

Submission  
No 1140

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 15 August 2023

---

Partially  
Confidential

The process of giving birth is an experience unlike any other a woman can go through. The existence of this inquiry highlights the long term systematic disconnect between too many medical professionals and birthing mothers. Reading the first batch of submissions, there is a common thread of mothers and their partners being let down by the medical system. It is heartbreaking to read their stories. The outcomes that this broken system have led to are devastating for too many women.

The impact that birth trauma has on the birthing mother and their partner varies greatly and is not always visible to medical professionals, family and friends.

The birth trauma I have experienced has been and still is both physical and psychological:

- Physical – internal tearing, 3b tear, episiotomy, faecal incontinence, ongoing pain, long recovery to return to normal life activities
- Psychological – PND & PTSD

I experienced a severe pain episode when I arrived on the post-natal ward, which later led to PTSD. The anaesthetic from surgery (which the anaesthetist had to top up an hour into the surgery to his surprise) wore off before the Endone I had just been given by a midwife kicked in. I have never experienced pain like it. The full extent of all the tearing that was repaired during a two-hour surgery hit me all at once. I was screaming and crying in desperation for any relief, with no awareness of where my baby was at the time. The staff had to follow process calling an emergency review from a doctor and eventually I was given morphine via a needle in my stomach. The pain lasted for 45minutes. I know it doesn't sound like a long time, but it felt like eternity and I only know how long it was as the clock on the wall was all I could focus on in the chaos.

Some of the impacts of birth trauma that I have experienced include:

- Bonding with my baby. I felt completely inadequate in the early weeks and months looking after my baby as my partner had taken on the primary caring role when I couldn't early on.
- I was unable to exclusively breast feed my daughter despite trying everything with advice from lactation consultants – medication, pumping, skin to skin etc.
- Relationships and feeling disconnected from people close to me
- Physical impacts of long-term recovery
- Family planning – my partner and I always discussed trying for two children and this experience has made this uncertain
- On post-natal ward most of my care was amazing.
  - o Unfortunately, I did not receive chartered anti-inflammatory medication. This was chartered for daily administering for 3-5 days. Following my daughter's birth, I was in hospital for 5 days and received this twice (day 1 by surgeon and day 5 by a midwife who left it in the room for me to administer myself - I had to ask her to administer it for me as I was not comfortable doing it). We chased this up at each morning and night shift handover and each day the midwives chased it up and the medication was not available on the ward for them to administer.
  - o I was also given double dose of Movicol, which caused 3 back-to-back big involuntary bowel movements within 1 hour

- PND – periods of deep sadness, anger, frustration
- Sleep deprivation – unable to sleep without constant flash backs every night
- Daily thoughts – I relived trauma every day over and over in my mind

**Cascade of interventions** – without the birth preparation and education my partner and I had completed I truly believe there would have been further intervention along the way leading to worse outcomes.

### **Recommendations**

- I believe it would be hugely beneficial for the BRAIN acronym to be fully integrated into general practice by medical professionals to encourage more informed decisions by birthing mothers.
- Staff entering birthing suites and ward rooms need to remember they are entering a sacred space with families who are going through some of the biggest moments of their lives and respect that.
- I was given lots of information on my injury and some information on support, however even something as simple as a handout on support for my partner would have been beneficial.
- Rates of inductions have been continuously increasing each year – why is this? The system feels too focused on risk mitigation, when in fact the increase in inductions leads to a cascade of interventions and subsequent birth trauma.
- Post-partum care is extremely important, and I am fortunate to have received excellent care through . This should be consistent throughout the state.
- Staffing to be addressed – too many women have experienced the impacts of short staffing. Is this because of budgets for hospitals or due to a declining number of people studying midwifery?
  - o As a side note, it isn't reassuring or comforting to hear from the main midwife you have in the birthing suite that they didn't want to study midwifery – they only did it because their parents wanted them too. That's the moment I should have asked for a different midwife. We need people passionate about positive outcomes in these jobs.
- Debriefing should be offered to all families. I cannot express how beneficial a debrief at was for my partner and myself.

Not until 10 months PP after starting medication, did I really start to see the light again. I also feel like I finally have my dignity back. It shouldn't be like this. I consider myself one of the lucky ones with the amount of support I received and yet – here I am writing this submission to support changes for better birthing outcomes for woman in NSW.