

Submission
No 1355

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Hello, I live in a regional city in NSW. My children are now two and six. I am grateful to have been aware of the high rates of birth trauma within the hospital system before having children, and to have been educated, healthy, lucky and privileged enough to have had two planned home births. The things I felt would keep me and my baby safe were trusting my body, knowing my care providers and being in my own home, not someone's workplace, known for issues of systemic bullying of staff. I am aware my experience of birth trauma is mild compared to many, but it is an example of how hard it is to avoid birth trauma within the system, even for people educated about birth, privileged with options, with uncomplicated health and prepared to advocate for themselves.

My first birth was supported by our local public home birth service, a revelation, we thought. Unfortunately we underestimated how much a part of the system they were. The midwives who attended my birth were unknown to me. Though willing, my known midwife was not allowed to attend because she was officially on leave. I am sad that bureaucracy denied me the available care of a midwife I trusted.

Though my labor was progressing very well, when my body started involuntary pushing the midwife directed me to push harder and, 'show her what I was made of'. I knew this was not best practice so thought there must be a problem which required directed pushing in this instance. She also, without warning let alone consent, put her hand inside me and pulled on my baby during a contraction. That was the worst pain of the entire birth. My son was born after only 30 minutes of pushing and 12 hours total labor, a glorious 5.4kgs and with a 9/10 APGAR score.

When I sought to understand why she would have needed to hurry his birth, she told me it was because he was big, though there were no indicators of his size (like long pushing stage), until after he was born.

Unfortunately I suffered a prolapse and third degree tear as a result of this birth. The specialist women's health physiotherapist I saw explained to me that a short duration of pushing stage and directed pushing both increased risk of prolapse, and that for the pelvic floor, two hours was ideal. She agreed with me that a person birthing a bigger baby in particular needed to open slowly, to avoid injury.

The head of the home birth service, upon looking at my notes, could find no indicators that the midwife could have known my baby would be big, would have trouble being born or be in need help.

The understanding I have come to is that the great pressure on this home birth service as part of the hospital system, may have lead this midwife to hurry births routinely in order to make sure there was plenty of time for hospital transfer.

I am a tall woman, 178cm and though I had no trouble birthing my big baby I was told I would not be allowed to birth with the service again and heard that my prenatal midwives were being investigated by the hospital for why they hadn't picked up on his size (I didn't look or measure big). This fuss and investigation of my midwives, and being banned from the service, on top of my birth injury which I'd never heard of before, left me feeling like there was something wrong with my baby. Had I done something wrong? They said I must have been diabetic, and disregarded my negative test results. This question troubled me for years and left a dark cloud over my bonding with my beautiful baby. I am sorry to say I worry this early anxiety from care providers about his size may also be impacting the way I feed him, perhaps being unnecessarily restrictive.

Due to his size the midwives told us we needed to have his blood sugar monitored in hospital for 24hrs after birth. I asked what were the risks and options were if we didn't. They replied, 'brain damage'. I have since learnt that it is a simple and reasonable option for parents to monitor baby's blood sugar themselves at home which we were not informed about. This feels like fear based coercion.

When I got to hospital the doctor wanted to give me IV antibiotics to prevent infection of my tear. I asked what were the chances of me getting an infection, if I followed the hygiene procedure advice. The doctor said there was

no data on that. I declined. Over my 24 hrs in hospital another doctor pressed me to accept the antibiotics more than once and right before leaving I accepted an accelerated dose. When I asked if this would affect my baby at all, for example would he possibly have an upset tummy, the doctor laughed and said, you wouldn't know the difference (because he is a new baby).

For the 24hrs I was in the maternity ward, there was a woman next to me whose main language was not english. She'd had a cesarian and for some reason could not get a vegetarian meal. Meals came and went and for some reason the hospital couldn't organise a meal for her.

When I first arrived in the ward, about three hours after the birth, I asked a midwife if she would watch my baby while I went down the hall to the toilet. She said to me that, he would be fine there (indicating the plastic tub they provide for newborns). I was shocked that I was expected to leave him unattended in this open ward full of strangers coming and going, so soon after birth. I have since learnt that in the maternity ward, midwives are particularly over worked because it is only the mother who is counted as a patient, so midwives literally don't have time to help look after babies.

The specialist women's health physiotherapist that I saw was a private service recommended by my midwives, because the physiotherapist available at the hospital was not a specialist in womens health. It was so expensive that I did not go back after the first visit. It is still on my to do list, to dedicate time and money to healing my prolapse. Though the money has been a barrier to care for me, I will be able to afford it in the future. I cannot understand how specialist womens health physiotherapy is not available to all women to complete their healing journeys after birth. At the end of a day on my feet, my prolapse often feels heavy and uncomfortable, a constant reminder of my birth trauma and unhealed body. This feeling of things not being right with my body has also impacted intimacy with my partner and added strain to our early parenting years, where there could have been connection and relief.

By contrast, for my second pregnancy we engaged a private midwife. We were very lucky to have one available in our area and to be able to afford the service. I wish all people could access this option. The fee for prenatal, birth and postnatal care was \$6000. I wonder why you can birth or have a cesarian in a public hospital for free, but this comparatively economic choice isn't subsidised by medicare at all. That feels like coercion.

Unlike the constant threat of being kicked off the public home birth program, should anything deviate from the ever narrowing, accepted 'normal' ranges at any time during pregnancy or labor, my private midwife had my back. She also had a great relationship with the head of obstetrics at our local hospital, so should I need to birth in hospital, she could accompany me, and continue to be my midwife at the hospital. If she thought I needed extra help she could discuss it with me, and I could choose to open the door and invite help in. This felt like a very safe and very consensual back up plan.

As it happened, prenatal and postnatal care were provided in our home by my midwife, who attended as I birthed our second son in his own time, also in our own home. It was faster than I expected but I was by no means traumatised. After the birth my midwife tucked me into my bed with my son skin to skin on my chest. This homely, cosy care which kept my son and I connected was a very good way to recover from the quick birth physically and spiritually and set strong foundations for our bond. I wish this is what normal maternity care looked like.