

14th September 2024

To the Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania,

I have prepared my submission with the intention of raising awareness of birth trauma and identifying the gaps of care within the Tasmania Health Service, I hope that the Committee is able to use these submissions to establish significant change for women in our community.

My name is Kate and I am a 33 year old mother of a beautiful nine month old baby boy, my husband and I relocated to Launceston from Sydney three years ago.

Prior to falling pregnant with our son, my husband and I experienced two early miscarriages and were at the stage where we thought carrying to full term may not happen due to my history of a severe and enduring eating disorder - after these two losses, I worked the hardest I had in years to reach a healthy weight and start a family.

Being both physically and mentally healthy as a mother was extremely important to me, I had always known that the best option for me was to give birth via planned c-section, my request was approved by a senior obstetrician. My husband and I got to meet this obstetrician when I was hospitalised three weeks prior to birth, my husband and I thought he was straight forward, kind, trustworthy and extremely professional - we were excited and relieved to be so happy with the person who would deliver our baby.

When it came to child birth, it was important for us both to have a birth plan in place that would reduce the risk of negative impacts on my mental health, which may increase the likelihood of developing PPD or trigger an eating disorder relapse.

I felt confident that I was fully aware of the risks of a c-section and what the recovery would entail, I had spoken in depth with midwives, doctors and read lots of material on c-section birth and recovery - I felt very strongly that my body and mind would be able to cope much better with this over the seemingly endless possibilities of risks associated with vaginal birth.

I am a tolerant and understanding person and despite the traumatic experience I had, I am more than happy to give credit where it is due. I know that there are doctors and midwives at the LGH who absolutely care and want the best outcome for their patients - I just wish that my birth experience resulted in a letter of praise for only those staff, rather than a letter of complaint caused by those who did not show the same level of care or concern. I would like to note that I wrote to the LGH in May 2024, and at the time of completing this submission, I am yet to receive a response or acknowledgement from anyone working in Maternity and Women's Health services at the hospital.

Less than 24 hours prior to my scheduled c-section, I presented to hospital with my waters leaking, 2-3cm dilated (this initial dilation occurred when I was hospitalised for an antepartum haemorrhage & threatened preterm labour three weeks prior) and increasing pain - but my care was so poorly managed that I ended up having a vaginal birth without pain relief.

As a direct result from the vaginal birth that I did not want - I suffered a 3B tear, dislocated

tailbone, pelvic organ prolapse, pudendal nerve damage, chronic anal fissures and other ongoing health issues including ongoing pain and increased risk for future pregnancies and birth.

Due to how uncontrolled and rapid the actual birth was, my son also had to be taken away from me shortly after birth to stay in the special care nursery on oxygen (I was told that if a baby comes 'too quickly' out of the birth canal, they don't get the chance to expel all of the fluid), as well as suffering from torticollis which significantly contributed to the shape his of head, after months of physiotherapy, he is about to be fitted for a helmet.

I have felt extremely upset about this ongoing issue for my son, this is because I blame myself for having him spend more time on his back in a baby-nest in the early months than I anticipated.

When my husband returned to work after two weeks, I struggled with holding him upright or getting on the floor with him to encourage tummy time, this was not due to a lack of trying, but because of the intense pain from the tearing and dislocated tailbone I sustained during birth - still, I have blamed myself for not trying harder and pushing through the pain.

The above issues we have been dealing with the past nine months do not include the significant impact the traumatic birth has had on my mental health.

At times I have been in a very dark place of shame, guilt, anger and hopelessness, as well as grieving the many special moments of bonding that I missed with my son and husband.

I still have trouble sleeping most nights and am dealing with increased depression, anxiety, intrusive thoughts and struggling with relapse of disordered eating behaviours.

I believe that it is important to share my story in the hope that something changes so that what happened to me does not happen to anyone else, I wish that my story may improve support for women post birth and deter medical professionals from trying to talk someone out of their birth plan, including when this birth plan has been chosen with past mental health and medical issues at the forefront - at the end of the day, a woman has the right to choose and have these choices be respected.

From the first contact with a midwife at LGH, I made it clear I was aiming to birth my baby via c-section upon maternal request, this was discussed at the first phone call, first midwife appointment and every single appointment after.

I was advised it was appropriate to continue through team midwife.

During the entire process I was assured this would be supported by the LGH and that although vaginal birth appeared physically possible, my reasons for not wanting a vaginal birth were valid. These reasons included my history of a severe eating disorder which caused damage to my bowels and my bone health - resulting in osteoporosis at 23 years of age.

I feared the years of malnourishment to my body and brittle bones would increase my risk of bone fracture and prolapse, and that my body wouldn't be able to cope with the recovery from a traumatic birth.


I was also terrified that the aftermath of a traumatic birth would impact my mental health and trigger an eating disorder relapse, I know that I am lucky to still be here today following my eating disorder battle and I was not willing to go backwards. Lastly, being a generally small person in both height and weight, I feared the damage that may be done to my body during a vaginal birth.

In my complaint, I stated that I wanted to know why I was able to get to the point where I was told it was not only too late to have a c-section, but also too late for any pain relief other than the gas - particularly when I was clearly communicating escalating pain in the hours leading up to the birth. I wanted answers as to why I was not monitored more closely by the doctor and the midwife caring for me that afternoon, especially as my waters were leaking, my pain intensifying and I was already 3-4cm dilated.

Upon accessing my medical notes from my time on the maternity ward, it was glaringly obvious that the care I received was inadequate, there were hours that I was on the ward requesting pain relief and communicating my pain that were never documented by the midwife, multiple interactions that were not recorded.

My experience left me feeling that I was neglected, forgotten about, assumed to be a 'standard first time mum that would be in labour for hours', essentially parked aside to be dealt with later - the missing hours of my admission on legal paperwork support this.

The below rough timeline offers insight to my experience in hospital.


10.30-11am: while out with my husband I experienced two gushes of clear fluid that soaked through my underwear and pains I hadn't felt before that would stop me in my tracks.

11.00am: I spoke to a midwife over the phone who advised me to put a pad on and come straight to hospital.

11.30am: I arrive at hospital, a midwife placed fetal monitoring device on me and confirmed contractions. The obstetrician on duty performed a VE and confirmed I was 3-4cm dilated. An ultrasound was performed and she told me that I likely had a hind water leak as the scan showed *'less fluid around baby than we would like to see, though the fluid on the pad isn't convincing'*. I told her for the second time that I put the pad on **after** the gushes of fluid, I was told she needed to *'see it herself'*.

She then proceeded to spend a considerable amount of time trying to talk me out of my scheduled c-section (this same doctor had previously had the same discussions with me three weeks prior - my husband and I got the sense she wasn't 'a fan of c-sections' by her language). I told her that my procedure had been approved by the obstetrician, I consented and understood all the risks but for me, the risks of a c-section were far less than the risks of a vaginal birth. *She proceeded to tell me that I had nothing to worry about for a vaginal birth, some women get 'a few stitches' but it's no problem and my bone health wasn't an issue to be worried about, there was no evidence I was at increased risk for anything.*

I told her I was prepared for a c section and I wanted a c section, *she told me and my husband to think about it because 'it's a long recovery'*, and she would be back.

While we were waiting for the doctor to return, the first midwife asked me if I had eaten anything and I told her I didn't have a chance yet but was due to start fasting that night for my c-section the following morning. She recommended I eat a little something while I had the chance and offered me some biscuits and juice, I had some sips of juice and a biscuit.

When the doctor returned, I confirmed I wanted a c-section because I knew it would be the best option for my physical and mental health, she said *'so you don't want to labour at all? You just don't want to have any labour?'*

I politely said no, I want a c-section, whether it's earlier or at the time scheduled - I would like a c-section because that was what I was prepared for. I told her that I had eaten a biscuit a little while ago because I wasn't meant to start fasting until that evening and asked if that was okay. The doctor said *'oh! Well you DEFINETLY can't have a c-section anytime soon now, you shouldn't have eaten.'* I would like to note that in her notes she states I ate at 2pm, which is incorrect as it was between 11.30-12pm.

I was told that because I ate, I now couldn't have a c section until 8pm or later, though she said that would be difficult and she would prefer me to not have a c-section that evening because it's *'unfair to ask staff to stay back when you aren't an emergency c-section'*.

As I wasn't in an 'emergency situation', I was recommended to go home and get my things, come back around 5pm and *hopefully* have a c-section that evening.

I asked what would happen if I went into active labour before they could get me in to theatre and was told *'that won't happen, we can cross that bridge if we come to it - but I need to get moving now because you want this c-section so I have calls to make'*.

My husband and I leave the hospital.

1.30-2.30pm: while back at home I experienced another two sudden gushes of fluid. My pain was increasing in frequency and intensity. I told my husband I thought we needed to get to the hospital earlier than 5pm, I felt uncomfortable like I was constantly leaking.

My husband and I return to the hospital.

3-4.00pm: I arrived back at hospital and explained I was told to arrive at 5pm but I had more fluid leaking, increased pain and was worried. The front desk staff of the maternity ward told me I didn't look well and offered me a wheelchair to the room, I declined as I said I felt like I couldn't sit down and was walked to a room on the maternity ward by a midwife and told the midwife assigned to me would be in shortly to introduce herself.

3-4.00pm through till 7.30-8pm: during this period of time, the midwife assigned to 'care' for me had several interactions with me that are not documented in my medical notes. During this time period, on paper, it looks like I did not exist.

She always seemed to be in a rush to get out of the room even though I asked her if it was busy on the ward today and she told me it was quiet.

She seemed far more preoccupied with telling my husband he should go home and get the EBM paperwork (paperwork that lists dates and times I expressed and stored breast milk) and telling me I only had half an hour to choose what I wanted from the following days menu than listening to anything I was saying, including that I was worried if my husband went home and something happened he might miss the birth. *She laughed at me and told me that 'if you were in labour you wouldn't be able to talk right now'.*

I saw her at least three or four times during this time period, at different points I told her that my pain was increasing and I had tried walked around to relieve the pain or change positions but it didn't help, at one point I requested pain relief and another time I told her the pain I was having

felt different, that I felt pressure in my bottom and was worried I might be in active labour but wasn't sure.

In response to everything I told her, *I was continuously told to 'just remain poised' and that I didn't need pain relief when she already provided me with a heat pack but I wasn't 'using it properly'.*

Reasonable responses from a midwife would have been to offer to perform a VE, find a doctor to perform the VE if not confident, alert the doctor, place the fetal monitoring device on my belly or even just a hand to feel the increasing contractions I was experiencing.

Had ANY of the above options happened, perhaps I would have been taken immediately to theatre for my c-section or, if that wasn't possible, I would have at least been able to sit still for an epidural at that point.

I strongly believe if I was taken seriously and given the chance to have an epidural before I was told it was 'too late', I would have had a far less traumatic birth experience.

I remember feeling a sudden internal 'pop' that was followed by a massive gush of fluid, my husband hit the emergency bell and the new midwife in charge came to introduce herself and 'check who I was'.

I told her I was waiting for a c-section but was in really bad pain and had asked the previous midwife for pain relief but was still waiting. She asked me when the last time was that someone placed the fetal monitor on my belly and I told her 11.30am that morning.

She said *'oh! Sounds like you've been a bit **neglected** haven't you. I'll get someone to bring in the monitor and get you pain relief'.*

Very quickly another midwife arrived with the monitoring machine, she went to place it on me but could see I was in intense pain and told me she thought I needed to be in the birthing suite immediately. She noticed I had no wristband identification, she needed to organise this and have my husband sign consent forms and confirm my allergies before moving me.

I want to understand how anyone at the LGH could find it acceptable that from the time I arrived back at the hospital, through till the time when my husband hit the emergency bell (between 7.30-8pm) after a bigger gush of fluid followed by the overwhelming need to push - no VE was performed, my pad not checked and no monitoring equipment was placed on me - despite me communicating escalating pain and fluid leaking from around my baby.

I vividly remember being in absolutely agony, writhing in pain on the bed, unable to be still and telling the midwife and my husband to hurry. I remember watching my husband sign paperwork over me and try to answer questions on my behalf in a state of sheer panic.

I remember thinking how was it possible that I had been sitting in this bed for hours without anyone even putting identification on me, I felt terrified that it seemed nobody knew who I was or that I wasn't meant to have a vaginal birth.

This was the first moment I thought to myself I wouldn't make it to the c-section, and I was terrified, instead of being excited at the prospect of meeting my baby, I was terrified of what was about to happen and how unprepared I felt.

This midwife was the first person that entire day to ask me what my plan was if I couldn't wait for the c-section, something that I should of had the opportunity to discuss much earlier than while I was squatting in the maternity ward hallway, pushing, screaming and crying.

I told her that I didn't think I could wait any longer and I felt like my baby was going to come out. I told her if I can have an epidural I will try to have a vaginal birth.

She ran ahead of me and my husband to call immediately for the anaesthetist, she was the first person to truly try advocate for her patient even though she had never met me before and had not read any of my notes, it was the first time that day I felt like I didn't need to justify my birthing choices. As my husband helped me walk around the corner to the birthing suite, I saw several midwives around the desk and someone said *'well you flew under the radar!'*. Flying under the radar would imply that I sat in bed all afternoon, twiddling my thumbs happily, not telling anyone about my pain or requesting any help. I did not fly under the radar, I was just blatantly ignored and neglected.

I am forever grateful to the two agency midwives who cared for me, my husband and son during the birth - I truly don't know how I would have gotten through that experience without the kindness, empathy and caring of those two midwives who even came to check on me when I was recovering from the surgical repair and even made a point to care for me during my five day stay.

When the anaesthetist arrived and told me it was too late for an epidural because I physically couldn't sit still from the pain - I was sobbing, screaming and terrified. While I was in active labour in the birthing suite, the doctor I had been dealing with that day came into the room with a more senior surgeon who wanted to apologise that I couldn't have a c-section and that he was *'very concerned that I didn't get anything I requested, but to now have a c section would mean pushing the head back up the vaginal canal which wouldn't be safe'*.

I made it very clear at that point that I didn't care I wasn't having a c section as I knew it was too late for that, but I really wanted pain relief and requested morphine - that request was denied as I was *'already so exhausted and had already done the hard work'* so to keep going and I was 'almost there' so they would leave me with the midwives.

The moment the doctors left, I looked at my husband and was crying and saying I couldn't do it, I didn't know how to do, I didn't want to do it. What should have been exciting, was a purely terrifying and painful memory that still keeps me up at night.

The amount of blood on the bed and down my legs, the distinct pain of my tailbone dislocating, and the feeling of my skin, muscle and external anal sphincter tearing is strongly etched in my mind.

Following a traumatic birth, the joy of having my newborn son placed on my chest was very short lived, roughly five minutes after birth he was having difficulty breathing due to fluid on his lungs and was taken from me to be placed on oxygen. My husband was directed to be with my son and I had a painful vaginal and anal exam to determine the severity of tearing I sustained.

I was advised I needed to be taken immediately to theatre for a surgical repair, through teary eyes I said goodbye to my husband but could only just see my babies feet on the table under

lights, I had no idea if he was going to be okay or if he needed anything more than brief oxygen therapy. If I wasn't in such a state of shock from what had just happened, I think I would have asked more questions.

The anaesthetic team commented on how calm I seemed given what I had just been through without pain relief, I told them I thought 'I must have been in shock because I felt weird and didn't know why I was smiling so much', moments later the adrenaline must have worn off because I couldn't stop my whole body from shaking. When I was wheeled into theatre I received a spinal anaesthetic, I was so relieved to feel no more pain that I closed my eyes and fell asleep while I was being surgically repaired.

Once I had recovered I was wheeled into the special care nursery where my husband was, and saw our precious newborn son with the oxygen mask and monitoring equipment over him, I was overwhelmed and burst into tears asking if he was okay.

The team in the special care nursery were all absolutely amazing, every single one of them - their empathy and kindness was what made it a tiny bit easier having to stay in a separate ward to the newborn baby I had waited so long to hold in my arms.

When I arrived back in my room, exhausted and sore - I cried myself to sleep after my husband left, I couldn't believe what had just happened and that I had a son who I couldn't be with.

My son and I spent five days in hospital, on day two - the doctor who I had been dealing with the day of my son's birth approached my husband and I in the special care nursery and asked if we could talk about the birth. I wanted nothing to do with her, but I also wanted to discuss what happened, so I said yes and she asked if we could go to my room for more privacy.

In my notes, she has written that she apologised I couldn't have a c-section and that this was due to theatre and staff availability, the reality of what was said during this bedside 'apology' was very different to this.

She told me that while she *'wasn't saying the midwives weren't experienced, I should have been with someone more 'senior' for my birth'* and, if it was her, she *'would have got me to birth in a different position and I wouldn't have torn so badly'*.

I was taken aback by this comment and immediately told her that the midwives were absolutely incredible to me, I don't know how I would have coped without them and they DID try to get me to birth in MULTIPLE different positions, but I couldn't cope with any position other than on my knees due to the intense pain, but they did try.

I asked her if an episiotomy or epidural would have meant my tear wouldn't have been as serious, she told me that there was no evidence episiotomies or epidurals would reduce tearing and very quickly moved on from that question.

She also told me that I must 'have a great pain threshold' because I was 'so quiet about it', she told me that I should be feeling proud I was able to have a vaginal birth in the end.

In response, I told her that I wasn't really quiet, I was in pain and had been telling the midwife that during the afternoon that it was increasing. She told me that I had just *'flown under the radar'*.

I would like to point out that it is not like I arrived at hospital and 'progressed quickly' to the point where it was too late to get me to theatre or pain relief - I was at the LGH for hours, clearly communicating increased pain but I was completely neglected by those meant to be caring for me.

When she finally asked me if I had any concerns, I told her that I was scared of this happening again and having another vaginal birth, she said *'I don't know about you, but I don't remember what I was doing this time last year, so you'll forget all about this and there isn't any reason you won't have another vaginal birth'* and that the good thing about tearing this time means I'm less likely to tear like this again but I should chat with a doctor at my six week check about next time.

When she left the room, my husband and I were honestly shocked by her complete lack of empathy or consideration for the trauma I had just been through, it appeared that she was blaming the midwives and me for apparently 'being too quiet'.

When I left hospital with my baby, my disappointing interactions with the hospital did not end. At the time of submitting this, my son is nine months old and I am yet to receive an appointment with the pelvic floor physiotherapist that I met at the hospital the day after birth, I was told how important it was to have this appointment given the severity of my tear.

The hospital had booked my appointment in for roughly six weeks post birth, however I received a text message the morning of saying my appointment was cancelled due to staff availability, and that a new appointment date would be sent via mail.

I never received this.

I am lucky that I had a friend tell me to call a private pelvic floor physiotherapist straight away to be seen as soon as possible, I managed to be seen privately at nine weeks post birth, this is where it was confirmed I had sustained damage to my pelvic floor.

Given the severity of my tear, I am disappointed that once my appointment was cancelled on me, I never received a new appointment - if I did not have the money to afford a private appointment, I would be living with an undiagnosed pelvic organ prolapse and without the knowledge to alleviate symptoms, the delay in treatment is far from acceptable.

At six weeks post birth I had a follow up with the gynaecological surgeon at the LGH, this was yet another interaction with a staff member that left me in tears and feeling like my health and wellness just didn't matter.

The surgeon was polite enough, but showed serious lack of empathy and concern. During this appointment I expressed concern about the appearance of my vagina, lack of sensation in the general vaginal region, the skin protruding from my bottom which I had never had before and the excruciating pain and bleeding every time I had a bowel movement despite still being on stool softeners and ibuprofen. I told him that the pain was so bad that I cried every time I had a bowel movement.

The response I received from the surgeon honestly made me feel like a silly little girl who was just complaining about nothing.

In regards to the appearance - I was told that it is normal for things to not look the same after having a child and that it has only been six weeks so I needed to be patient (though I later had my concerns validated by the private physio and that the cause for change in appearance and feeling was due to pelvic organ prolapse).

In regards to the lack of sensation - I was told that this is where tomorrow's appointment with the LGH physio was really important because she could help me with that side of things (this is the appointment that was cancelled on me and never rebooked, though deemed important for my recovery).

In regards to the skin protruding from my bottom, pain and bleeding - I was told that it was 'just haemorrhoids that would go away with ointment' and to not worry about it because 'that's nothing compared to haemorrhoids I've seen on other women!'.

I was told this was the likely cause of pain and bleeding and prescribed ointment, he told me we would reassess at an appointment four months post birth in early April.

I have since found out it was not haemorrhoids causing my pain and bleeding, but multiple chronic anal fissures, with the healing likely delayed due to the steroid ointment I was prescribed. The protruding skin has since been identified as a skin tag caused by the fissures.

Although I felt unheard and let down by my appointment with the surgeon, I eagerly awaited my second follow up appointment, hoping to get some answers and help then. During this time, I was still struggling with very painful bowel movements with large amounts of bleeding, I thought should keep up with the treatment prescribed and 'be patient' until my four month check in April.

I presented to emergency twice during this period due to the rectal bleeding and debilitating abdominal pain, I had developed gastritis from the continuing use of ibuprofen to cope with the pain.

I would like to note that during my stay in the days post birth, home follow ups with midwives and my six week check with the surgeon - I specified I was taking ibuprofen as much I was allowed each day due to pain, as I was too scared of endone making me constipated and causing more pain, at no time was I prescribed any form of gut protectant despite discussing regular ibuprofen use.

Towards the end of March I still hadn't received a letter in the mail for any follow up appointment, so I phoned to follow up and was simply told I would be given an appointment when there was time. I told the lady over the phone that I was concerned about waiting too long past the four month mark because I felt the treatment I was prescribed wasn't working and was struggling with pain and was finding it hard to cope.

She told me she couldn't do anything about it and that I needed to just wait for an appointment to become available, though she couldn't tell me if it would even be in April. I asked if she thought I was better off trying to see a private gynaecologist and was abruptly told that was my decision and to have a nice day.

The day after this phone call, I had an absolutely excruciating bowel motion followed by bleeding

that coated the entire toilet bowl with small clots and I made an appointment with my GP. I had yet another rectal examination where he found I had two anal fissures, he told me to immediately stop the steroid ointment and prescribed me a different ointment - finally after months of pain, in just a matter of two weeks I finally felt some relief.

I eventually received an appointment with the surgeon that I was meant to have in April, in June - I am so glad I did not wait till June to be reviewed by the surgeon, I couldn't have imagined my pain dragging on any longer than it did or how severe the fissures would have been had they been left without treatment any longer.

I cancelled the 'four month' check with the LGH surgeon as I was so disappointed that my initial concerns were not treated with respect and that the delay in follow up care resulted in unnecessary pain and additional financial costs.

I managed to book in with a private gynaecologist where I felt heard, validated and treated with empathy.

Through this doctor, I am trialling a vaginal pessary to hopefully alleviate some of the prolapse symptoms and allow me to feel some sense of normal within my own body.

I experienced difficulty and delay with another procedure I was told was an important follow up for a severe tear. A day or two after the birth of my son I was told I needed to have an endo-anal ultrasound to confirm the surgical repair was intact and there were no unidentified defects from the birth injury, I was told that the machine for this in Launceston is broken, and I would need to travel to Hobart for this specialised scan. I was told that the referral had been sent to the colorectal surgeon in Hobart and I didn't need to do anything but await a letter in the mail with my appointment date and time.

I told the LGH gynaecologist at my six week check that I hadn't heard anything about the ultrasound, he said that this was very important and someone at the LGH would keep on top of this to make sure I am booked in as soon as possible, especially before my four month check. It is my belief that no follow up was done by the LGH.

I requested a copy of my medical notes from the LGH and when going through my records, I found the contact information for the ultrasound in Hobart (as none of this was provided to me by the LGH). I phoned the Hobart office myself on the 20th February after still not hearing anything - they said they had no contact from the LGH apart from the initial referral via fax in the few days after the birth and that they weren't sure why I was told to wait for a letter in the mail. I managed to get myself an appointment on 1st May- I believe if I hadn't called myself and booked myself in, I would have still been waiting.

For months I felt like I couldn't even begin to recover from the traumatic birth due to the ongoing delays in follow up care, it felt like I was constantly taking one step forward and two steps back. The thought of writing a complaint was keeping me awake at night and consuming my thoughts during the day, having to relive the birth trauma and the lack of care before and after birth took a lot of energy and mental space. It is extremely disappointing to not receive one ounce of acknowledgment from anyone working at the hospital in Maternity Care or Women's Health.

It saddens me to say that I felt relieved when the Tasmanian Parliamentary Inquiry was reopened two weeks ago, it makes me sad that in Australia, in 2024 - this is needed.

I feel relieved that there is hope something will change for women and their babies in Tasmania. I am hopeful that by publicly sharing what me and my son went through, it might play part in some catalyst for change.

At the time of writing this, while some parts of me have healed, nine months on I still struggle with:

- tailbone pain when sitting too quickly or for too long
- Reduced bladder control and the anxiety/embarrassment that surrounds this issue
- Loss of bladder/bowel sensation due to nerve damage, this results in incomplete bowel evacuation and not realising when my bladder is full until last minute
- Pain when having a bowel movement, though the pain is reducing and I don't cry during bowel movements anymore
- Anxiety around becoming constipated as I fear the fissures may reopen
- Never feeling clean after going to the toilet, this has had a significant negative impact on my self confidence
- Difficulty falling asleep/staying asleep most nights
- Increased bouts of anxiety and depression
- Financial pressure due to the additional appointments for my recovery
- Resurgence of eating disorder thoughts and behaviours
- Intense fear of future birth and the increased risks of permanent damage to my body should I have another vaginal birth (specifically the increased risk of becoming faecally incontinent as discussed with the colorectal surgeon in Hobart)

I am lucky to have access to a wonderful team of different professionals to help me recover as best I can, I am working with a pelvic floor physiotherapist, a regular physiotherapist, gynaecologist, GP, the team at Walker House and am currently working on finding the right psychologist or counsellor. All of these appointments of course come with an additional cost (apart from Walker House) and it has placed financial strain on my family to require so much additional support.

I hate to think about how much time I have spent wondering what I could have done differently to have had an entirely different birth experience, because of the way I was spoken to by some hospital staff, it made me feel like all of this was somehow my fault. By being open and honest myself, I have found that an alarmingly high number of first time mothers that I speak to about their birth experiences in Launceston, also have stories to share of birth trauma or other negative experiences. While it has given me some relief that what happened to me was not my fault, it makes me sad that so many other women have had their birth experiences negatively affected, and that there are potentially more women after them, unless something changes.

There are MANY updates and improvements that could be made to the maternity care offered by the THS, some key changes I believe would have made a difference to my experience include:

1. Guaranteed continuity of care with midwives- I chose to go through a team of midwives for my care as I was advised this was still appropriate even though I would be having a c-section. The first midwife I had for an appointment was kind, professional and extremely thorough - we discussed in depth my past mental health history and my fears over a vaginal birth. She was extremely understanding and told me she had made sure to document everything I told her, I saw her once more and then sadly she went on leave and I didn't see her again. All of my appointments following, I saw a different midwife each time and didn't see any of these midwives at all after the initial appointments (I never saw them the day of my baby's birth, any of the days in hospital or for midwife visits at home) - each time I saw a new midwife, I felt like I had to justify why I wanted a c-section and I had to painstakingly go through my mental health history, these two topics would take up almost the whole appointment and I left each appointment feeling like I learnt nothing I needed to know and that nobody knew anything about me. I believe if I had of experienced guaranteed continuity of care with the midwives, I wouldn't have been left alone on the maternity ward like I was - somebody would have known me and my birth plan.
2. Ensure all staff undertake trauma-informed care training
3. Listening to the concerns raised by midwives with regards to pay, hours, understaffing and job pressures, as well as additional training - some of the midwives I interacted with showed little to no empathy, some I found were very abrupt and nearing towards rude. I couldn't imagine why someone who wasn't interested in helping others or showing empathy would begin a career as a midwife, so with the latest news of midwife and nurse strikes I wondered if it was a symptom of not being happy in one's profession. Compassion fatigue and burnout can cause significant disruption to how someone performs at work, perhaps if these midwives experienced better job satisfaction - they may be more likely to deliver appropriate care to their patients. In addition to this, there is research on the positive experiences women have with midwives who have completed empathy training - perhaps this could be considered by the THS. One example I would like to share was during the midwife visit on my third day at home - my husband was out and I was nervous about this appointment as I was still struggling to get around the house and comfortably care for my baby. The student midwife was absolutely lovely with a very kind attitude, while the other midwife I found very condescending and rude. We were standing in the kitchen and she asked me to undress my baby so he could be weighed, I asked if I could undress him on the kitchen bench, she said 'I don't care, do it wherever you like'. She seemed like she was in a hurry so I felt like I should undress him on the bench instead of the change table in his room as I wasn't very quick at getting around. He was squirming and I was nervous and felt like I was fumbling a little bit to get him out of his onesie, the way she was watching me and sighing also made me additionally anxious. I said sorry I

don't want him to roll off the bench, she rolled her eyes and said 'for gods sake let's get this done' and came over the top of my hands to undress him. I stepped back and to be honest, I wanted to cry because I felt embarrassed I was so slow and felt inadequate at being a mum. This attitude should not be acceptable behaviour of a midwife, I was a first time mum, vulnerable with a newborn in my home while suffering a significant amount of pain - I will never understand how someone can behave like that in a profession that requires patience, empathy and compassion for others.

4. Increased awareness and education on birth trauma, as well as providing information detailing the complaints process
5. Improving mental health support post birth, including increased resources to the services that already exist - I believe that this is especially important when a woman has already disclosed that she has a history of mental health concerns, it is a well known fact that this drastically increases a womans risk of developing PPD. I had a documented history of mental illness (I also flagged at my first midwife appointment that I was very early in the recovery phase of my eating disorder and had struggled to find support since coming to Launceston), a serious birth injury and even used the words 'traumatised' and 'in shock', several times when asking how I was going during my hospital stay post birth, surely I was raising all sorts of red flags that I wouldn't be okay? I was told that should my symptoms last longer than two weeks, I should see my GP to be referred to a psychologist - I don't believe that is providing mental health support, to say it met a minimum standard of care would be an understatement. What would have been appropriate would be for a midwife to tell me about the free services provided by Walker House and if I consented, they could send my information to the Walker House team who would contact me to make an appointment where I can bring my newborn and have a chat - if that was done, I would have had access to much needed support, far earlier than I did.
6. 'Offering evidence-based care to reduce the risk of a third or fourth degree perineal tear' - this is a quality statement from the *Third and Fourth Degree Perineal Tears Clinical Care Standard* from the *Australian Commission on Safety and Quality in Health Care*. I do not know if this is offered by the THS, if it is, it was never offered to me and I would assume that is because I was planning to have a c-section. However, I had originally planned on attending an antenatal class where this sort of information may have been provided but was told I didn't need to attend those classes at all as the information was irrelevant. The original midwife from my first appointment had happily booked me in for an antenatal class at the hospital as I told her even though I was having a c-section, I felt like I should do the antenatal class 'just in case the baby came early or something' - she agreed this would be a good idea and it can't hurt to learn. A few weeks out from the antenatal class, I had an appointment with a different midwife who told me I didn't need to 'bother with an antenatal class because it would be all about labour and I was skipping that', so it wasn't relevant and I should just do a one-on-one c-section information class with a midwife instead. I reiterated the reason why I wanted to do the antenatal class, but she was very adamant and told me I really didn't need to worry about it because I was having a c-section, so I

reluctantly said okay and they switched the antenatal class to the c-section one.

7. Providing women information on ALL of the risks associated with vaginal births, not only c-sections. Ensure all staff are appropriately trained in informed consent - I would like to point out that I understand the need for a doctor to make a patient aware of the risks of a procedure, however my experience with obstetrician I had on the day of my sons birth was very one sided. Some of the comments she made were, 'there is no medical reason why you can't have a vaginal birth, if you have a c section YOU will likely send your baby to the NICU because YOU aren't given him the best chance to expel fluid by coming out of the vaginal canal', 'a vaginal birth is much easier, maybe a few stitches at most' and 'you do know you can't drive for six weeks after a c section? That's a long time. If you have a vaginal birth you won't have to worry about that at all, the recovery will be much more simple'. As a reminder in response to those comments on c-section vs vaginal birth, I had a vaginal birth and my baby was on oxygen due to fluid on his lungs despite coming out of the vaginal canal. I had a vaginal birth and I couldn't drive until ten weeks post birth. I had a vaginal birth and I had more than a few stitches, I required a surgical repair in theatre with a spinal anaesthetic, I could go on. According to the *Australian Commission on Safety and Quality in Health Care*, clinicians should discuss the potential for a third or fourth degree tear, including how it will be treated if it does occur and how long term outcomes can be improved - while I felt like I was essentially being bullied into a vaginal birth and having all of the negatives of a c-section rammed down my throat, there was never once any mention of third or fourth degree tears and the possible permanent damage they can cause in those conversations. I believe it is a crucial part in obtaining informed consent for the risks of vaginal birth to be expressed by Dr's, it seems the only risks and downsides anyone is interested in discussing are those related to c sections. I believe it is entirely possible to inform women of risk/benefits without using fear mongering or judgemental language.
8. Listening to women, regardless of whether they are first time mother or not - many women are reminded by the midwives to 'trust your gut', 'when it's time, you'll know' and to trust our 'motherly instinct', yet for myself and many women I have spoken to, when we voiced our concerns of something not being right or feeling like labour was progressing - we were essentially told we were wrong. As I mentioned when detailing my birth experience, had the midwife assigned to me actually listened to me or taken me seriously when I communicated increasing pain and contractions, I believe I would have had time for an epidural if I couldn't make it to the c-section in time, perhaps I would have still torn, but at least I may not have felt the exact moment I did.
9. 'A woman with a third or fourth degree perineal tear is to receive individualised continuity of care and appropriate follow up and referral to optimise her ongoing physical, emotional, psychological and sexual health' - this is another quality statement from the *Third and Fourth Degree Perineal Tears Clinical Care Standard* from the *Australian Commission on Safety and Quality in Health Care*, I wish that the THS would deliver this level of care for women who sustained significant birth injuries. If this was implemented and adhered to, it

would have made a significant difference to my physical recovery and perhaps would have meant my mental health wouldn't have suffered as much if I felt supported. Following my experience of having my appointment with the pelvic floor physiotherapist cancelled and never rebooked, as well as the delays in receiving follow up care I have serious concerns about how many women in Tasmania go months with undiagnosed pelvic floor prolapse or other health issues caused by child birth.

As important as it has been for me to complete this submission, it has been extremely challenging and draining to relive the experience, it absolutely breaks my heart to be reminded of the special moments I missed with my son and husband. I know that I will never be able to experience birth for the first time ever again but I hope that by writing this, it may improve the birth experience for another first time mum. It is important to me to share my story with raw emotion and detail as I hope this may encourage more women to voice their concerns, and not be afraid to be open about the struggles they have following child birth in any form - the more honest and loud we are, the harder we are to ignore.

It frustrates me that during pregnancy, so many people (strangers or not) feel entitled to touch your pregnant body, talk about your pregnant body, discuss your bodily functions and ask very private details - yet once the baby is born, it is a different story.

Women give birth and their whole world changes in an instant, yet they are expected to move on promptly from the birth and 'just be grateful' they have a healthy baby.

Women grow a human life inside their body for nine months and then they either give birth by pushing this new life out of their body or by undergoing major abdominal surgery - they are then meant to look and act as if none of the above ever happened.

The way some people would change the subject when I tried to discuss how I was feeling would make me feel like I was ungrateful, whining, a bad mother or had something wrong with me.

A social worker at Walker House said to me 'just because you didn't love your birth, does not mean you don't love your baby', that one sentence meant the world to me as it made me feel validated and gave me the courage I needed to speak up about birth trauma.

Thank you for the opportunity to be included in this much needed Inquiry.

Kate Marsden



Launceston, Tasmania

