

Submission
No 1389

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

As a 35 year old first time mum in 2022 in I was excited by the prospect of pregnancy and birth, but my journey was one of disempowerment and coercion.

At 5 weeks I applied for MGP. My goal was minimal intervention and continuity of care, but at 12 weeks found out via automatic text message I didn't make the program. When I called to ask why, the midwife explained they were very short staffed and it was likely due to my age. We need more MGP midwives.

Knowing general midwifery meant a different face each visit, and with my GP on maternity leave making GP-lead care not an option, I opted for the expensive private sector.

At my first appointment with the obstetrician I was told best practice over the age of 30 is induction at 39 weeks to reduce the risk of pelvic floor trauma and prolapse. I explained my wish for minimal intervention and to birth spontaneously, and was assured there was room to negotiate however best and safest approach for mum and baby was induction at 39 weeks.

I had an uncomplicated pregnancy until 32 weeks when I was diagnosed with GDM. Still incredibly fit- walking 8km a day, doing weekly aerobics classes and Pilates, eating a very strict diabetic diet, and complying with all BGL measurements - I was as my Dietitian said, "just bloody unlucky." My OB explained GDM however meant induction was now mandatory at 39 weeks, and should I require insulin it would mean induction at 38 weeks.

Calm Birth course had however empowered me to ask for the evidence and how applies to me personally. I had not gained weight in 5 weeks, baby measured 15-50th percentile on weekly scans, I was well otherwise, and following my diet religiously. My pelvic floor function was normal per my Physio, and despite needing to start low dose insulin at 36 weeks my Dietitian and Diabetes Educator explained there was no reason in their body of evidence given I was well and on minimal dose that induction was essential.

The OB however explained being insulin dependent would now mean my placenta was failing, and baby was high risk of still birth, macrosomia, or shoulder dystocia if not induced at 38 weeks. When I asked for the evidence it was finally explained it was private hospital protocol and not complying would risk being sued (by whom?) and the OBs own professional integrity. My option was to comply or find another provider.

My induction was rushed and was not explained. The nurse performing it was working a double and did not have the time to offer pain relief or suggestions to reduce my discomfort. I still don't know her name, and just remember her saying how stressed and overworked she was, and that she hated the production line of inductions.

The next morning I was moved to delivery suite at 8am to have my waters broken. Pain relief offered was an epidural, but had to be performed by 10am as the anaesthetist was only on the ward until lunch- otherwise I would have to 'be brave'. If it weren't for my partner asking what other options were available first, I wouldn't have even thought of gas.

At 9am I had IVABx inserted. Why wasn't explained. My vaginal swab for GBS two days prior was negative. The midwife said because I would now need continual monitoring and had the IV I had to remain on my back. With syntocin started and her overseeing 3 rooms she wasn't able to support me. I tried to relax but the excruciating pain meant I couldn't keep still, and kept sounding the foetal alarms. I was told I was putting baby at risk if I didn't relax. I opted for the epidural.

As soon as I sat up to sign the paperwork for the epidural, I got some relief and felt I could labour without the epidural, but the midwife and doctor explained they'd already prepped for the procedure and pulled the midwife away from another woman so I had to proceed.

30 minutes later my baby was born. He was 15th percentile (and still is), APGAR 3, and tachycardia. He was rushed to NICU where he remained for 10 hours. My husband went with bub to NICU and I stayed in the room alone. The midwives were pulled into another suite and my OB had consults so after stitching me up I was left alone in the delivery suite for 3 hours- buzzer out of reach- with my husband texting me pictures of our new baby covered in wires. I saw him hour 5. I still relive that day and seeing him blue and being whisked away every day.

When I asked at my 6 week checkup why my boy was tachycardic, it was explained that sometimes people react very strongly to induction and baby's can get a little distressed and descended too quickly when you then have an epidural. The irony.

I wish for more midwifery programs for continuity. I wish for better midwifery staffing, and continuing on labour wards. I wish for better trauma informed training for OBs. I wish for more holistic and evidence based support for women with GDM. I wish for better evidence around inductions and empowering of women to make their own choice- regardless of hospital protocol. I wish for empowering women and less fear. I wish for post-birth counselling to be offered to all women. I wish.