Submission No 1156

INQUIRY INTO BIRTH TRAUMA

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To the Select Committee on Birth Trauma

Thank you for the opportunity to provide a submission on this important topic.

I imagine that getting reliable data on how widespread birth trauma is, may be a difficult task. Giving birth is a life experience woman never forget. Anecdotally, I can say that from my experience of hearing about birth trauma, it appears to be extremely widespread. Almost every second woman I speak to in my mother's groups and friendship groups, colleagues, and family, have found their experience of giving birth in the NSW health system, to be traumatic.

I wish to share my story of two very difference birth experiences and some recommendations, in the hope that it will assist in bring about change for women in NSW. They, and their babies, deserve better than being let down by a system that is suppose to care for them.

Birth 1

My first son was born in 2015 at . The birth was so traumatic that it took me around one year after to be able to speak about what happened without bursting into tears. Several months after the birth, I retold my story, when I made a complaint about my experience to the NUM of Delivery at . We discussed my experience and she said she would take away some learning. I am unaware of any actual actions that we made as a result.

Recommendation 1:

There should be group de-brief opportunities provided by hospitals to women after birth where they can opt in to join and share their birth story. They should receive a copy of their notes and have the opportunity to share their hopes, disappointments, experiences in a supportive group setting.

I was unable to get onto the Midwifery Group Practice program at as it was full by the time I was 8 weeks pregnant. So I saw a different midwife every time I went to . Then a midwife I hadn't met or even ever spoken to delivered my baby.

I had undertaken my own preparation leading up to the birth, attending antenatal classes, making a (flexible) plan for labour, which was to avoid drugs and intervention. I have a good pain threshold. I had a tens machine, the support of my mother, who was working at the time as a Midwife, Early Parenthood Educator and Lactation Consultant in a different hospital in NSW. I knew the longer I stayed home the less likely intervention was. So by the time I attended , I was well into established labour. My water had broken around 36 hours beforehand and I had been assessed and, at my request, been allowed to go home in the hope that labour would come on naturally. I had also been vomiting for over an hour. I could barely walk into the hospital. I was taken to a room, without being assessed or even knowing

how to access any help, and left for one hour. I was later told by the NUM that I had attended the hospital around changeover, which had resulted in a delay in assessing me.

Recommendation 2:

System change so that there is sufficient patient care and attention during changeovers.

The impression I got from the midwife that I spoke to at the hospital was that she did not believe that I was very far along in labour and that she couldn't trust my own assessment of my body because it was my first birth. From speaking to other women after this experience, I have been told that it is very common for a woman's own assessment of what is happening in their body to be given little, if any, weight.

Recommendation 3:

There needs to be cultural shift in the current medical model, to recognise women as experts in their own bodies.

My husband, who was my only support person present at the time and is culturally and linguistically diverse, didn't know how to advocate for me or to get help. I felt alone and scared. I ended up hitting the emergency button in the shower, exhausted after vomiting consistently for hours and unaware of whether my baby was okay. When I was finally examined, I was 8cm. I was exhausted and in transition. I requested fluids and something to stop the vomiting and asked for an epidural. My mother had just arrive and told the nurse this wasn't in my plan and, given I was in transition and clearly so distressed from being alone and vomiting for so long, asked if they would wait to see if after the vomiting had been addressed then they could see if I could be persuaded back to my original birth plan of no epidural or other pain relief alternatives. The midwife who had met me a matter of minutes before, declined and said I sounded like I knew what I wanted.

The antithesis who administered the epidural told me that there was a 1 in 300 possibility of a dural puncture, but that he had not ever given one which result in that before. The epidural did cause a dural puncture. It also slowed down labour. My son's heart rate, only known through an external examination raised concern. He was delivered via forceps and I had a episiotomy. He was left with a facial injury, a laceration on his cheek from the forceps.

Recommendation 4:

Women need choices, but given what we know about the path of rolling interventions, there needs to be a shift to encourage and support women to have a drug free birth, if that is what they identified as wanting prior to labour.

Recommendation 5:

An antithesis should never share their own record of medical error. It gives the patient incorrect perception of safety and that the odds are somehow more in your favour.

I was in hospital for two weeks after birth. I had an MRI, a failed blood patch. I was incorrectly diagnosed with a super bug, as a result of a contaminated blood sample taken

from my IV that was inserted during labour. My mother raised the issue of where the blood sample was taken and they agreed to take a clean sample but due to it being a "super bug", they need to immediately treat me with IV antibiotics. The antibiotics reached my days old newborn baby, causing diarrhea. Eventually the blood sample came back without the bug and I was taken off the antibiotics.

After this, I discharged myself, against advice, tired and angry with the cascade of medical intervention. I felt like every time they touched me something when wrong. I had planned to try to wait out the puncture at home, only to return days later begging to be admitted and administer another blood patch, with my baby as I was lying down on the anaesthetists' office floor in excruciating pain. I remember breastfeeding my baby on the way to get my new blood patch, my mother walking alongside us, waiting to take him during procedures and return him to me afterwards.

The extended hospital stay and pain caused many other issues. It delayed my attachment to my baby. It caused feeding and weight gain problems. I did all of my initial breastfeeding side lying due to the dural puncture and procedures. I couldn't see how the baby was attaching and this lead to bruising and cracked nipples. To keep breastfeeding I used nipple shields which meant I had less nipple stimulation and this lead to low supply. My child remained exclusively breastfed but we struggled with his weight gain for months. I was required to weigh him every week for over a month. I found the weekly weigh ins a source of anxiety on top of everything I was trying to deal with as a new mother. I ended up on domperidone for an extended period to increase my supply. My son developed a nipple aversion and I couldn't get him to breastfeed without the nipple shield for 4 months. The nipple shield meant that he got some air during feeds and he was very unsettled as a result. He also had a tongue tie which I couldn't get addressed for weeks due to my extended admission at . If I wasn't so determined to breastfeed and had such excellent support from my mother, I have no doubt I wouldn't have succeeded at breastfeeding him for the 2 years that I did. During my stays at I was give a room to myself. At the time I didn't realise that this was unique as a public patient on a maternity ward but looking back now, I can say that it was of great benefit to me with all the problems I was experiencing with the constant headache and problems breastfeeding and extra support I needed from family.

Recommendation 6:

When a patient experiences a dural puncture they should be given a room alone, where possible.

I experienced ongoing pain and pelvic floor problems for a long time after the birth. I was busy and unsure at the time if they were normal after birth so I didn't seek help at the time.

Recommendation 7:

When a patient experiences a forceps delivery they should be provided with information and a check up post birth.

Birth 2

I didn't have another child until 2021, for many reasons, but the trauma of the first birth was one of the considerations.

I was determined to have a different experience this time. I applied for and was accepted onto the Midwifery Group Practice (MGP) program. I was worried about whether the birth would be much different to my last one. My confidence had been shot at due to unforeseen circumstances, I had 3 changes of midwives assisting me on the MGP, and the baby was eventually delivered by a midwife I had never met, again.

In the lead up to the second birth, the midwife of the MGP helped me identify that I was having problems with my confidence as a result of Birth 1. She recommended some further resources I could go to and boosted my shaken confidence. I solely attribute this crisis in confidence not being supported to achieve the labour I wanted and was capable of with my first child.

It couldn't have been a more different experience with the support of the MGP. I attended Hospital at 5am and my baby was delivered by my midwife assisting at 7am. I had a water birth in the birthing centre. I had no drugs or intervention during labour. I didn't see a doctor during my time there, nor was I examined. It was just the midwife and my husband present for the birth. I left hospital at 2pm that afternoon.

The experience of this birth was empowering, respectful. I felt safe. I knew my baby was safe. I felt I had control of what was happening to me. That I wasn't powerless and just having things done to me. In between every contraction she checked his heartrate and let me know that it was normal. At a point during the labour I told her I wasn't sure if I would make it, and instead of quickly sending drug my way, she encouraged me. She reminded me of what I wanted and pointed out that I was, in fact, doing so well.

The outcome showed me that the "continuity of care" not only comes from the individual but it comes from the shared approach supporting women in labour on the MGP and the skills and experience of the midwife. The level of skills in being able to deliver babies and positive outcomes for labouring women - even ones they have never met before is spectacular. I did not feel any of that support or expertise the first time around. She was supportive, had clear advice, various options for working though pain, was respectful – regularly asking for my consent for different things and extremely reassuring and attentive to my and my baby's needs.

The two experiences of birth couldn't be further apart. Two days after my second child I was breastfeeding my newborn at the table and homeschooling my 5 year old during the COVID19 lockdown. Aside from the physical and emotional toll the first birth had on me (and my first child), there was a huge and unnecessary cost to the health care system.

Recommendation 8 and 9:

- *The MGP should be expanded and widely available to women in NSW.*
- *MGP midwives are experts in the field of midwifery, an expertise which is seemingly lost in the mainstream delivery units. MGP staff should provide education to midwives and doctors not a part of the MGP.*

Thank you for your consideration of my submission.

Kind Regards

Ms Julia Brown