

**Submission
No 1354**

INQUIRY INTO BIRTH TRAUMA

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To whom this may concern,

I am writing to submit my experience of trauma through the birth of my second child in March 2021.

I was admitted to a private hospital, under a private Obstetrician.

During my labour with my daughter, I barely had any monitoring of my baby's heart rate. Even though I was in spontaneous labour, I still required regular checks, which never occurred. My obstetrician was called in too early and I was not quite ready for the birth of my daughter. So while I laboured, unmedicated by choice, my Dr sat on a chair directly looking at the bed I was on, and played sudoku on his phone. At times, I was so uncomfortable I could not speak. I even thought at one point, could he be recording me? My husband is witness to this and also recalls how uncomfortable it made him feel.

When it came time, I delivered my baby safely onto my chest. She was not making much respiratory effort, was white and still. I rubbed her back heavily to stimulate her. The midwife and my dr did not do anything during this time. It took her over 5mins to be stimulated enough to cry and pink up. She was given an apgar of 6 during the first 5 mins of life. This was highly distressing and I felt as though I had to be the midwife (which is my profession) as neither of the health care professionals were doing anything.

After this time, they inspected my perineum for tears and stated I had a graze. My dr stated I needed one stitch, to which I consented. He injected some local anaesthetic and commenced stitching straight away, I felt everything. I told him I could feel it, but he kept going. Absolutely horrible.

He left after finishing.

And he never visited me again during my hospital stay (5 days). I never even got a phone call from him to check in on my recovery or progress.

During my stay, midwives documented that I had a second degree tear, and kept communicating this with me. I kept reiterating that I only had a tear, but they still continued. It was even printed on my discharge paperwork, I had to go over this with them and physically show them my perineum to get them to change the documentation. Humiliating. I am a person and am aware of my body and what kind of tear I had.

Subsequently, from the birth, I ended up with retained placenta. Had a secondary PPH 3 weeks postpartum and required a D&C.

My dr performed this also.

Post surgery, he called my husband to tell him everything had gone really well and he would see me in 2 weeks.

When I arrived for my follow up, he informed me that he could not remove all of the retained placenta as it was too embedded in the uterine wall. It was focal accreta. Not straightforward at all! I ended up requiring 1 month of antibiotics, a hospital admission and intestine infection post surgery. A nightmare with a newborn to care for as well!

I have gone on to have another baby with a different care giver, who unfortunately wasn't amazing either.

Subsequently from this last birth, I ended up with retained products again-focal accreta and now a uterine condition-Adenomyosis which was directly caused from the initial focal accreta I endured. I had to have an excision of this by a different care giver at 10 weeks postpartum.

I suffered badly with postpartum anxiety and depression after my second baby's birth. I felt so uncared for, like I didn't matter.

I had huge, huge fears around the concept of my baby dying. I would wake screaming during the night thinking she was dead, I would place my hand on her chest and wait for a rise and fall, and often had to startle her awake as I wasn't convinced she was breathing. It was the worst experience and continued until she was around 10 months old. I sought professional support with a psychologist, which took many months to reconcile these thoughts. I suffered health anxiety, where I ruminated illnesses and conditions that I might have and how I was going to die. It was honestly such a dark time in my life that I directly relate to that birthing experience.

I hope this can help to change the way that maternity services are offered, especially in regards to the impacts that health care professionals can have on their patients. A recall/recheck on their behaviours during and post birth is paramount. The language they use and the way they make a woman and or her family feel must be regulated and reassessed to ensure the best type of care and support is offered, to increase and facilitate positive outcomes for Women, their babies and their families.