

Supplementary
Submission
No 1068a

INQUIRY INTO BIRTH TRAUMA

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Date Received: 10 August 2023

Partially
Confidential

My name is Jessica Raneri and I want to share my story and experiences of trauma from my first birth in 2020. My story experienced trauma at different stages and from different service providers. It includes experiences with Private Obstetricians through the private hospital in Sydney, with the emergency department of the public and finally, through my experience with a private midwife.

My Story

We fell pregnancy unexpectedly and as we had top health cover, immediately decided to go with an Obstetrician (OB) and private hospital. The first OB we saw refused to acknowledge or look at my husband in appointments – it was absurd and didn't feel right.

In the meantime, I had a large bleeding episode at night and landed in the ED. We waited hours to be told they didn't have ultra sound capabilities to tell us anything and advised us to go to a private clinic. Luckily, we were able to get into a private clinic the next day, and found the pregnancy was still viable. However, the trauma and stress from the waiting and not knowing still lingers today.

We then switched to another OB which started off OK, until I we started to be bullied and patronised anytime we asked questions about what she said 'would' happen. During one of my visits around 16 weeks or so I explained I had a UTI, she swabbed me sent it off and then on the next visit informed me that I had GBS and would need to be on an IV antibiotic drip during birth. I left, confused and digested the information. I had not consented to a GBS test and felt violated. I did some research, both around the GBS screening process, understood that at 16 weeks I very well could be GBS negative at birth. I researched the risks associated with antibiotic exposure during birth on infant health and wanted to discuss these with the OB. When I asked to discuss options, including re-testing closer to the due date I was met with absolute contempt, disgust and told 'if you want to put your baby's life at risk then you can do what you want but I do not support this'. I realised then that I had no power or agency in my birth and had no trust in this woman. If she couldn't even engage in a conversation with me about options, I now had zero confidence or faith that I would be respected during birth. I was overcome with anxiety which affected my life – relationships, work, physical health. It wasn't until a friend encouraged me to research homebirth and informed me about private midwives.

The research was clear to me as a low risk pregnancy – continuity of care and homebirth was most likely to lead to natural birth and positive health outcomes for mum and bub. I was told I was way too late to enrol with the homebirth program at the . But, I was lucky enough to engage a private midwife at 26 weeks and one that had hospital admission rights at in case we needed to transfer (from the This was important to us, given that it was covid and only 1 support person was allowed at hospital.

The midwife lived over an hour from us – which made birthing actually quite difficult as I had a long long labour and I was very sick throughout. She came and went and I personally as well as my partner and mother felt largely unsupported. A trauma that affected me post Nataly and even into my third pregnancy (which I am now carrying after a 2nd pregnancy led to miscarriage). As it was, after 40 hours of labour there was meconium in my waters, my blood pressure rose and so did bubs heart beat. So, we got in the car at 4am in the morning and drove the 40 min to I was holding in urges to push in the car. I was terrified, as I couldn't wear a seat belt as I had to lay down due to the pain. I got to the hospital and was clearly in the pushing phase. Gratefully, I was able to have a natural birth.

I am now pregnant, and due to give birth in 2 months time. I have engaged a private midwife who lives 5 minutes from me. I'm still processing the trauma from my past birth through counselling.

Summary of key experiences of trauma

- Being treated without compassion and removed from agency by the private OB, leading to high levels of anxiety and disempowerment.
- Having to go to extraordinary lengths to achieve continuity of care to the gold standard that was:
 - o Extremely expensive (over 6k out of pocket)
 - o Left us at times alone given the prolonged labour, and not being able to access a local private midwife
 - o Having to make a long transfer at hospital just so my midwife could continue providing care (despite living 15 min from and
- Financially having to cover costs of counselling to deal with the traumatic experiences from the whole process.

Solutions

- Improve education to pregnancy mothers about gold standard of care: midwifery and not private OB care despite what we, in this country have been conditioned to believe
- Support private midwives access insurances and support to encourage more midwives to take up private practice
- Create an enabling environment that supports health insurance companies to provide coverage for home births (the cost to insurance companies would be about 1/8th of what it costs for a private OB assisted birth at a private hospital).
- Expand public homebirth programs. I live 5 min from hospital now that ended their public homebirth program 10 years ago and I'm a few km out of area to be considered under the program (despite being 15 min away from the hospital!).