

Submission
No 1133

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 7 August 2023

Partially
Confidential

Parliamentary Enquiry into Birth Trauma- 7th August 2023

My name is _____ and I'd like to remain anonymous. I am addressing some of the terms of reference. I don't want to give evidence at a hearing. You can publish my submission, but I don't want to be identifiable.

1 g Maternity care options:

When I became pregnant for the first time and went to the GP, the models of care offered to me were public, private, or shared care. I had already done some research so informed the GP that I would try and get a place on the Midwifery Group Practice. It's such a sought-after program that I had to cover my bases by enrolling in the birth centre as well in case I couldn't get into MGP. I knew I wanted a natural birth, and these were the two places that seemed to encourage it. Once I got in at approx. 14-16 weeks pregnant I saw the same midwife for my antenatal appointments. It was lovely seeing the same person each time. I didn't have to tell my story over and over; they arranged the appointment times that suited me (where possible) and I trusted them. They were respectful and kind. Whilst I could see their workload was high, they got to know and understand my values and what I wanted. I was grateful knowing that I would be visited at home by my midwife after the birth because my friend who went private didn't get any home support after birth. The only thing I didn't like was when I was in labour and I arrived at the hospital I wasn't allowed to birth in the birth centre where I had chosen, it was closed. I didn't end up finding out why it was closed but I had to birth in the labour ward. This was very clinical and sterile looking, with awful lights and lots of people in the room that I didn't even know. My second birth in the birth centre at the same hospital was more homely, with dim fairy lights and it was just my husband and I like I'd wanted the first time. When I joined the local mothers' group, I heard some terrible stories about other women's trauma. Some things they talked about were horrendous. I couldn't believe the stories they had told me and now I'm eternally grateful for those midwives who looked after me so well.

1 j Other related matter:

I didn't have birth trauma, but I had breastfeeding trauma. My baby had a breastfeeding aversion. He wouldn't breastfeed, despite doing so for 2 months already, and kept refusing to drink even though he was hungry/thirsty. The 'lactation consultants' at the local breastfeeding clinic dismissed me. They said he was fine. I even had a child and family nurse come to my house and within the first thirty seconds of arriving exclaimed "You're fine" because my house was clean and tidy. I was not fine. No one believed that the way my child was feeding was abnormal. I missed mums group catch-ups because of the anxiety of feeding in public and I barely left the house. The experience of breastfeeding trauma has affected my relationship with my son and the way I've become a parent. Being a health professional and being dismissed by my fellows was degrading and isolating. I felt alone and was offered a Tressillian stay. I didn't need Tressillian. I needed and highly trained lactation consultant called an International Board Lactation Consultant (IBCLC) who could regularly see me to completely understand the problem. Early access to one of these would have changed the trajectory of my relationship with my baby. **So, whilst the trauma I had wasn't in pregnancy and birth, it was in the early post-natal period, and I think this should be considered when thinking about how better support women in avoiding any kind of trauma in such a vulnerable and crucial time.**

If I were to have another baby, these are my requests:

- A known midwife to visit my house for appointments (community nurses across the whole of Australia visit people daily at home so this is possible).
- A choice of where I'd like to birth
- To have Medicare-funded pre and postnatal women's physiotherapy appointments to prevent and treat my incontinence
- Access to Medicare-funded International Board Certified Lactation Consultant (IBCLC) sessions to help establish breastfeeding and troubleshoot breastfeeding issues early. This would allow me to better reach my breastfeeding goals.

Yours Sincerely,