

Submission  
No 1391

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

Birth Trauma is not only about the women that live the experience but it also effects families, and children of those mothers. To understand this statement, I need to reflect and explain the story of my grandchild's birth.

My daughter in-law presented to a facility to have her second baby, her first pregnancy and birth was with a midwifery group practice, who provided her with resounding support, education and understanding. This led my daughter in-law and son looking forward to the birth of their second child. Unfortunately, this time, the group practice that she had used was disbanded, and her care was provided with a continuity midwife, through her pregnancy, but they would not be available for her birth. My daughter in-law and son presented to the birthing facility around 8pm at night in labour contracting 3-4 in 10, on review she was 2-3cm dilated and all assessments were completed and baby was doing well, she was told at this point to go home, my daughter in-law was frank with staff and stated that she didn't have a strong pain threshold, that she would not even make it to the car park when she would turn around and come back as she knew that she wanted an epidural (like her first birth which she received at 4cm) as she truly believed that this would be the only way that she would cope with labour and birth, the staff within the facility, tried to negotiate with her and tell she wasn't actually in labour, this conversation was over a period of 45 mins, before staff reluctantly agreed to her staying, she was moved into birthing room where the senior midwife took over her care. On her admission into the birthing room my daughter in-law requested an epidural for the pain and was refused, my son, asked for other forms of pain relief, and my daughter in-law was told she could have the gas, or morphine, my daughter in-law again requested an epidural and was again refused, the midwife then left my son and his partner alone, my daughter in-law and son, tried water immersion, walking, ball and other forms of non-pharmacological pain relief to try and combat the pain, which was becoming increasingly harder for my daughter- in law to cope with, this pain of course increased with the increasing anxiety that she was experiencing due to the refusal of the epidural. approx. 2 hrs later, my son again asked that his partner be given an epidural, this was met with she needs to be examined first, on examinations my daughter in-law was 5-6cm, ruptured membranes and babies head well applied, the midwife stated that the anaesthetic team was very busy, they were busy with another patient, and that they would get to her soon, and left, 30 mins later my son made his way to the nursing station and stated that his partner was becoming increasingly distressed crying, sobbing and could they please get an epidural, the midwife again stated that the anaesthetic team would come when they were available, every 30mins for the next two hrs, my son asked, begged and pleaded with staff to give his partner an epidural which they continued to say they could not achieve at this time, (at no time did this staff member escalate or request further anaesthetic input). at approx. 2am with minimal midwifery support throughout the labour, of only coming in for necessary checks every thirty minutes, and my son continually begging on these occasions for pain relief, and trying to console his partner who now was sobbing uncontrollably, begging and pleading for him to help, the midwife, stated that she would examine her to "see where she was at" my daughter in-law was now fully dilated, and the midwife informed that she would not be getting an epidural that she was too far gone, and that baby would be here soon. Our grandson was born, approx. 45 mins later. Unfortunately what would normally be a joyous occasion, was met with sobbing and a new mother who was so distressed, and withdrawn that she could not hold or even look at her newborn, my son stated that the medical officer who came into perform suturing stated that "she needed to console and gain trust with his partner, and that his partner was so distressed that you would have believed that this woman had been a victim of assault". Yet this traumatic experience does not end with the birth of the baby, this traumatic event continued and continues to this day for my daughter in-law, son, newborn grandson, and our family.

This traumatic event and treatment, of my daughter in-law and son, led to her developing severe postnatal depression which required intensive, counselling and medication, with my daughter in-law not being able to care for her infant, as she "couldn't look at him without blaming him for causing her pain",

The impact on our grandson was the loss of the bond that an infant and mother should have, to an infant that was highly strung, and stressed due to the anxiety and depression that his mother was exhibiting towards him, the impact for my son was tremendous, he had to watch his partner suffer depression, he had to allow his son to be cared for by others, to my son becoming hypervigilant, increased anxiety and stress, and worried about what was happening at home.

As a mother i could see all of these things occurring and worried deeply for them, we had many discussions, family meetings, visits, overnight stays to support this family through this time, I remember talking to my son and he said, that from the moment that he walked through the door of that maternity unit they belittled him as a man, as husband as a father, that he felt that they didn't listen to his concerns, his begging, that he could not protect her, and give her what she needed, and he didn't know how she was ever going to forgive him, and how he was ever going to forgive himself. As a mother I am absolutely devastated that this has happened to them, as a family we have had to pick up the pieces of an event that should not ever have happened, the impact that care such as this may leave the midwife, the unit, the hospital, once a women discharges, but the impact for us will be ongoing, we are the ones that support, help, cry with, hold and worry, we are the ones that watch a person suffer depression, watch how our son continue to fight to hold it all together, who watch when our grandson cries for his mother, who can't hold him, love him, or provide for him at this time. So, when we talk about birth trauma for women, we also need to consider the impact this has for the partner, the infant, the family who are left to pick up the pieces, from the behaviour of one or two individuals.