

Submission
No 1449

INQUIRY INTO BIRTH TRAUMA

Name: Mrs Olga Heath

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Partially
Confidential

My name is Olga Heath, I am 32 years old and live in
a 1.5year old and work as a general psychologist.

I am a first time Mum to

I gave birth to my daughter at Hospital in April 2022.

At the start of my pregnancy, I had applied for the MGP (midwifery group practise) for my pregnancy care, this program was full and I was not able to be part of it.

After being diagnosed with Cholestasis at 32 weeks pregnant, I was notified that I will need to be induced most likely at 37 weeks. At one appointment (around 36 weeks), I was asked to sign paperwork and book in my induction without having the risks or alternative options discussed. I was NOT presented with evidence-based information and in fact I had conducted my own research and presented this to the doctor at my appointment, this was disregarded. I refused to sign paperwork for the induction, only after standing firm on this did my basic options about induction methods get discussed at my following appointment. However, I was still not presented with alternative treatment options or evidence- based information. Women should not need to fight for their lawful right to INFORMED CONSENT.

On the morning following my induction, I was actively encouraged to have my waters broken manually rather to “get things moving”. This sent a very clear message that timing and scheduling in the birthing ward was of greater importance than what would be best treatment for myself and my baby.

On my birth plan I had indicated I wanted a natural placenta birth. During the doctors walk through, one doctor noted that “none of this is natural” (referring to the induction I was PRESSURED to do and encouraging me to opt for not having a natural placenta birth). **I am very glad that this was not the doctor that was involved in my care later.**

My knowledge and expectations for how the induction will impact my birth was gathered from my own research and reading. This was not provided to me in my maternity care. At the later stages of my daughter’s birth, I was notified that her heart rate was dropping and had the options of having instrumental intervention (vacuum) or a caesarean at a later stage. I was also pressured to have an episiotomy to do this intervention and avoid perineal tear, I refused this.

I am very thankful for the support of SOME hospital staff members (the midwife that stayed past her shift to help us, the senior midwife who came to coach me through the pushing stage, the doctors who assisted my birth). However, in my PROFESSIONAL opinion there there needs to be significant changes put in place to stop the ongoing crisis in birth trauma. My personal and professional recommendations are the following:

- Greater access to continuity of care models (e.g., Midwifery Group Practise)
- Access and information provided about birth options (e.g. public funded homebirth, birth centre, birthing on country)
- Access to unbiased evidence-based information about birth options and medical interventions
- MANDATORY Trauma-informed training for all clinicians

- Informed consent legislation
- A state-wide target for reducing Caesarean Sections and Inductions
- Training for natural birth assisting methods provided to nurses and midwives
- Funding for postpartum care (e.g. women's health physio, social worker, psychology/counselling support)