

Submission
No 1414

INQUIRY INTO BIRTH TRAUMA

Name: Mrs Alyss Phillips

Date Received: 13 August 2023

Partially
Confidential

My name is Alyss, I am 30 years old and live in the _____ region. I have a 2.5 year old daughter and am currently 39 weeks pregnant with my second child. I gave birth at _____ Public hospital in 2021 and will be birthing again in _____ Public.

My initial antenatal care with my first pregnancy was GP shared care, but after a number of dismissive comments and at times disrespectful care around my concerns and care from the GP (I did not have a regular Dr prior to falling pregnant) I opted to solely see the midwives at _____ hospital. Please note, I had applied for MGP at 6 weeks gestation and was unfortunate to not be accepted due to 'a high number of applicants'. As a first time mum, having no continuity of care from the same midwife (and no in person appointments till 28 weeks due to Covid restrictions), meant a very uncertain pregnancy despite being low risk. It also led to significant miscommunication around blood test results, iron levels and care options.

I gave birth to my first at 41w 4d to a completely healthy little one who needed no assistance with birth. However I had to push back significantly from talks of induction once I was over the 40 week mark (I was not induced and the baby arrived on her own). This caused great anxiety as even though my baby was still healthy in utero and I was doing ok, I felt like my body had failed me by not delivering on time. This started a decline in my mental health.

This feeling of intense failure was amplified when I went on to have a posterior labour that was not made known to me till after the birth. I had no continuous care providers to talk me through what the implications of babies position would have on my birth experience and after an incredibly long 3 day labour (although it has since been brushed off as a 'normal preterm labour' experience by several midwives) I battled with postpartum anxiety and an incredible weight of failure over my birth experience.

I have spoken to many healthcare professionals about the fear and distrust my experience had on my body, about my ability to bond with my baby once she was born and about my ability to function as a first time mum grieving what should have been a supported and celebrated introduction into motherhood.

For my second pregnancy I applied for MGP as early as I could at 5 weeks gestation, only to be forgotten and left off the applicants list. I had to chase up my spot and it was confirmed at 14 weeks that I once again had not made it on the list. I have since opted for the support of a local doula who has worked alongside me to work through my trauma from my first birth experience and plan for a healing and safe experience this time around. I am now better informed about positioning for babies, what different medical interventions can lead to and when I can say no to specific testing offered through antenatal care.

Financially, I could not afford to have a private midwife or home birth experience which would have been my preference to feel the most safe during my second birth experience. I was so disappointed with the lack of birthing options in the _____ that are attainable to a lower income earning household. Our savings were stretched in order to hire a doula, however in the long run it will hopefully mean less need for mental health services.

My suggestions for change in antenatal and birthing care is access to greater intake of models of care to programs like MGP whereby trust and understanding can be developed between a birthing person and their care provider. Access to government funded birthing centres or home birthing options instead of public hospital care being the only option available for lower income families.

That during birth the midwives on staff are educated around more pain relief options other than simply medical and they are more intune with watching birthing mothers vs using language that invalidates the mothers pain or experience (at no time during my labour or failed epidural attempt was a change of position or breathing techniques offered or suggested). I wish I felt more listened to and supported when I was scared and unsure what was normal during birth. I did not feel safe with my assigned anaesthetist on duty who was curt and spoke directly to me during multiple contractions. And did not feel validated or mentally cared for by the midwives on duty who did not educate me about posterior labour.