

Submission
No 1422

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

As a healthy birthing mother I went into preterm labour (membranes ruptured) at 28 weeks. The initial aim of the staff was to keep me in hospital for the next 3 months until full term. If this didn't affect my physical health, it certainly would have affected my mental health. An at home care program seems far more practical in these cases. In my case, I was taken to delivery within 24 hours (after no sleep due to the timing and procedures involved in delaying birth). The nurses brought me panadeine forte that I had not requested. I was told it was standard procedure even though I have a family history of bad reactions to this medication. There was no real explanation as to why this was brought to me and the nurses seemed confused when I declined to take it (and they had to dispose of it). I had to get the head doctor to explain that this was also a tactic to delay birth. When in delivery we had to argue with the staff to respect my declining for intravenous antibiotics when I had already been administered oral ones. The first midwife on duty would not let me stand by the bed and wanted me to lay on my back to keep the baby in for as long as possible, even though they had accepted that labour had started. I discussed that it would not be conducive to my health or process of the birth. The process of my labour slowed or stopped when staff were coming in and out of the room. The midwife who allowed me to stand by the bed, and to use the birthing stool really supported my experience. I had discussed that I was interested in delayed cord clamping. Unfortunately, the cord was cut very soon and I could feel it. This was said to be necessary to check baby's vitals on the NICU bed. Research clearly shows that there is lower risk of bradycardia and other issues with skin to skin contact, not to mention the general benefits of skin to skin post natively. The checks could have been done with baby on mum. There was an impatience with the birth of the placenta and the midwife was tugging on the cord. I believe this practice was the cause of my haemorrhaging/1.5L blood loss. One reason being that as I was walking down the corridor from Maternity to NICU days after the birth, a piece of placenta fell out of me. Staying in maternity where all the mothers had their babies with them while mine was not with me contributed to the upset around this situation. I myself was a preterm baby (34 weeks) so I was familiar with a lot of the preemie crib and monitoring set ups from my own photo albums and stories, so this was not as confronting as it could have been so I cannot comment on this piece. Some of the NICU nurses not waiting for me to bring in breast milk before feeding (with formula) created some stress. Being in the NICU, unless I asked, the doctors would not explain the reasons for fortifier of milk, vitamins etc. Some were not treating me as the parent and advocate for my child, and did not seem to appreciate questioning. We had to speak to multiple doctors to receive an answer on why staff were trying to give my son the Hep b vaccination at birth. It turns out there was an alternative to give this at 12 months as there was no risk in the nicu or our health history. We had to persevere with getting an answer for this from the head NICU doctor. The impression was given that if we didn't give our son his 6 week vaccinations (at 6 weeks old, which was actually still not full gestational age) he would not be sent home. This was quite distressing and very unethical.

My third son was a planned home birth (my second son was born at home), and due to issues of living in a house with recorded and analysed toxic mould I developed thrombocytopenia. Having monthly blood tests for this to monitor levels as to whether my midwife would agree to a home birth was traumatic enough. When I had to go into hospital to an oncology ward to have some analysis done around this, the doctor threatened me with the classic "dead baby card". That if I did not bring my son in when he was born he could have a bleed in his brain and bleed to death. There was no evidence for this, particularly given it was suspected gestational issue (no conventional doctor would confirm mould was causing health issues, they would only say it possibility at most). Once I moved out of the house with the mould toxicity my platelets improved, and my born healthy at home. I made a formal complaint to the hospital about the oncology doctors claim and received no response.

I believe that a system that works towards shared care and qualified home birth midwives for those who choose, or recommended for low risk births, would support better health for all involved and less trauma in the way we support birth and pregnancy. Most importantly, choices should be respected, and true informed consent is necessary (not worst case claims and information that feels threatening). True free choice, and body autonomy, not manipulated choice.