

**Submission  
No 1139**

## **INQUIRY INTO BIRTH TRAUMA**

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## Parliamentary Submission Inquiry- Birth Trauma

My name is Lauren Fehlberg, and I am a 34 years old female living in Sydney who experienced Birth Trauma in April 2022 and with continued effects. I hope this submission brings to your attention the impacts, and importance of improving outcomes of Birth Trauma. I am happy and willing to be included at the hearing if the committee agrees.

I will be addressing the following terms of reference:

***(b) causes and factors contributing to birth trauma including:***

***(iii) the availability of, and systemic barriers to, trauma-informed care being provided during pregnancy, during birth and following birth***

***(c) the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on patients and their families and health workers***

**Background:**

I was 38 weeks pregnant with my first child and woke up to pain on my right side. This was a dull pain that increasingly got more severe as the minutes went on. We contacted the hospital who advised us to come in. My mind kept thinking that this wasn't what they had told me in birth classes or appointments what contractions were like.

We arrived at the hospital and were told to wait in the carpark due to COVID rules. We waited for a midwife to meet us and take me to the maternity ward. My partner was not allowed to come with me as they couldn't confirm if I was in labour. I felt alone and scared as the pain worsened.

The midwife put the fetal monitor on and the Doctor assessed me and went through the process of discussing my symptoms. There was no bleeding and just a constant pain which was increasing in severity. The midwife advised that she was having trouble finding the heartbeat and advised that a large number of people would enter soon. When the group of Doctors and Nurses arrived I was told the baby's heartbeat was dropping fast. I believe I went into shock. The doctor repeated himself 3 times that I needed an Emergency Cesarean under General Anaesthetic. When I finally consented and understood what was happening I was rushed to the theatres.

After what I would describe as being the scariest moment of my life, our baby was born whilst I was under general anesthetic and my partner unaware of what had happened. He was born floppy and required oxygen. He recovered in the NICU where my partner met him and they awaited for me to wake.

I lost several litres of blood and woke to the nurse expressing colostrum from my breasts. My Cesarean wound was larger than average and the recovery and movement post birth with this was difficult. I struggled with breastfeeding due to the drugs, trauma and shock of the birth trauma experience. I struggled to bond with my baby for a number of weeks post birth due to the post birth pain, the process of birth and the experience. I have suffered from PTSD symptoms, required over a year of trauma counselling and required intensive family support to help care for my child and allow me to attend appointments. I have participated in hospital debriefs about the birth trauma and discussion on future births which at this stage scared us and is riddled with anxiety and fear. I experienced a silent placental abruption and became very close to losing our child.

***(iii) the availability of, and systemic barriers to, trauma-informed care being provided during pregnancy, during birth and following birth***

I participated in the hospital's birthing classes and they did not cover cesarean births, and no emergency cesarean births. The focus of these birthing classes were on vaginal deliveries and access to supports during this process. During birth the focus was not on potential trauma the focus was on medical life or death which is understandable. However, there were key triggers and times throughout my story that impacted on the PTSD; these were usually words, actions and behaviours by staff that impacted how I felt in that moment. Following birth I found it hard to find specific counselling for birth trauma. Many were around postnatal anxiety or depression but immediately after I needed debriefing of the birth and immediate trauma support. In addition when I did find a few in Sydney that specialise in this they had wait times or their books were closed. Having more immediate support, ability to debrief quickly after the birth and not spend hours searching for appropriate counselling support would

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have lessened my trauma symptoms. Child and Family Health appointments were not experienced enough to identify trauma.

From my experience I was able to see the following barriers to trauma informed care:

**Limited Training and Education:** Healthcare providers (hospital and community family health) lacked adequate training and education on trauma-informed care, especially regarding birth trauma. Without proper understanding and awareness, they did not recognize the signs of trauma or know how to respond appropriately.

**Medical Hierarchy and Communication:** The hierarchical nature of healthcare settings can impede effective communication between different professionals involved in birth trauma care. Lack of collaboration and communication may lead to fragmented care and the failure to address all aspects of trauma. Many midwives attending to my care on the ward were unaware of what type of birth I had and had expectations of movements, care of our baby and breastfeeding pressure that was all impacted by the trauma. Having to advocate and tell staff of my issues was exhausting and aided to the retelling and trauma of the experience.

**Time Constraints:** Healthcare settings are often fast-paced, and healthcare providers may face time constraints when attending to patients. This pressure can prevent them from dedicating enough time to offer trauma-informed care and support. In the hospital post birth I had no counselling, or professional debriefing about the trauma. The doctor did discuss what had happened but this was a factual recount rather than a psychological debrief of the birth.

**Inadequate Screening Protocols:** Without proper screening, trauma may go unnoticed and untreated. The most common screener is the Edinburgh scale. I did this many times post birth at appointments, counselling and post natal support places such as Tresillian, Gidget and my community Child and Family health. The screener is targeted at Anxiety and Depression and not PTSD or Birth Trauma symptoms.

**Lack of Mental Health Integration:** Many healthcare settings do not have adequate integration of mental health services, which are essential for addressing the emotional impact of birth trauma effectively. The delay in seeking appropriate support impacted my journey of recovery and healing. With more immediate support and integration from hospital to psychological care would have made a positive impact on my healing.

### ***(c) the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on patients and their families and health workers***

#### ***Short term impacts***

**Physical Impacts:** I experienced longer recovery time from my birth and more pain than the average cesarean birth due to the size of the wound, effects of the general anesthetic and trauma of the birth. Further physical impacts included the ability to breastfeed and the ability to rest and recover.

**Emotional Impacts :** My own experience of Birth Trauma caused immediate emotional distress and shock for both my partner and self. Feelings of loss, guilt, fear and disappointment arised. Feelings of inadequacy as a mother flooded my thinking.

**Psychological Impacts:** I experience Post-traumatic stress disorder (PTSD) in the shape of flashbacks, nightmares, heightened nervous system response and increased anxiety.

**Economic Impacts:** In my experience, Birth Trauma impacted increased financial costs. These included increased costs with daily expenses during hospital due to the extended hospital stay. Financial costs involved with physical healing of equipment such as a shower chair and stomach wrapping. In addition, financial costs in seeking counselling support and loss of income by partner to care for me during recovery and take over care of our newborn. The need for follow up appointments, ongoing psychological care and support services all impact the economy and personal financial strain at a time where income is already limited due to maternity leave.

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**Emotional impacts on health workers:** Health workers involved in traumatic birth experiences may also experience emotional stress and distress. Witnessing difficult births or being involved in adverse outcomes can take an emotional toll on healthcare providers. Our experience involved a nurse who informed us that she 'hugged her kids tight' that night after our experience and she shared her emotional distress by crying with us on the recovery ward about the experience we had.

### **Long-term impacts:**

**Physical impacts** We were informed by the doctors to monitor our baby's developmental milestones and to ensure they are meeting them due to the impacts that lack of oxygen might have had on him at birth. They believe he would be ok from their NICU assessments but informed us to regularly monitor our child.

**Emotional & Psychological impacts on patients and families:** Long-term emotional effects of birth trauma have persisted, affecting mental well-being, relationships, and family dynamics. Feelings of anxiety, and trauma-related symptoms have continued to impact the family and myself. The bond of mother to baby was impacted by the Birth Trauma and intensive work and through attachment was needed to support this feeling of lack of bonding. An overwhelming feeling of 'not good enough' has impacted my journey into motherhood. Feeling like I failed at birth and continue to fail as a mother. Having an overwhelming need to 'fix it' when the baby is distressed and feeling like you don't want any further traumatic impacts on your child.

Further births are impacted due to the increased anxiety and fear around another birth and the impacts that continue from the Birth Trauma.

### **Call to action**

You have heard my evidence and there are many more out there with similar experiences. Make this a priority and not something women and families have to struggle through. The impacts are endless and generational. The impact it has on our wider economy, the individual and families and to the child itself is extensive. The need is urgent. We can prevent Birth Trauma.

I request the Parliament take the following actions

1. Funding and research into birth trauma, causes, prevention and management with an evidence based intervention.
2. Healthcare training for obstetricians, midwives, nurses both in hospital and community settings. Raising awareness on birth trauma and providing healthcare workers with skills and trauma informed awareness in dealing with Birth Trauma.
3. Establish specialised support centres, debrief support within the week of birth, support with ease of accessibility, helplines and counselling services to assist families dealing with birth trauma and ensure they receive necessary assistance and resources.
4. Launch a public awareness campaign to educate expecting parents and partners about birth trauma, its risk factors and available support services. Review of current birth classes and inclusion of birth trauma.
5. Review and update policies related to maternal and neonatal care to include provisions for addressing birth trauma and providing maternal and infant support.

In conclusion, my experience provides evidence to support the need to move forward not backwards in addressing Birth Trauma in NSW. The need for a more compassionate role and minimising further Birth Trauma experiences for individuals and families.

This is more than just one bad day; it's a lifetime of trauma and healing that can be prevented.

Lauren Fehlberg