

Submission
No 1470

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 12 August 2023

Partially
Confidential

Thank you for the opportunity to make a submission to the parliamentary inquiry into birth trauma. I make a submission today as a mother of two children.

I gave birth to my first child in 2017 at a tertiary hospital in Sydney's . This experience left me with ongoing trauma. I had booked into the birth centre and wanted to be supported to birth with as little intervention as possible, a desire I shared with the midwives. Antenatally I disclosed- when asked the routine question during booking in- a history of childhood trauma and subsequent PTSD. For this reason it was important for me to avoid an epidural and not be touched at all without very explicit consent. During my pregnancy my mental health was better than it had been in years. After being led to believe by a birth centre midwife that I had no choice but to have an induction when my waters broke before labour, my son was delivered in the early hours of the following morning via ventouse extraction in an operating theatre, after I had been prepped for a caesarean. This experience and my treatment during labour, birth and on the postnatal ward left me with further symptoms of PTSD. The process of induction and what I was likely to experience was never explained to me. I remember my labour as feeling tethered to the bed, unable to mobilise due to the monitoring and drips and in unbearable pain, totally unsupported emotionally or physically. I elected for an epidural and from there I remember what seems like a parade of people performing vaginal examinations on my anaesthetised body, sometimes with no explanation or consent. The birth centre midwife who accompanied me to the delivery ward either slept or made sarcastic comments about wasting my money on childbirth education. During the birth in the OT, 13 hospital staff were present. As I lay there I heard some of them discuss their weekend plans. Once my son was born he was resuscitated in theatre and taken to NICU. I was given no information about his wellbeing (or otherwise) from hospital staff for nearly 6 hours. I lay in my bed alone in the postnatal ward wandering if he was alive or dead- too scared to ask in case he was dead. I was awoken by a midwife expressing colostrum from my breast. She hadn't asked but I was relieved because it meant my son was alive. In the morning I was treated with what seemed like disgust from a midwife when I asked for her assistance to clean up my own blood- which I'd been left to lie in for hours- and put on a maternity pad. I was also not offered any food until lunchtime, more than 24 hours after I was admitted into hospital.

After a healthy pregnancy where I eagerly awaited the birth of my first child, I entered motherhood sore and disconnected from my son. In the following months I played over certain events- the parade of vaginal examinations, the crowded operating theatre, wondering if my son was dead when I was left alone after his birth, the humiliation of having to ask for help to put on underwear and a pad to be wheeled downstairs to NICU. The lump on my baby's head from the ventouse remained for a year and for the first 6 months of his life he had a pronounced head tilt that reminded me of the awful events of his birth. Our saving grace was breastfeeding- I knew not to take any of the advice of so called health care professionals and found my way to loving him through breastfeeding.

The trauma returned in my next pregnancy, where I also sought care through the birth centre at . While during my first pregnancy I had enjoyed excellent mental health, this was not the case in my second pregnancy. I was absolutely terrified the same trauma would occur again and was obsessed with the fact that I would 'need' another induction. I booked in to the hospital early in an attempt to access continuity of midwifery care through their MGP. I never even received a return phone call. I worked with a psychologist and my partner. I researched what had happened in my first birth and made a plan for what decisions I might make should the same thing happen again, without the input of midwives as they were uninterested in talking about my previous birth or my hopes for my next birth. My second labour did start in the same way as my first, with my

waters breaking before labour. After an unnecessary assessment at the hospital I went home against their advice (I by now had a very healthy distrust of doctors and midwives) and laboured in my house, supported beautifully by my partner. No vaginal examinations, no monitoring at all. I moved, I rested, I showered and ate when I wanted to. When I arrived at the birth centre late that night I was still concerned I would 'need' to be induced. My second son was born just over an hour after getting there. The beautiful midwife didn't touch him as he was born, only passed him to me when I asked. After breastfeeding and cuddling in bed, I showered myself and walked my son to the postnatal ward. I spent the first weeks of his life absolutely bathed in oxytocin, a profound experience, far from the trauma and disconnection of my first son's birth. In every way this birth was different and I absolutely believe my first birth (and many women's birth experiences) could have been more like this without the unnecessary intervention.

I do not want my story to be taken as an example of trauma arising from unmet expectations. Had I avoided the hospital I have no doubt that my children and I would have emerged from both births physically, emotionally and psychologically healthy. I attribute my trauma to the following factors:

- Fragmented care from often disinterested (and at times disrespectful) midwives throughout both pregnancies, and my first labour and birth
- No access to continuity of care
- Sharing my story of childhood trauma and then it not being taken into consideration in my care- I suggest that if midwives are unable to provide trauma informed care that they do not ask this question during the booking in
- Inadequate information given for me to be able to make an informed choice to consent to or refuse the medical procedure of induction
- An unnecessary induction of labour
- Numerous vaginal examinations, sometimes without consent
- Not being 'allowed' to eat or drink during labour, and not being offered food for many hours after the birth of my child
- Birthing in a clinical operating theatre with staff disrespectfully having casual conversations in the lead up to birth
- Unnecessary separation from my son in the first hours of his life, during which I was given no information as to his wellbeing
- Being woken by a midwife touching my breast to express colostrum without introduction or consent
- Negligent and disrespectful treatment when on the postnatal ward, including midwives complaining to me about having to help me change a pad and empty my catheter bag
- Excessive waiting in the NICU to wait for my healthy son to be discharged
- Ongoing physical pain from an episiotomy

Rates of intervention have only increased since I first gave birth in 2017. The hospital I gave birth in currently has a caesarean rate for the year 2023 of 43%. High rates of induction and caesarean mean that a spontaneous labour and birth is the least likely outcome in the hospital. The reasons

for induction of labour keep increasing. Women are pressured into induction without adequate information to make an informed choice, the risks of continuing pregnancy are overplayed while the risks of the induction are downplayed if mentioned at all. There is no justification for such high rates of intervention. While certain demographic factors may slightly increase risk in the short term, they are not a guarantee of a poor outcome. The trauma caused by intervention, especially unnecessary intervention, has a long term impact on our mothering, our breastfeeding, our children, our families and wider society.

Please note that the perinatal mortality rate has not changed in at least two decades as interventions have skyrocketed. Any inquiry into birth trauma must include an investigation into current rates of induction and operative birth. These are not benign procedures and should be limited to emergency situations. I have no doubt that many of the stories submitted to this inquiry will include an induction and/or operative birth.

While I do believe that continuity of midwifery care is the gold standard, midwives trained in the current system are generally under skilled and under resourced to provide such care.

Thank you again for providing the opportunity to share my story. I look forward to a future where women and babies emerge from birth physically, emotionally and psychologically safe.