU if he was born early. They said this despite all the scans and foetal monitors showing we were both healthy.
- On my fourth night in hospital, I started experiencing sensations that seemed like early labour. I told the staff on shift that I was having some mild cramps, but I wasn't worried, and neither were they. As the sensations increased, I used my hypno-birthing skills. I was very relaxed, very calm. I connected to my unborn baby. This time was relatively peaceful, despite the chaos of the ward and being in a shared room.
- My toddler came to visit the next morning and I remember giving him lots of cuddles. I sensed things were happening, and called my doula. She could hear it in my voice, and told me she was coming right away. The midwives on the ward didn't believe me though, when I told them I

thought my baby was coming. They said I seemed too calm, it didn't see, painful enough. I refused the vaginal examination. It was only when I began to feel like pushing, that they believed me. I was rushed to the delivery suite, and my doula made it just in time to hold my hand while I birthed my very premature, very beautiful baby without invasive medical intervention. Unfortunately my husband missed the birth. And after only a few minutes of skin-to-skin contact, my baby was taken away from me (despite the fact that all his vital signs were stable while he was on me).

- Still in the birth suite, I had to birth my placenta before going up to see my baby in the NICU. It was not surprising that with my baby separated from me, expectant management failed. A junior doctor gained my consent for a vaginal examination, and as she tried to assist the placenta to come out, the thin umbilical cord broke away. She was unable to manually retrieve the placenta in the birth suite. I was taken to theatre, and put under a general anaesthetic while the Ob/Gyn consultant completed the manual removal of my placenta. This took several hours, much longer than expected, and I was later told it had been an unusually complicated procedure.
- When I came out of the anaesthesia, late that night, I was not really thinking clearly. I was unable to advocate for myself, to see my baby. I was taken up to the Postnatal ward. Surrounded by mums with their big, healthy, full-term babies.
- Despite being groggy from the anaesthesia, still coved in blood from the birth and from theatre, and hooked up to all sorts of things, I had to try and express some colostrum for my baby. It had been many hours since he'd been born (maybe 6 hours, maybe more), and no-one had supported me to do this yet. I hadn't been in a position to think of it myself, until I found myself alone on the postnatal ward, surrounded by mothers breastfeeding their newborns. It was extremely difficult to express the colostrum. My almost immediate separation from my baby, and the many hours between the birth and this point intake, did not help. Nor did the things hooked up to my arms and hands (? intravenous fluids). I couldn't manoeuvre the expressing equipment, or even comfortably hold my breast to try and hand express. I painstakingly tried to collect every single drop I could, into syringes. I tried to label them, but needed help as I had trouble handwriting with a needle stuck in my hand. It was NICU policy that the colostrum had to be labeled in a very particular way, handwritten, for them to be able to use it. I relied on a staff member to take it up to NICU for me, as I couldn't walk there, and no one would push me in a wheelchair. I later learnt some of my colostrum had been thrown away; I don't know if it was because the label had been completed incorrectly, or because staff had forgotten to take it to the NICU.
- I felt completely alone and unsupported at this point. My baby far away from me, not just in a different room, but on a different level of the hospital, technically a different hospital all together (although under the same roof). I was unable to walk to see him. And nobody was available to take me in the wheelchair. It had been hours since he'd been born, and I'd only seen him for a few minutes. I cried between trying to express, and trying to get some sleep, on that first night of being separated from him.
- It was the next morning when I got to finally see my baby for the first time since he was born, although I had to wait until after morning rounds. I discovered they'd had to supplement my colostrum (? I'm guessing with formula) which I had not consented to. I knew that my premature baby, with his fragile underdeveloped gut, needed my colostrum. I knew he was at increased risk of serious medical complications if he was given cows milk formula at this stage of his development. So I felt angry when I learnt someone had stuffed up, and some of my colostrum had been thrown away, especially after all the effort I'd gone to overnight to try and get it to him.
- Despite the hospital telling me they needed to supplement my colostrum with something else, because I wasn't making enough (which was untrue, I had made enough but they had thrown it out), I wasn't even allowed to bring some of my own expressed breastmilk from my home freezer, to give to my own baby. It was against policy. SO, they decided to give him something artificial instead.
- The challenges of having a baby in NICU / SCN just continued.
- With my bed on the ward, so far away from my baby, and managed under a different hospital system to the NICU (which was part of the Children's hospital), there were many logistical issues. I tried to stay at my baby's bedside for as long as possible, and care for him in the humidicrib in the NICU, but I also had to eat, express milk, I had to try and use the toilet for the first time after the birth, and at some point have a shower. I had to be available for medical reviews for both my medical team on the postnatal ward, and the medical team in the NICU. It

felt impossible to manage. It doesn't sound like much, but when you have just given birth, and you're expected to walk back and forth between the NICU and the postnatal ward multiple times a day, well, it really is very hard. It's not helped that some of these things are intimate activities that take time and require privacy and a feeling of safety. Especially trying to express colostrum, establish a milk supply for a premature baby who can't yet latch at the breast, and exclusively express breastmilk. It's not something you should be expected to just get on with in any random part of the hospital.

- It was hard to always know where to locate everything I needed for expressing and storing my milk, and cleaning up the equipment.
- Something that I couldn't comprehend, that felt almost cruel, was the way the hospital managed my meals whilst I was an inpatient on the postnatal ward for six days after giving birth. Despite me wanting to spend as much time as possible with my premie baby, my meals had to be delivered to the postnatal ward, on the other side of the hospital, and I was told that if I wasn't there (because I was at NICU) then they wouldn't be able to leave my meal for me. So, essentially, I was completely unable to rest, and was forced to choose between being with my baby, or skipping meals... just one day after giving birth. And this continued until I was discharged.
- On the third or fourth day postpartum (it's hard to remember) I was separated again from my baby, as I'd developed a cold, and was an infection risk for the NICU. And while I could briefly visit him, I wasn't able to hold him or participate in the baby care activities as much as I wanted to, and there was limited skin-to-skin contact during this time. We missed out on so much while separated during these first 4-5 days. And it still worries me to think about what he went through during this time, and how it has affected him.
- When I finally got to have a really nice, long, relaxed hold of my baby, for the first time since birth, and a decent amount of skin-to-skin contact, he was already 5 days old. It makes me so sad. To this day, I have trouble thinking about it, let alone writing about it. This process has been so hard. I'm crying now as I write this.
- I felt quite euphoric after this cuddle with my baby (as you'd expect a new mother to), and could feel my milk was starting to come in at last! However, as I said goodnight to him around 10 or 11pm on that 5th day, and headed back to the postnatal ward to go to sleep, I discovered my bed had been packed up. I hadn't been notified this was happening. I was told that I had to move all my things at that moment, into a different ward of the hospital. I was sobbing as I loaded up all my belongings and expressing gear onto a big trolley. Despite being only 5 days post-partum, I had to push this big heavy trolley by myself, out of the postnatal ward, all the way to a different ward on a different level of the hospital, in the middle of the night. I had to find my new bed in the Antenatal ward, surrounded by women who had big bellies. This was triggering to me, as I still hadn't processed the sudden loss of my pregnancy, and the grief of going into preterm labour and having a premature baby. It was a lot to manage. I broke down in the antenatal ward. I couldn't stop wailing. The staff seemed concerned, but kept their distance. It felt really cruel to treat a postpartum mother, going through something that already felt impossible, like this.
- After my bed was moved in the middle of that night, I no longer felt safe to stay in the hospital, and was discharged the next day. To this day, I wonder if they moved my bed as a strategy to get me, a NICU mum who just wanted to stay with her baby, out of the hospital.
- Despite the many wonderful staff in the NICU / SCN, the list of things that I found traumatising during my son's 6 week admission was extensive. Here's a few more:
- Formula being given several times without my consent, and then when staff were asked why, they became defensive. One nurse said "what are you upset about? There's nothing wrong with formula." Feeling as though I had to fight for the right to decide what my baby was fed.
- Being told my breastmilk had to be fortified with artificial cows-milk fortifiers. There was no mention about the option of human breastmilk fortifiers; this didn't seem to be an option. Therefore, essentially being made to consent to cows-milk fortifiers (despite higher rates of serious medical complications associated with baby diets containing dairy cow-based proteins, including necrotizing enterocolitis and bronchopulmonary dysplasia).
- Being told my baby had to lie in the cot for a particular amount of time each day, rather than on my body in skin-to-skin contact, to get proper rest. This was despite the fact that I was unable to hold him at any time during the entire night, because I couldn't sleep there. Other nurses strongly disagreed with their colleague when I asked them if it was true that I should avoid having too much skin-to-skin contact, or picking up my baby too much (it's absurd to think

someone said this to me, when ALL the evidence and mother's intuition in the world suggests the opposite).

- Not being able to sleep overnight at the NICU / SCN. Despite requesting to use the recliner as a bed, or to sleep in the beds in the parent rooms in the NICU.
- Being told to drive home after midnight one night, despite me telling staff I was exhausted, sleepy, crying and desperate to just to stay near my baby. This staff member told me there was no way I could sleep there. "You should make the most of us (NICU nurses), after all, we're the best paid, best trained baby-sitters".
- Telling the Social Worker at the NICU that I was struggling with my emotional and psychological well-being. Explaining that I was feeling utterly heartbroken, and felt torn between leaving my toddler at home and leaving my newborn in the hospital. Being told by her that what I was experiencing was just mum guilt. Asking if there was a psychologist at the hospital that could come and speak with me in the NICU. Being told there was no Clinical Psychologist, or other Mental Health Clinician available to visit NICU / SCN parents, and that if I needed that kind of support, I'd need to go down to the ED to see the Psych Liaison. Asking instead for recommendations for a private Clinical Psychologist or other Mental Health Clinician who was trained in perinatal trauma, and post-partum PTSD, that I could access in the community, at my own expense. Being told that the NICU didn't have any information about professionals I could be referred to for my mental well-being.
- Being told that even though I would be separated from my baby every night (a stretch of time lasting anywhere from 9 hours to 12 hours, depending on how late I left the hospital, and how early I managed to get back there), at least I could see him when I was at home, via the camera placed above his bed. While I did find this very reassuring, the video was often switched off, which meant I couldn't see him. This actually increased my anxiety because it made me think he must have been upset, crying, or that there was some other problem occurring with my baby, that I was being prevented from seeing.
- One very confusing aspect of navigating the NICU journey with a premature baby, was the social expectation (from some people) that all I should be feeling was overwhelming gratitude that my baby wasn't more unwell like some of the sick babies in the NICU, and gratitude towards the NICU for saving my baby's life or something (which, while this admittedly is the case for some babies, in our case, my experience was that I felt as though the NICU / SCN journey did more harm than good, at least in some respects - as hard as that is to admit). And while it is true that there were families in much worse situations than us, and that most of the NICU staff were incredibly hardworking people, my baby and I also had a really hard time, and this just didn't really seem to be acknowledged, let alone addressed, by anyone.
- The hard truth is, there were so many reasons why I actually felt the complete opposite of grateful, at least initially; I felt shocked, fearful, angry, heartbroken, disappointed, disempowered, untrusting, and torn between my baby in hospital and my toddler and husband at home... Trying to undertake one of life's most private, sacred, and intimate tasks, bonding, feeding and caring for my newborn baby, was so challenging in the very public and chaotic setting of the NICU. We were surrounded 24/7 by crying and sick babies receiving monitoring and medical treatment around the clock (mine being one of them of course), constant loud noises, alarms beeping every couple of seconds, bright hospital lights on all day and all night, strangers walking in and walking past constantly, new staff looking after my baby every shift, important decisions to make (although not actually being given much agency or power to make decisions about the care and treatment of my baby), medical disagreements and advocacy, conflicts, mistreatment (bordering on abusive treatment), control and coercion, consent issues, unhelpful policies and procedures, requesting to lodge formal complaints but being told I had to put it in writing which was a task that I neither had the time space or cognitive capacity to attend to at the time, secondary trauma from being surrounded by parents dealing with newborns experiencing severe illness or disability, or loss of life.
- The hardest aspect of all, was the immediate separation of my baby after he was born (despite the lack of an actual medical explanation for this), the ongoing separation of me and my baby on a daily basis, and the heartbreak I felt every time I had to walk away from him, for many hours at a time.
- The other task that felt incredibly hard, although vitally important, was trying to establish a milk supply for a premature baby I was told was too young to latch, and learning to exclusively breastpump, in a very open, public, and chaotic clinical setting, whilst recovering from birth. I was angry when I later learnt that although my baby was very premature, he could have been placed to my breast from the beginning, and I could have tried using something called an SNS

line while he learnt to breastfeed. Instead, I was forced to exclusively express my milk, clean and sterilise bottles and expressing equipment, and work out how to store and transport all this milk... a task which took many hours each day. Let alone all the tube feeding my baby had to endure, some of which now seemed like it was unnecessary. One of the NICU nurses who had cared for my son on the day he was born, saw us in the SCN several weeks later, and questioned why I wasn't putting him to the breast yet? (Because the nurses looking after my son had told me he wasn't ready, wasn't old enough, strong enough, despite him being a very healthy preemie baby). She seemed to be annoyed, disappointed in her colleagues; she was a lactation consultant or something, a knowledgeable and skilled breastfeeding advocate at least; she told me my son could have been put to the breast much earlier. Indeed, when I then attempted it with him, he didn't take long at all to pick it up... I believe our journey would have been much smoother, my son's progress quicker, if I'd been told this earlier.

- Meanwhile, hubby took over care of my toddler and the home and was feeling just as torn. All of these feelings and challenges were experienced despite amazing family support. Sometimes I would just agree with those who told me I was lucky to have my baby in NICU, because it was easier... inside I was screaming "you don't get it! this was shattering, awful, so hard." Gosh, it's still very raw even after 5 years.
- Basically, our whole family experienced a significant amount of trauma due to the events that occurred in the hospital system following the birth of my very premature baby. I believe this was largely due to the separation we experienced, as well as the inability to parent my newborn baby in the way I needed to, not being respected as the expert of myself and my baby, and not being equally involved in decision-making.

B) IMPACTS OF BIRTH TRAUMA

Aside from the impacts mentioned in my birth stories, my traumatic births also had the following short to medium-term impacts:

Physical: I experienced a very painful and bruised perineum for several weeks following my first son's birth (one midwife commented on the severity of my perineal injury during a home-visit 5-days post-partum). After months of ongoing discomfort and painful symptoms, I was diagnosed with having a cystocele (Anterior Vaginal Prolapse). This caused many physical challenges, including difficulties with 1) body positions and transfers, 2) toileting / mild incontinence, 3) mobilising and exercising, 4) carrying / transporting my baby, 5) sexual intercourse, 6) accessing the community, and 7) other important activities of daily living, most notably, mothering tasks. For example, for weeks after the birth, I was unable to sit down on a chair, or sit up in bed. Aside from the inconvenience of this, it greatly impaired my ability to comfortably and successfully care for my baby through the day and night, and made the constant and important task of breastfeeding my baby extremely difficult. We struggled for a long time with painful breastfeeding, as breastfeeding positions, latch and let-downs were all impacted by the perineal pain I was experiencing. This contributed to me developing very sore, severely grazed, cracked, and blistered nipples, several bouts of mastitis, and a very unsettled baby. For several months postpartum, I was also unable to walk while carrying or transporting my baby, for any length of time (let alone engage in light exercise). I was totally unable to engage in baby-wearing, due to the pressure this placed on my pelvic floor, and missed out on the benefits of this practice (e.g. increased skin-to-skin contact, increased bonding, emotional and physiological co-regulation, better settling and sleep). Initially, I was even unable to gently walk around my neighbourhood while pushing a pram, because this worsened my perineal symptoms and pain. Due to these challenges, my ability to access the community, and attend important appointments, was greatly restricted (e.g. child health nurse appointments, lactation consultant appointments, and mothers-groups); my perineal symptoms and pain worsened when I lifted my baby, and/or the pram, in and out of the car. It was particularly hard if my baby fell asleep in the capsule during a car trip, as the capsule was very heavy and bulky; lifting and manoeuvring the capsule in and out of the car placed a high amount of pressure on my weakened pelvic floor, making this task extremely difficult.

While the birth of my second son did not cause direct injury to my perineum, like my first birth, it did further weaken my already injured pelvic floor causing a worsening of symptoms. For

example, whilst attending to parenting tasks of carrying my newborn, managing an active toddler, and carrying our belongings, I experienced a couple of episodes of both urinary and fecal incontinence in the months following my second son's birth.

In regards to longer-term physical impacts, I continue to experience pelvic floor symptoms 7 years since the birth of my first son, and 5 years since the birth of my second (aches, heaviness, pain, occasional urgency and mild incontinence). I can no longer participate in many important activities, and activities I previously enjoyed, including: high-intensity exercise, playing tennis, jogging, jumping on the trampoline with my children, long hikes, spending too long on my feet (whether that be while during the grocery shopping, at work, in the kitchen etc), active play and sport with my kids that involves running / jumping etc.

Sexual: Due to the cystocele, perineal pain, and birth trauma symptoms, I had difficulty experiencing intimacy with my partner for a long time after the birth of my first son. This impacted greatly on my relationship with my husband. I ended up being diagnosed with having vaginismus, and needed specialised physiotherapy and psychological intervention to support me to slowly and gradually return to being intimate with my husband and being sexually active. It was many months before I felt able to be intimate in any way, and close to one year before I was able to engage in penetrative sexual intercourse.

Throughout my pregnancy with my second son, my husband and I were unable to have sex for many months, due to the extent of my vaginal bleeding and because the pregnancy was considered medically high-risk. After the birth of my second son, my husband and I experienced unusually high levels of tension and conflict in our relationship, and think this was largely due to the trauma we had experienced during the high-risk pregnancy and NICU admission. Subsequently, it was challenging to feel desire, and connect intimately and sexually for some time.

In the longer-term, while our sexual relationship is probably as healthy as any other parent of two young children, I do continue to experience pelvic pain during sex occasionally, to the point where I need to stop.

Emotional: The difficulties I had with mobilising, carrying / transporting my baby, toileting / mild incontinence, and community access, as described above, meant I seldom engaged in physical and social activities in the first year following my first baby's birth. The more I withdrew from the outside world, and isolated at home, the more lonely and socially disconnected I became. This eventually led to a decline in my mood and overall mental health. Furthermore, this also contributed to parenting challenges; my baby was generally unsettled, and I had difficulty supporting him to emotionally co-regulate and sleep through the day and night, while I was having such a hard time.

I have described at length, the emotional impacts of the trauma of my second son's high-risk pregnancy and NICU admission (see above).

In the longer-term, I continue to experience high levels of emotion when I'm reminded about my perinatal trauma. This can get in the way of me being able to communicate effectively to people, visit certain places (e.g. the hospital), watch certain TV shows or movies or social media content, engage in conversations about the topic, or participate in learning and study within the field of perinatal trauma.

Psychological: I have described many psychological impacts, throughout my birth stories above. In the short-term these included: shock, emotional numbness and withdrawal, difficulty bonding with my babies in the very early days and weeks, confusion and disorientation, difficulty sleeping due to nightmares, flashbacks to distressing moments, intrusive thoughts or mental images (re-living certain moments from my pregnancies / births / postpartum period, and re-experiencing the emotions and bodily sensations I'd felt at the time including shakiness, sweating, racing heart).

In the longer-term, I definitely still continue to experience psychological impacts from my perinatal trauma and postpartum PTSD. Particularly difficulty regulating my nervous system. It is something that I feel like I'm dealing with on a daily basis, in some way. One example, is that I still avoid

reminders of the event. For example, I have difficulty looking at photos of the births of both my babies. I avoid them, even though I want to cherish them. When I look at photos taken during these traumatic times, I get instantly taken back there, and experience somatic trauma symptoms (for e.g. often I'll have a heightened nervous system response initially, that feels a bit like anxiety, followed by withdrawal or shut-down). It's hard to come back to the present, and do what ever I'm doing in the here and now, when I'm triggered. I am currently seeking specialised therapy from an internationally renowned perinatal trauma therapist to try to address my difficulties.

Economic: Since experiencing perinatal trauma, and developing post-partum PTSD, I've been significantly impacted by trauma symptoms (see above), that have impacted on my ability to work. When I returned to the workplace after each of the three episodes of perinatal trauma described in my birth stories above, I experienced a compounding effect, where it was harder to function each time. This showed up at work (and at home) as muscular tension (often in my neck), bad headaches and migraine, significant fatigue, nausea and dizziness - episodes which may have lasted for hours, days, or weeks.

My symptoms worsened over time, as the perinatal trauma compounded, and it got to the point where I had an episode of fainting at work during an appointment with a patient (my youngest child was almost 3 when this occurred). My GP ran tests, and investigated other possible causes, but found none. When my youngest son turned 3, I ended up deciding to resign from paid employment, rather than continue trying to function at work, raise a family, and manage these symptoms. I left a professional career (and income) that I'd studied for 4 years to attain; I resigned from a permanent, full-time position that I found very meaningful, which was very secure and stable, and had a great maternity leave policy ensuring I could have continued to work part-time until my children were school aged. But unfortunately, I didn't feel well enough to work anymore. And I haven't returned to work yet, 2 years after resigning. The impact that my perinatal trauma and post-partum PTSD has had on my ability to work is significant.

(Note: This is in the context of having been able to sustain 3 casual jobs throughout my 4 year University Degree, and then several years of full-time work for several years prior to my pregnancies. I had demonstrated an ability to maintain a working life, prior to becoming pregnant).

In addition, in regards to economic impacts, I have spent a considerable amount of money as a direct result of having experienced perinatal trauma and postpartum PTSD, and specifically, in my journey towards healing from it and trying to avoid it from happening in subsequent births following my first traumatic birth. While I haven't calculated the total expenses, the expenses I can think of include: 1) Clinical Psychology appointments for a year, 2) private doula fee for prenatal birth-trauma debriefing and attendance at second birth, 3) private doula fee for private birth-education classes, 4) ABA breastfeeding education classes, 5) naturopathic appointments for six months, 6) osteotherapy appointments for six months, 7) online appointments with an internationally renowned and highly experienced practitioner in the area of prenatal and perinatal psychology, birth trauma and somatic trauma resolution. I am also expecting to pay for the following in the coming six months: at least one appointment with a paediatric occupational therapist assessment for one of my children, and at least one or two appointments with a paediatric clinical psychologist for my other child.

Other impacts:

Furthermore, I believe my children undoubtedly have ongoing challenges as a result of their traumatic births. I have been exploring this with the support of a prenatal and perinatal therapist. And while it's too hard to list all the suspected impacts here, I'll provide a couple of examples: Firstly, my second son who was born very premature still has significant difficulty with separation. He has a hard time letting anyone but me put him to bed, and still clings to me as he falls asleep on my chest. He goes to preschool two days per week, and cries most days at drop-off time. He's just turned 5 years old. Secondly, in regards to my eldest son, I have noticed he has greater difficulty with planning and sequencing, and attending to everyday tasks such as eating or dressing. He also has a very low pain threshold, and becomes easily fearful. He has a heightened awareness of his surroundings, and is sensitive to noises. Neither of my children has a clinical diagnosis; rather, I believe, and have observed, that since they were both born, the way they respond to the world around them, and carry out their lives, has been shaped by their experiences

of in-utero life, the birth process, their postpartum period, and the specific challenges and traumas experienced during their earliest years.

C) COMPLAINTS PROCESSES

After my first birth, I made a verbal complaint to the local hospital where I birthed. This was initially made to one of the midwives who home-visited me following discharge, and was escalated to the Head of Discipline (Midwifery).

In response to my verbal complaint I received a phone call from the Head of Midwifery in the week following discharge. I had a brief conversation with her, and she offered for me to attend a verbal debriefing at the hospital in the months following my birth. I found this verbal debriefing to be somewhat helpful, but nowhere near sufficient to help me process the post-partum PTSD I was experiencing. I felt like I had to find my own resources (books, articles, referrals - not even my GP was aware of post-partum PTSD and how it differed from postpartum anxiety and depression). However this was really hard as a first-time mother with a newborn to look after. By the time I felt like I understood what the issue was, and felt robust enough to address the trauma, I was already 12 months post-partum and expected to return to work. This was terrible timing, as I was unable to focus on the post-partum PTSD, as I had to hold myself together to function at work, so I ended up talking to my therapist about my return to work rather than my birth trauma. Unfortunately this meant I had not adequately addressed it before falling pregnant with my second son. And I am convinced my second pregnancy was affected by this unresolved trauma; it was a medically high-risk pregnancy from the start, resulting in a preterm pre-labour rupture of membranes, preterm labor and premature birth, and 6-week NICU admission.

Because I'd already had a traumatic first birth experience in the maternity system however, I became much more assertive, and was fortunate enough to be able to pay to see a private psychologist throughout this second pregnancy period, as well as a private midwife / doula who offered Hypnobirthing Birth Education, private birth debriefing and prenatal support, as well as support during my second birth.

Regarding the birth of my second son, I attempted to make a formal complaint about some of my experiences I had during admission on the postpartum ward, and while my son was in NICU, however I was told I needed to put it in writing. This was a task that I neither had the time, space or cognitive capacity to attend to at the time.

D) RECOMMENDATIONS

While impersonal or apathetic or routine health care (especially in a hospital) is something we might all expect to experience from time to time without major consequence, birth is different. And the needs of the birthing woman and family are complex. It is unlike any other event that unfolds in or out of a hospital setting. In fact, in low-risk, healthy pregnancies, normal physiological birth is not even considered a medical event. It is not inherently unsafe (although there are risks involved), it is not a disease, it does not just involve a physical body. It DOES involve the complex interaction between a birthing woman and baby, their environment, and the various systems and factors that make them who they are (including both the mother's and baby's nervous system, sensory-motor system, endocrine and musculoskeletal systems, respiratory and cardiovascular systems, genetics and ancestral experiences, as well as the mother's reproductive system, her cognitive processes including thoughts, fears and personal beliefs, her emotional and psychological wellbeing, her culture and spirituality, as well as relational and social factors including her attachment style, early life experiences and any traumatic past experiences). It truly is a complex process, with many of these interconnected systems and factors being highly sensitive to and impacted by the birthing environment; importantly, this includes the people around the birthing woman and her baby, and the quality of these relationships. The quality of the relationships within the birthing environment significantly impacts on whether it is experienced as safe or unsafe. This is important because 'felt safety' for both mother and baby prior to, during and after birth is crucial for a healthy birthing experience, and a healthy mother-baby dyad, as they enter the fragile post-partum period; feeling

safe is a protective factor against birth trauma and the development of post-partum PTSD. Indeed, the release of hormones that trigger the unfolding of physiological birth, can be inhibited or promoted by the birthing environment, the quality of the relationships within the space, and specifically the sense of safety and connection experienced by both mother and baby. When the people around the birthing woman are emotionally attuned, supportive and relaxed, and help to maintain her safety (both physical and emotional), she in turn becomes fully attuned to the birth process, and provides this sense of 'felt safety' for her baby. This co-regulation in action promotes the release of labour and birth hormones, in the baby and the mother, which greatly contributes to the ease with which the birth process unfolds. Physiological birth actually requires a relaxing of the pre-frontal cortex, to enable it to release these birth hormones. A relaxed pre-frontal cortex enables a dropping down into the more primitive, subconscious, feeling centres of the brain; it enables the limbic system structures to function, and the birth process to unfold. The limbic system (rather than the pre-frontal cortex) is the part of the brain that needs to be most active during birth. This is largely a reversal of everyday life, where an adult relies on an active pre-frontal cortex to carry out many of their daily tasks and manage their impulses. Conversely, these same birth hormones are inhibited when the birthing environment feels physically or emotionally unsafe to a mother and baby. Furthermore, the birthing mother's pre-frontal cortex becomes overactive, which obstructs birth, if she is continually assessing the safety of an unfamiliar environment, with unknown care providers, or if she is repeatedly disrupted, spoken to, asked questions or expected to assess information and make decisions about medical interventions she may never have heard about before - during the birth process itself. Indeed, an active pre-frontal cortex is problematic in birth, as it directly inhibits the limbic centres of the brain which control the release of birth hormones.

It seems clear that maternity care should be designed to meet these complex needs of the mother-baby dyad during labour, birth, recovery and early postpartum. This dynamic process needs to be supported by relationship-based maternity care, by continuity of midwifery care; and the important and invaluable skills and expertise of additional medical practitioners should be available as an adjunct to care as required. Birth is unlike any other event that unfolds in or out of a hospital setting. And therefore, it requires a unique approach.

For me, during the birth of my first son, I was having to repeatedly introduce myself to new care providers, explain things to them over and over again, and repeatedly assess my birthing environment and the people in it. Therefore, my pre-frontal cortex was highly activated throughout my entire labour and birth. This part of the brain, associated with language, thinking and planning, were working hard to try to develop new relationships with unfamiliar care givers. I didn't realise it at the time, but unfortunately, this was creating a direct barrier to the unfolding of my first son's birth.

I would be fortunate to experience for myself, during the birth of my second child, the benefits of having a sense of safety in the environment, a sense of safety in known and trusted care providers. I'd be able to experience the benefits of quietening the prefrontal cortex, of being able to relax the thinking mind, of being able to and drop down into the feeling centres of the brain, bring about an altered state of consciousness, in order to connect with my body, my breath, and my baby in-utero, for a better birth.

How would I have known, as a first-time mother, that by blindly following my GP's recommendations, and accepting a GP Shared Care model of maternity care for the birth of my first son, I would experience greater discontinuity of care? How would I have known that the disjointed and impersonal nature of the care I received in this model would place more demands on my pre-frontal cortex during labour and birth? How would I have known that this would create a significant barrier to me accessing a brain and body state more conducive to a healthy labour and birth?

How would I have known, as a second-time mother, that once my baby was born very premature, it would feel like he belonged to the hospital? I would be floundering in those first few hours after

birth, after emerging from a general anaesthetic, with limited support, limited capacity to advocate for my needs and my baby's needs, and limited power to just be with my baby as every mother deserves after she has just given birth. Nothing would ever prepare me for the challenge I experienced as a NICU parent; the challenge of being separated from your newborn baby, day in, day out, for weeks on end. It rips you apart. We need to do more for our most vulnerable newborn families.

With this in mind, here are some suggestions for improving maternity care, to reduce and address birth trauma:

- All pregnant women to have access to evidence-based, unbiased information, to assist them to make an informed choice regarding their maternity care provider.
- All pregnant women to have access to the following: 1) relationship-based maternity care, 2) trauma-informed maternity care, 3) continuity of midwifery care, 4) home birthing and birthing on country options.
- All pregnant women to have access to prenatal to identify risk factors for increased risk of perinatal mental health, including perinatal PTSD (this needs to be completed in a trauma informed way, i.e. with a KNOWN and trusted care provider, which would be possible if continuity of midwifery care was available to all women). If risk factors are identified, then at-risk families should be provided with information and support to access appropriate support and treatment as soon as possible.
- All pregnant women to have access to high quality prenatal birth education (e.g. I found the Hypnobirthing course to be extremely beneficial for my second birth, and other women I've spoken to have had the same response to other high quality birth education programs. The program I attended in the public system prior to my first birth was sub-standard, and I've heard similar reports by women attending the general prenatal classes in private hospitals).
- All pregnant women to have access to high quality breastfeeding education (e.g. I found the BF education classes offered by the Australian Breastfeeding Association to be very useful, and have heard other women speak highly of classes run by IBCLCs. I found the public hospital system offered minimal BF education during their prenatal classes, and have heard similar reports by women who only attended standard classes in a private hospital).
- All pregnant women to have access to medicare rebates for home-visits by an Independent Board Certified Lactation Consultant throughout the perinatal period.
- Funding to subsidise a certain number of sessions with specialist maternity care providers throughout the perinatal period, who focus on the holistic healing and recovery of perinatal and birth trauma. Ideally, women would be able to access a service provider of their choosing, from a range of disciplines, including health professionals (allied, medical, midwifery, lactation) or other support providers (doula, counsellor, alternative & complementary medicine). The purpose being, that these service providers can complement the maternity system, by providing care that focusses on the holistic, physical, psychological, emotional, somatic, sexual, social well-being, and everyday functioning, of mother-baby dyads and family units in the perinatal period. Professionals would have the skills to be able to provide individualised, targeted, and integrated care, and may work in a generalised and holistic manner, or choose to specialise in a particular area (e.g. physical, psychological, sexual, or somatic perinatal-trauma resolution), as each of these approaches will appeal to different women, depending on their unique needs. Being able to make her own choices and have agency to make decisions about what will help a woman in her own recovery is KEY in the healing of trauma. Furthermore, existing schemes could even be adapted in order to support a scheme like this (e.g. Medicare, Better Access to Mental Health Care initiative, early intervention NDIS). Failing this, even just doing the following two things would be an improvement: 1) increasing the rebate or number of sessions available to women via the current Better Access to Mental Health Care initiative, 2) provide medicare rebates for women to access a Women's Health / Perinatal allied health specialist during the perinatal

period (e.g. Occupational Therapists, Physiotherapists). So that families can proactively and adequately address the varied sequelae that arise from perinatal distress and trauma.

- Implementation of Neurodevelopmental Care for mother-baby dyads in the NICU / SCNs. We NEED policies that reduce separation of NICU / SCN mothers and babies. A Towards ZERO Separation policy. It should not be hard for mothers to be able to room-in with their premature / sick newborns after birth, just like all other mothers. In fact, it is vitally important that we provide rooming-in options ASAP for our most fragile babies. This applies to the immediate days post-birth (when mother-baby dyads would traditionally be on a post-partum ward), and also once the mother herself has been formally discharged from hospital care (i.e. mothers should be able to room in with their NICU / SCN babies straight after birth, and then throughout their baby's admission if they wish - rather than expected to go home every night).
- Implementation of Continuous Kangaroo Care (C-KC), where possible for babies (which is most of the time, according to the latest research), but with a special focus on babies in the NICU / SCN. My experience with Kangaroo Care was that it was not highly encouraged by NICU staff (despite the vast evidence base that it improves outcomes for babies and parents, especially when conducted in a continuous manner). It almost seemed like an optional "extra" to standard care, as opposed to a vital component to be maximised as much as possible.
- Employment of a specialised Perinatal Mental Health Clinician (e.g. Mental Health endorsed OT / SW / Clinical Psychologist), to be located within Maternity teams and on the post-partum wards, but also, and perhaps most importantly, integrated into the NICU / SCNs.
- Prioritised screening for post-partum PTSD for NICU families, to be completed whilst their baby is in the NICU, prior to discharge. Ideally this would be completed by a specialist Perinatal Mental Health Clinician located within the NICU. This clinician would then be able to follow-up the screen with advice and recommendations, and further referrals as required to a community-based Perinatal Mental Health Clinician. (My experience was that when I asked the NICU Social Worker to see someone regarding my PTSD symptoms, she said they didn't have anyone experienced in that area on the team that I could speak to. When I asked for referral options, she told me they didn't know anyone in the community that specialised in post-partum PTSD - which I couldn't believe given the incredibly high rates of PTSD among NICU families).
- Post-partum PTSD screening to be completed alongside the mandatory Kessler-10 screen, by GPs at 6-week follow-up. GP to provide advice and recommendations following the screen, and further referrals as required to a community-based Perinatal Mental Health Clinician. GP's working with NICU families would ideally review the PTSD screen completed during the NICU admission, and ensure appropriate referrals / supports are in place for NICU families.
- Families who have been identified as having experienced birth trauma and or postpartum PTSD, should be able to access medicare rebates for the appropriate monitoring, assessment and treatment of any issues and concerns they have regarding the development of their infant / child who experienced the traumatic birth (e.g. baby body work practitioners, perinatal psychologists, perinatal mental health clinicians, lactation consultants, paediatric occupational therapists & physiotherapists & speech pathologists, feeding specialists). We can't forget to treat birth trauma in babies and children, as well as in their parents.