Submission
No 1169

# INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed
**Date Received:** 14 August 2023

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Partially
Confidential

**Submission to the NSW Select Committee on Birth Trauma**

**14 August 2023**

I attended a friend's birth as a support person in April 2020. I will refer to my friend as Jane, a pseudonym. After labouring at home for some time, she decided she wanted to go to the local public hospital in Sydney. Due to covid, she was only permitted to have one birth support person, so she asked me to come with her, while her husband stayed at home with their older child.

We arrived via emergency and Jane was immediately taken by wheelchair to the birthing suite. External foetal and mother monitoring was applied straight away and initially, the nursing staff reported the foetal heart rate was normal and strong. They inserted a cannula 'just in case'. **I reminded nurses to seek consent from Jane for all checks, procedures and tests, as they initially began without seeking consent.** The doctor on duty arrived. He talked incessantly at Jane. He did an internal exam and announced she was fully dilated plus one, with baby's head descended. He was dubious about Jane continuing to push without medical assistance because he could not establish how long Jane had been pushing prior to arriving at the hospital. He was also concerned Jane had had two previous caesareans. He repeatedly discussed the risk of rupture to CS scars, and extended time pushing.

Jane requested two hours to continue labouring before further intervention. They offered and Jane accepted gas. The nurses suggested Jane lay on her back. Coached pushing during contractions ensued. The doctor returned after around 30 minutes with a senior hospital staff member to observe Jane's support person (me), as the doctor was objecting to Jane consulting with me over various medical interventions they were wanting to do.

Under apparent observation from the doctor and the senior staff member, I requested the nurse apply hot compresses to Jane's perineum during contractions as this was discussed by the nurse and Jane 5 minutes previously, but it had still not been organised. **The doctor immediately accused me of interfering and asked the senior hospital staff member to remove me from the birthing suite.** I refused to leave my friend's side, so they did not pursue that further.

Then the doctor began talking about performing an episiotomy. Initially Jane declined local anaesthesia and episiotomy. There was some discussion about Jane's body temperature being 37.4 degrees (afterwards they claimed it was 37.9 degrees). There was also concern that foetal and maternal hear rate was almost identical and they were concerned they were not getting an accurate reading of the baby. I suggested the use of a pinnard. No one thought that would be possible. The doctor later claimed I was an undercover birth worker because I knew what a pinnard was and wanted to investigate me.

**Coached pushing continued. There were two nurse-midwives, the doctor, the paediatrician and the senior hospital staff member in the room.** Concerns continued to be raised about foetal heart rate, maternal temperature (although Jane's temperature hadn't been taken again). Discussion about episiotomy continued. The doctor continued to put his hands in Jane's vagina, running his fingers around the baby's head and the opening of Jane's vagina, making remarks that the baby's head was stuck, that the vaginal opening was too tight. **After several more requests to perform an episiotomy, Jane was pressured into consenting to the procedure.** After some further coached pushing through 1-2 more contractions, the doctor decided to use ventouse and attached the mechanism to the baby's head. Through 2-3 more contractions, the doctor pulled on the baby and Jane pushed. The baby was pulled out and put on Jane's chest. Within one minute or less, the cord was clamped in two places, before asking whether Jane wanted immediate cord clamping. **Jane and I**

**requested the clamps be removed (only 1-2 minutes post-birth) but the nurses informed us that would not be possible.** I suggested to Jane that she remove her gown so the baby could be skin-to-skin.

Syntocin was administered for managed third stage. Jane and baby initiated breastfeeding within 30 minutes of birth.

I assisted Jane to the shower 2-3 hours post-birth. I held the baby. I noticed that Jane was in a lot of pain walking, taking very small steps. I noted that Jane had to drag her right leg slightly for each step.

Jane declined vaccinations for baby and also declined 4-hourly blood sugars testing for baby. The doctor said to Jane **"You're an Asian woman – why aren't you more submissive?"** in reference to her declining medical procedures. Jane requested discharge from hospital which resulted in a meeting with the hospital counsellor and the senior doctor. I was present at this meeting. The staff indicated that if she left the hospital, she would be reported to child protection services. She agreed to stay in hospital for 24 hours and the staff indicated they would be happy with this. We later found out that Jane was reported to child protection services anyway, for declining medical testing.

The next day, Jane discharged herself and baby from the hospital. Her husband came to collect her. Due to the episiotomy, walking was painful and her husband requested a wheelchair to take her to the car. **A nurse told them that if Jane was well enough to leave, she could walk out. The nurse refused to bring a wheelchair.** Jane walked several hundred metres to get to the car. She left to go home.

**At 1am the next morning, five police officers knocked on Jane's front door**, and presented and order that Jane and her baby return to hospital to have the baby checked for severe jaundice. They were told that they would be charged with a criminal offence if they did not comply. Jane and baby returned to the hospital under police escort. The baby's heel was pricked for a blood test which indicated mild jaundice. Jane did not believe that the baby was at risk and did not consent to treatment but she was forced to comply under threats that her baby would be removed. Jane asked the doctor if the mild jaundice could be attributed to the cord being clamped immediately after birth, which was done so against her wishes. The doctor replied that he was not aware of any information that showed cord clamping caused jaundice, despite delayed cord clamping best practice being widespread knowledge.

Jane was eventually discharged with her baby and child protection services closed the case after one home visitation.

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I have recounted my observations of Jane's experiences during and post-birth in the above description as a chronology of events as objectively as possible. What needs to be overlayed on this story is the hostile and threatening demeanour of the doctor and other hospital staff during Jane's time at the hospital. Jane was condescended to and threatened at various stages of the labour and postpartum. Jane was denied her human rights of full informed consent for various procedures. 'Problems' with the baby were manufactured to force Jane into staying at the hospital longer, and to force her to return to hospital a day later, in the middle of the night. It is clear that the hostility directed at Jane was due to: not having a record of medical checks during her pregnancy; suspicion

over my credentials and knowledge; declining medical procedures and tests; racism and cultural assumptions directed at Jane by the doctor; and Jane not kowtowing to what the doctor wanted.

I was personally appalled at the way Jane was treated; however, I was not surprised. Jane's story that I had witnessed firsthand is one of thousands that I have listened to and read about second-hand. The mistreatment and trauma women experience at the hands of the industrial maternal 'care' system is widespread and ingrained. Tools of control, discipline and punishment have been purposefully installed in the maternity management system, in order to mould a submissive and manipulative patient. Women are not at the centre of their experiences and choices. Women are not cared for, they are managed.

It is my hope that this Select Committee:

1. Listens to and believes women's stories and experiences;
2. Realises and documents the abhorrent extent to which women are commonly mistreated and abused in the maternity management system (I cannot bring myself to refer to it as 'care');
3. Realises and documents that the systematic abuse of women in the maternity system has been purposefully installed to ensure a submissive patient and to centre obstetrics as 'god' within the system;
4. Realises how poorly resourced and funded the maternity system is, in particular, that women who choose homebirth (saving the government money), pay for their homebirths almost in full;
5. Demands the government overhauls the maternity system;
6. Demands investment in independent midwifery care for homebirths that are fully subsidised and that are chosen BY WOMEN who want them, where all women are eligible if they so choose (not a set of narrow parameters established by the system);
7. Demands investment in hospitals where women are centred in their maternity care, with continuity of care with one midwifery team of 2 midwives.