

Submission  
No 936

## INQUIRY INTO BIRTH TRAUMA

**Name:** Mrs Louisa Daniels

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Partially  
Confidential

I have given birth twice. I experienced disrespectful, neglectful and/or abusive care during the course of both pregnancies, births and postpartum care.

On 1st April 2020, I gave birth to my first daughter at \_\_\_\_\_ Public Hospital. I was 26 years old. I experienced a cascade of interventions that led to an unnecessary c-section. In this birth:

- I was not sufficiently informed and educated. I had a hind water leak at 40+6 and being GBS positive, a midwife recommended an induction and antibiotics. I didn't know that I had the autonomy to refuse these interventions, and was not informed on current research and best practice, so I consented for fear of harming my baby.
- I experienced obstetric violence. An obstetrician was invited into the room to check dilation, and during this assessment, broke my waters without my permission. This obstetric violence led to an extremely painful posterior labour that did not 'progress' according to hospital preferences and left me feeling extremely violated.
- Information was withheld from me. My baby was posterior, but no one told me that at the time - I only found out during a formal birth debrief 14 months later. My body was not ready for labour, and due to my daughter's posterior position was slow to dilate.
- I was coerced into complying with hospital policy. After 8 hours on the syntocinon drip with extremely intense, painful contractions, I begged for an epidural and was given one. The epidural slowed dilation and after 12 hours of syntocinon, at 4cm dilated, I 'timed out' and as per hospital policy was told in no uncertain terms that I would be sent for an 'emergency' c-section. My baby showed no signs of distress.
- I felt scared, numb and barely present during the actual birth of my daughter, an experience I will never get back.
- My postpartum care was neglectful and traumatic. Due to the covid-19 lockdowns, my husband was forced to leave an hour after I'd given birth, and as the epidural wore off in the early hours of the morning, I was alone in a hospital room, in unimaginable pain post surgery with absolutely no pain relief, unable to move to tend to my crying newborn. Despite pressing the buzzer repeatedly, understaffing on the ward and no partner support meant that midwives were unable to respond and bring pain relief for over an hour. I lay there feeling helpless and alone in excruciating pain, and incapable of caring for my daughter. I felt like a terrible mother from the very beginning.

This birth experience caused severe postpartum anxiety. I had no belief in my own ability to sufficiently care for my daughter, which is taking years of psychological help to heal.

My second child, a son, was born on the 22nd February 2022 at \_\_\_\_\_ Public Hospital. During the course of my pregnancy and labour care for my son I experienced extreme disrespect and coercion and was very nearly bullied into a second unnecessary c-section.

- I experienced serious disrespect for my autonomy and informed choice in my prenatal appointments. During this pregnancy I did a lot more research and educated myself extremely well with the support of a doula. Informed by my own research and knowing this time that I had the right to informed refusal, I chose to sign a form to decline CTG monitoring (recommended by hospital policy for VBAC). Discussions around this in my prenatal appointments included being thrown the 'dead baby card' twice, and attempts at

bullying me into compliance by three separate obstetricians due to a lack of continuity of care in this pregnancy.

- My informed choice was ignored and staff attempted to bully and coerce me into submission against my will. When I actually arrived at the hospital in established labour, despite signing the form and making my wishes abundantly clear, I was immediately asked to be placed on a CTG monitor. Upon refusal the midwife insistently asked to use the CTG machine 'just to get an initial reading', to which I consented. When the midwife was unable to find my son's heart rate, reading my heart rate instead, it seemed like baby's was low and she asked to do a VE to check where my labour was at. I refused at first, but an obstetrician was brought into the room to bully me into compliance. The VE was extremely violent and rough and showed I was only 1cm. At this point, multiple midwives and obstetricians were brought into the room to bully me into a c section. Having done my own research about the lack of reliability and effectiveness of CTG monitoring, we asked them to keep trying to get an accurate heart rate, and were repeatedly hit with coercive attempts to gain compliance. When asked for time and space to consider, staff left the room for only a minute at a time, returning to repeatedly attempt to coerce me into compliance, again using 'dead baby' language. This experience of abuse of power was extremely distressing for me, especially because when the shift changed soon after and a new midwife was able to find a consistent healthy heart rate, the OBs immediately backed off and allowed me to labour - they were about to cut me open to get out my perfectly healthy baby for no good reason at all. I felt I was treated like an inconvenience or a naughty child for exercising my bodily autonomy and informed refusal.

Even though the rest of my son's labour and birth was ultimately a positive and redemptive experience, the extreme disrespect I was shown in this early stage has stayed with me and left me feeling bitter and angry.

The effects of these experiences on my life have been an extreme distrust in the medical system, and most significantly crippling postpartum anxiety and depression for the first 6-12 months of my daughter's life, that led to multiple other issues for me and is taking years to heal.

If I could propose any changes to current models of maternity care based on my experience, I would suggest:

- Expanding continuity of care models (ideally MGP) to cover most birthing women in NSW
- Expanding publicly available homebirth programs for low risk women, allowing them to be free from coercion to comply with hospital policy
- Free access to birth education programs that emphasise current research, best practice and bodily autonomy
- Higher ratios of midwives in maternity wards, especially to support post-surgical mothers
- A radical overhaul in the education of obstetricians and midwives, including and especially for those currently practising, to a more woman-centred and trauma informed approach.