

Submission  
No 1005

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 15 August 2023

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Partially  
Confidential

Subject: Submission on Birth Trauma

14<sup>th</sup> August 2023

Dear Members of the Committee,

I am writing to share my personal experiences and perspectives on behalf of women who have encountered birth trauma. As a woman who has personally experienced birth trauma I hope to shed light on the impact it can have on individuals and families.

I, \_\_\_\_\_, have experienced birth trauma firsthand with the birth of my son at \_\_\_\_\_ Hospital.

I had hoped to have a home birth, however no homebirth midwives were working in my area at this time. My intention was to then birth at \_\_\_\_\_ Birth Centre, however due to my high blood pressure on arrival (this happened only due to my 1 hour drive to the birth centre), I was taken to \_\_\_\_\_ Hospital.

On arrival, the room had the local radio station blaring, not at all in line with what a birthing woman wants to hear – and if not for my husband requesting this to be turned off, would not have happened.

Then to bring my blood pressure down, the doctor recommended immediately to give me an epidural – rather than as suggested by my husband & also a nurse there – to give me a saline infusion. This was luckily done, and the most natural approach to continue a birth with less intervention – to allow the birth to naturally develop.

My blood pressure eventually reduced, and I was able to labour without risk.

During the second stage of labour the doctor performed an episiotomy on me without prior explanation and without administering local anaesthetics.

The Doctor felt that the procedure was required due to my son's heartrate rising. Even though performing the procedure may have been medically justified, my right of being informed of and included in the decision had been violated.

During the third stage of labour, the Doctor clamped the umbilical cord immediately after our son was born, despite the fact that the baby cried directly after being born. Therefore no medical reason for this hasty action was present. It was against our explicit wishes, expressed at the time and stated in our birth preferences document.

Through the Doctor's action of clamping the umbilical cord prematurely, our son was deprived of the important nourishment of the umbilical cord blood. Research has shown that delayed cord clamping has a positive effect on the neurodevelopment of children<sup>1</sup>.

The Doctor then did not return to perform the stitches for the episitomy. The midwife and nurse waited, and after over an hour the midwife performed the stitching. She said this was unusual, as the Doctor is aware where/how they made the cut.

Our midwife also confirmed that she observed that our son started crying immediately after delivery and that the umbilical cord could have stayed attached safely for some time. Also, in

her professional opinion it would have been possible to advise prior to performing the episiotomy.

While I am grateful for the medical services, I suffered unnecessary trauma. I felt violated and treated unprofessionally treatment.

Drawing from my personal journey, I would like to propose specific solutions and changes to enhance maternity care in Australia, with the aim of preventing future instances of birth trauma. The following are the changes I advocate for:

- More homebirth midwifery care services & more options for small birthing centres – both of these being providing more nurturing, women/baby centric, personalised individual care and services, that empower women in their birth
  
- Better training for health care practitioners and institutions to improve the understanding of what caused birth trauma and steps that can taken to avoid this – simple communication and respect is key
  
- If trauma has occurred to also have the support needed
  
- Providing more support for homebirth midwives, to feel supported by the health system – as from my experience the reason there were no home birth midwives for me, was due to insurances and how hard it was for midwives to work.

Thank you for considering my submission. I am really grateful for the opportunity to share my experience and recommendations to the committee's ongoing inquiry. If necessary, I am willing to provide additional evidence during a hearing to further support my perspective.

With sincere appreciation,

Reference:

1. Anderson O. et al. "Effect of Delayed Cord Clamping on Neurodevelopment at 4 Years of Age" *JAMA Pediatr.* 2015;169(7):631-638. doi:10.1001/jamapediatrics.2015.0358.