

Submission  
No 1173

## INQUIRY INTO BIRTH TRAUMA

**Name:** Ms Georgia Lowe

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Partially  
Confidential

To the Select Committee on Birth Trauma,  
Emma Hurst, Susan Carter, Mark Banasiak, Amanda Cohn, Anthony D'Adam, Natasha  
Maclaren-Jones, Sarah Mitchell and Emily Suvaal,

I make this submission as an individual who has experienced birth trauma. I hope my voice contributes to real, systemic change. Hospital birthing units need more funding for space, equipment and staff. Postnatal care needs to be improved and extended.

I gave birth to a macrosomic baby that weighed 5.25kg, largely without pain relief, resulting in a 3B perineal tear and post traumatic stress disorder. I gave birth at a rural/regional hospital, Hospital, in late 2020 at nearly 42 weeks pregnant. When I called over the phone asking to come in earlier, I was repeatedly turned away. When I presented, I was not informed of the results of a scan that showed my baby was macrosomic and a caesarean delivery wasn't offered or discussed. When I needed forceps because my baby was stuck crowning, I was forced to wait, in horrific agony, for an obstetrician to drive back to hospital to assist. Afterwards, it took months, and the fourth GP, to finally connect me to a psychologist and physiotherapist for my ongoing physical and psychological trauma.

My experience is the result of a public healthcare system that is dangerously under-resourced, under-staffed, and overburdened. We need to increase funding to hospital birthing units. We need to improve the standard procedures in postnatal care: during postnatal or infant appointments, all those who experienced birth trauma, and their partners, should be proactively offered access to mental health services and subsidised physiotherapy. Follow-up should continue well beyond the current 2 to 8 weeks that hospitals follow up with postnatal patients.

### **What were the impacts of this birth trauma?**

Physically, I was a long-distance runner reduced to a state where I could hardly sit down or walk up a staircase for months. For six months, I couldn't jog even a few steps without feeling a shocking, burning tug in my pelvic floor. I was terrified that I would never heal, a fear exacerbated by the lack of information and support I had from the hospital and my GP for the first six months postpartum. I did not begin to feel hopeful for my future again until I finally got to see a physiotherapist who specialised in maternal care, who could take readings of my pelvic floor strength and diastasis recti, and guide my rehabilitation.

Economically, returning to my previous work as a full-time classroom teacher was impossible for at least 6 months after the birth. My faecal incontinence slowly resolved after a couple of months, but I had ongoing urinary incontinence issues. As a temporary worker, I felt too insecure in my position to declare these health fragilities and ask for support. Luckily, the accommodations my principal made for me to express milk met my other needs too, and I could return to work for 2 days per week in a different role with more breaks and flexibility.

The psychological and emotional toll on myself and my partner has been significant. My psychologist helped me enormously, though I will carry this trauma for the rest of my life. Thanks to her support, I had one further child but I cannot have more; interactions with doctors and the hospital was sometimes triggering and re-traumatising and I cannot endure it again. Nearly two years after this traumatic birth, my partner was diagnosed with severe anxiety and depression resulting from the trauma and helplessness he experienced. I wish there was a protocol for healthcare services after birth to also support partners, because he would have benefited from earlier intervention, however he did not get this vital support until his mental health deteriorated significantly.

My birth trauma was avoidable. Below, I outline my prenatal, delivery and postnatal care.

### **Prenatal care: Tick-box healthcare from an overburdened, underfunded system**

At many points in my pregnancy, especially in the third trimester, the huge size of my baby should have prompted my local GP, midwives, or hospital obstetrician or midwives, to inform me and revisit my birth plan. Before giving birth I was never told I had a macrosomic fetus and never had any discussion with any medical practitioner about a caesarean delivery. My pregnancy progressed with the sense that no one was taking me on as “their” patient; everyone would always ask after what the other team had or had not done. I had a healthy, normal pregnancy. Feedback on my ultrasounds was minimal (“this all looks fine and normal, any questions?” or, at most, “The baby looks big, but you’re both tall”). When I was overdue, my local healthcare providers told me to talk to the hospital, and the hospital told me, over the phone, to wait until I was at least 41 weeks pregnant. Finally at 41 weeks pregnant, they advised I could come after 41.5 weeks to be considered to be induced.

Every healthcare professional I came into contact with was so under-resourced, overworked, and short on time that I was simply a perfunctory tick-box exercise rather than *their* patient. The extent of underfunding is shocking. For example, I had a checkup with a midwife where, reclined on the bed for measurement, my feet literally sat in a hand basin because the room was so small and not fit-for purpose. We were interrupted by another midwife needing to share the one computer, since she had no access to another to use. hospital staff told me I could not give birth there because they had so many scheduled births, beyond their capacity for that month (I had to speak to the unit manager to insist I would give birth there). hospital delaying seeing me until I was so overdue because they were so short of beds with so many women giving birth that they had no time to really consider my needs over the phone. Examples of chronic underfunding abounded at literally every point at which I accessed our healthcare systems.

### **Hospital experience: Delays and Errors from an overburdened, underfunded system**

Before I was induced, an ultrasound was done which found the baby likely to weigh 4.8kg (+/- 500g). (Notably, macrosomia is defined as a fetal weight of above 4 or 4.5kg.) The obstetrician did not inform me of this. I was induced and forced to vaginally deliver a baby that ultimately weighed 5.25kg. Over a year later, in a meeting I requested, the Director of Nursing and Midwifery for the NSW Local Health District apologised and confirmed that my trauma was avoidable and that I ought to have been informed of the results of the scans and had the option of a caesarean section discussed. I do not blame the obstetrician, however, because I know that human errors increase in rate when staff work overtime, without sufficient breaks, staffing and resources. (There is a body of academic research into the error rate in hospitals under various circumstances.)

During the active phase of labour, my baby was stuck, crowning but unable to be delivered. Another huge failing occurred: due to the understaffing and underfunding of this rural hospital, we *had to wait* while the senior obstetrician who had finished his day shift drove back to the hospital for my birth. For around one-and-a-half hours, my child was stuck crowning, and I was stuck in the most scarring, indescribably unbearable pain, as we waited for this doctor to return to the hospital. I began to want to die in order to escape the pain. I stopped following instructions, and I moved from my knees to lay on my side and wait to die. I closed my eyes and refused to open them again; if I survived, I did not want any visual memory of this horror. When the doctor finally arrived, I was wheeled to surgery. I was asked to sign a consent form for an epidural, and,

moaning and distraught, with my eyes still closed, I scrawled something. Finally, I was given epidural, episiotomy and forceps, and then suffered a 3B perineal tear.

### **Postpartum care: Desensitisation to women's pain and birth trauma**

After the birth, the midwives were kind, but euphemistic, congratulating me, reminding me I had a healthy baby and things could have been worse, etc. They did not appear to be trauma-informed.

After I had returned home, midwives who came to my home could not assist me with explaining my perineal tearing, and suggested I speak to the hospital or my GP. I was traumatised at that hospital; I was not ready to go back there, and indeed, it would take me 6 months of counselling before I could even talk about the birth.

So, I tried my GP, who had seen me throughout my pregnancy. She failed to make the referrals to counselling and physiotherapy, even when I said I was struggling and needed help, saying that physiotherapy referrals were only for people with 'chronic' conditions "who actually really need it". Regarding counselling, I was dismissed, told to give it time and reminded that lots of women go through this and heal. At that point, I had urinary and faecal incontinence, I was exhausted by standing up, and was extremely psychologically distressed. In appointments with 2 other GPs within that same practice, no referrals were given.

I somehow survived the next 6 months. It was not until I changed GP (selecting one who is renowned for empathetic postpartum care, and very hard to get into given her popularity) that I was referred, and I would finally commence these forms of therapy more than 6 months postpartum.

### **Concluding comments**

I apologise for the rough way this has been written. Every time I returned to write or review this submission, I have cried and shaken and needed to take breaks. However, I have pressed on because I know so few women will write a submission. Among the dozens of other mothers, each one has a shocking story of a serious failing at hospital due to the chronic underfunding of the healthcare system. One friend, hours after birth, crawled along hospital floors on her hands and knees to seek out pain relief from staff who were too busy to attend her room. Another gave birth, terrifyingly, on the side of a highway because the local hospital had its funding cut to the point it could no longer offer birthing services. Other friends have told me their "stats", the birth weight and degree of perineal tear, but are still too traumatised to revisit their birth, let alone provide feedback to the hospital staff or write a submission to a parliamentary enquiry. Many thousands of women cannot or have chosen not to revisit the birth trauma they have suffered. For this reason, I write to you, and I am willing to give evidence at a hearing if that might be helpful.

Thank you for doing this important work.

Sincerely,

Georgia Lowe