Submission No 1397

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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My name is and I am sharing my personal experience of pregnancy, birth, birth trauma and post-partum care - in in June 2020 and July 2022.

I hope sharing my story and insights helps change maternity care in Australia for the better, so mothers, babies and their families can birth without trauma.

Birth and death are two very important times in a person's life. After experiencing a traumatic birth it is evident to me that, start-of-life care and end-of life-care, need to be holistic and have continuity. The government needs to get their policies right nationally to support people through these life stages.

I am addressing some of the terms of reference in my submission. My statements for each reference are below.

(a) the experience and prevalence of birth trauma (including, but not limited to, as a result of inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence")

For my first birth I went through the public health system, the information and support is definitely lacking at the beginning of pregnancy in the ACT. You are asked to fill out a form and wait for someone to contact you. By the time someone contacts you it is too late for you to apply for the continuity of care programs and you a funnelled into your local hospital. The only way to get into continuity of care program is to get a referral from your GP the instant you find out you are pregnant, or you know someone. To get personalised care I enrolled in a Calm Birth course, hired a Birth Doula and a student midwife. Unfortunately, this still did not protect me from the many maternity staff and obstetricians who used fear tactics and rudeness to make me feel small, dismissed and disrespected during my birth.

I was admitted to hospital at 40 weeks on 5 June 2020 to commence induction. I had been told to have a c-section at 38 weeks. This was due to my advanced maternal age (geriatric pregnancy), and I had gestational diabetes (no insulin). The obstetrician said I would have a stillbirth if I didn't have a c-section at 38 weeks. The calm birth course had armed me with questions and responses to intervention. This was a blessing and a curse, advocating for myself throughout pregnancy and the beginning of the covid pandemic was exhausting. I had to repeat myself to different midwives and doctors at each check-up appointment. Due to the geriatric and gestational diabetes all anyone saw was high risk and immediately advised a c-section or induction. I saw out 40 weeks of my pregnancy before I needed to be induced due to leaking waters.

The Induction commenced using cervical tape, then a syntoncin drip. I laboured with the syntocinon drip for 20 hours. My cervix was not opening but the hospital staff continued to increase the

syntocinon drip. I asked if they could stop or turn down the amount but was told this was not possible. The syntocinon continued to increase the intensity of labour, while my body and cervix were not ready. I was in increasing pain and distress. I was denied an epidural or other pain medication. I was offered gas as pain relief – which was ineffective. An obstetrician came to us and said I would need to have an emergency c-section. I was told to sign a form. I signed a form. I was them left alone for three hours. Three hours experiencing strong and intense contractions brought on by the syntocinon drip. Each contraction felt like I was being ripped apart. My sons head was pushing against a closed cervix with more and more force each contraction. No midwifes offered to help me or provide pain relief. I was told I had to wait due to another emergency. My husband and I were left alone, exhausted, scared, and unsupported waiting for a c-section in a cold hospital room.

By the time they came to get me I was in shock and exhausted. I was like a ragdoll; I had no energy left. They wheeled me to the operating room, injected me with the spinal block, a c-section was performed, and I waited with the staff afterwards to ensure me, and the baby were safe. My son had a flat head and a scrunched neck due to his head being pushed against my closed cervix for over 6 hours. I was told to be grateful for having a healthy baby.

(i) evaluation of current practices in obstetric care

- The use of induction to bring on labour is a practice that ends in c-sections. It puts undue stress on mother and baby.

(iii) the availability of, and systemic barriers to, trauma-informed care being provided during pregnancy, during birth and following birth

- I informed the first midwife I saw that I was a victim survivor of child sexual abuse. I had to keep repeating this information to the 50 staff I saw throughout my pregnancy. If I had had continuity of care, I would have been able to say it once, ask for support and carry on.

- Midwives and obstetricians did not know what to do with this information or were unaware of how vaginal examinations would be triggering.

(c) the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on patients and their families and health workers

- After giving birth to my son, I was in shock physically and emotionally. I did not have personalised care after the birth. Midwives on shift were very matter of fact and did not consider the traumatic nature of our birth when giving care. Empathy was lacking. Training in trauma was lacking.

- In its place was a focus on signing legal forms and getting us out of hospital as quickly as possible. After hospital, we had community nurses visit our home to check that the baby was safe. There was not a wholistic focus on my or my husband's mental health after a traumatic birth – the focus was on our baby's weight and vital signs.

- The short-term impacts of birth trauma for me were postpartum depression, anxiety, loneliness. This trauma also displayed in me not bonding with my baby; not being able to breast feed (which led to low weight gain for my baby over a six-month period).

- Long term, three years after the birth. I am still emotional and sad when I speak about the birth. I feel abandoned and let down by the hospital and the health care system. I do not feel it was the happiest time of my life. It was the scariest time of my life to date, feeling like I may die bringing my child into the world.

- I was diagnosed with PTSD from my first birth. For my second birth I went to the GP the instant I found out I was pregnant, burst into tears and begged that I be allowed to go to Hospital and be recommended for the continuity of care program. If I didn't get into this program, I would need to consider going private.

- During my second pregnancy I saw a psychologist to work through my birth trauma experience and my anxiety and fear for my second birth. These sessions gave me the support and tools I needed to navigate my life at this time.

(e) the role and importance of "informed choice" in maternity care

- I had a birth plan and completed a calm birth course. The course had a focus on natural birth and advocating for yourself. For my first birth I wholly believed I could have my baby naturally. I also had the perception that nature was better than intervention.

- I know now there is a middle ground, that is created with continuity of care. Clear advice given on your own personal circumstances, given in a trusting and confidential environment, with a focus on the best outcome for my baby, my family and me.

- Governments need to supply training to expectant families on childbirth, the options available for pregnancy and fourth trimester. So all mothers can make informed choices about the birth of their children and the care of their child and importantly avoid trauma.

(f) barriers to the provision of "continuity of care" in maternity care

- There should be no barriers to continuity of care in maternity care in Australia.

- All women and their families should have access to continuity of care.

- A wholistic approach to maternity care in Australia is needed now.

- I would like to see all women and their families have access to continuity of care.

- I think maternity care can look to the palliative care in Australia for guidance to create a holistic care system and resources - to support birthing mothers, their babies and their families.

(https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2018/11/PalliativeCare-National-Standards-2018_Nov-web.pdf)

- Palliative Care Australia has conversation starter booklets for people to talk about end of life care – suggest that similar booklets be made for maternity – so that people can have conversations about birth preferences and their rights early on (https://palliativecare.org.au/campaign/whats-right-for-you/)

- This support system must start from when people are looking to start a family (pre pregnancy), throughout pregnancy and post-partum (fourth trimester).

- Now in Australia, it's like the lottery getting into a continuity of care program. Women who do not get into a continuity of care program feel second best and do not get as positive outcomes as the people who have continuity of care.

- For my first pregnancy, not having continuity of care for my maternity care meant that I saw over 60 staff during my pregnancy and birth.

- I had to advocate for myself each time and retell my birth preferences and background each meeting.

- No supportive or caring relationships were formed with a care team to help deliver my baby in Hospital.

- With no continuity of care, it feels like you are treated like a number and not a person.

- Details get lost along the way and you are pushed into whatever is easiest for the staff on the day, not what is best for you, your baby and your family.

- The obstetrician says one thing and midwife says another in the same meeting. Does not give you confidence you are being looked after well. Creates an environment of fear.

- Maternity wards in are short staffed, and the stress is evident from the moment you walk into the waiting areas. There are long waiting times and staff do not have time to get up to speed with individual cases when there is no continuity of care. On one occasion, I had a student obstetrician complete an ultrasound unsupervised, the information he reported was used by other staff and misinformed my care during pregnancy.

- When there is no continuity of care, I found the focus on general risk in conversations about my pregnancy with midwives and obstetricians was at the forefront. I observed staff fell back on general research statistics to inform my care, because they were not across my personal health and pregnancy journey.

- During my second pregnancy I had continuity of care at the Hospital. My midwife was a wonderful support, who met me in my home and listened to me and provided me with unconditional support during my pregnancy and birth. Her professionalism and kindness were impeccable.

- Sadly, during my second pregnancy the obstetrician seeing me and my family, committed suicide. I understand this was due to him not being supported after a traumatic birth event at the hospital and the legal pressure on staff. The maternity system feels broken.

(g) the information available to patients regarding maternity care options prior to and during their care

- Is limited, it is not uniform across the country, or for minority and diverse groups.