



## Submission prepared for:

Select Committee on Reproductive, Maternal and Paediatric health services in Tasmania

**Prepared by:** Alecia Staines (Founder) and Kristy (Committee Member)

**Contact:** [management@maternityconsumernetwork.org.au](mailto:management@maternityconsumernetwork.org.au)

## About us

Maternity Consumer Network is a leading maternity consumer organisation in Australia, with over 1300 member and member organisations. We have been heavily involved in strategic direction and reforms in the maternal healthcare space including: working with the previous Federal government to develop a Woman Centred Care Maternity Strategy, the Medicare Review of Participating Midwives, ANMAC Midwifery Standards, presenting to the Stillbirth Inquiry and providing evidence-based solutions to inform the National Stillbirth Strategy, and state-wide strategies for maternity services including Queensland's Birth Strategy, ACTs Public System Maternity Plan, instigated the NSW Birth Trauma Inquiry, and many research projects.

## Local context

In early 2024, MCN was approached by ABC investigative journalist, April McLennon, querying if we had heard from any women in regard to Launceston General Hospital. Our Founder, Alecia, gave some context about the widespread mistreatment and abuse of women in the maternity system and offered to do a "media callout" on social media. We had several messages from midwives and consumers, all who expressed their concerns about LGH. Media was published in June 2024: [Tasmanian mothers allege procedures without consent in Launceston General Hospital during and after births - ABC News](#). We subsequently contacted the Health Minister, Shadow Health Minister and the Select Committee to inquire about reopening this Inquiry, as our initial call out and a survey we created had many responses that we felt weren't captured well in the initial 26 submissions to this inquiry. The survey Maternity Consumer Network created for the birthing women in Tasmania was based on the NSW Birth Trauma Inquiry Terms of Reference. We have since been in consistent contact with women from all over



Tasmania about their experiences, and are currently providing advocacy support to the newly formed organisation: **Birth in Tasmania**.

## Terms of Reference addressed

Terms of Reference:-

(a) to assess the adequacy, accessibility and safety of the following services for Tasmanian parents and their children in relation to: (ii) maternal health services (iii) birth trauma

(c) to make recommendations on actions that can be taken by the State Government to ensure reproductive, maternal and paediatric health and perinatal mental health services meet the needs of Tasmanian parents, families and children. .

## Birth trauma and Obstetric Violence

*Purandare and Adane (2015) states:*

*“As the clinical indicators of maternal health improve, we begin to focus more on quality of care and this has raised the gender-related issue of disrespect and abuse that women in labor tend to suffer at the hands of both male and female caregivers.”*

Women experience high rates of psychological trauma during childbirth in Tasmania, with estimated 1 in 3 experiencing a traumatic birth, and 1 in 10 resulting in PTSD, and the number rises for women who have assisted or caesarean births. Women’s trauma is often dismissed with the long-standing narrative “all that matters is a healthy baby”, however women’s and babies’ health are intertwined. It is never a trade-off. We can have psychologically well women who are treated respectfully in the perinatal period, whilst still having good clinical outcomes. The consequences of psychological trauma during childbirth for women include the development of mental health problems, which may persist for many years into the future, difficulties breastfeeding, difficulties bonding with their baby, disrupted

sleep, and breakdown of their relationship with their partner. This in turn is associated with poorer growth and developmental outcomes for babies, including emotional and behavioural problems that can persist until adulthood. Mistreatment by care providers is a particular risk for experiencing psychological trauma during birth: it is reported as the cause by two thirds of women who had a traumatic birth.

The largest birth experience survey to date revealed that over 1 in 10 women are able to identify mistreatment from their care providers, which is indicative of a much larger problem: it is likely that many more do not recognise being mistreated. Common themes of mistreatment reported by women published in Reed et al 2017 are: Care that prioritises the care provider's agenda [over the woman's health], Lies and threats, violations and disregarding the woman's own knowledge.

A national survey in 2021 called the Birth Experience Study (BeSt) collected women's experience who'd had a baby in the previous 5 years. There were over 8500 submissions. From the valid 8,546 responses, there were 991 (11.6% of the BeSt survey cohort) respondents who identified "yes" or "maybe" to the question on Obstetric Violence. There were three main categories of comments from women: "I felt dehumanised," "I felt violated," and "I felt powerless." Women reported bullying, coercion, non-empathic care, and physical and sexual assault- obstetric violence. Disrespect and abuse and non-consented vaginal examinations were the subcategories with the most comments.

Women report that they do not receive enough information to make informed decisions during labour and birth, or receive information biased towards their care provider's preference, resulting in them agreeing to interventions that do not align with their preferences. Informed consent to procedures is an essential element of respectful maternity care, yet a study in 2010 by QCMB revealed that only 27% of women provided informed consent for induction of labour, 52% for planned caesarean, and 12% for unplanned caesarean.

Another study showed that maternity care providers had poor understanding of their legal responsibilities and women's rights to informed consent during childbirth, and many policies and guidelines contain coercive language that precludes

informed consent. When clinicians fail to obtain informed consent to interventions during childbirth, it is considered medical battery and negligence.

Whilst there is currently more awareness about obstetric violence, disrespectful treatment, and abuse in the maternity space, there is still little done at government policy level to combat this. Bowser and Hill's landmark report in 2010 and Khalil et al. 2020 sub themes of disrespect and abuse (image below) identified 7 themes of abuse and breach of human rights, consistent with the same types of mistreatment of women in the Tasmanian Maternity system. These 7 themes of disrespect and abuse have been instrumental in raising awareness with the WHO and UN, and provided inspiration for the development of White Ribbon's Respectful Maternity Care Charter.


*“There are clear parallels between the mistreatment of women in childbirth and violence against women (more broadly) which can be drawn from Bohren and colleagues' systematic review, highlighting that the “essential feature of violence against women is that it stems from structural gender inequality.”*

Types of D&A, Corresponding Human Right, respective sub-themes based on literature in the EMR		
Types of D & A	Corresponding Human Rights	Sub-themes identified from the EMR (Khalil, 2020)
1. Physical Abuse	<ul style="list-style-type: none"> <li>Freedom from harm and ill treatment</li> </ul>	<ul style="list-style-type: none"> <li>Overuse of routine interventions</li> <li>Hitting</li> <li>Insufficient pain medication</li> </ul>
2. Non-Consented Care	<ul style="list-style-type: none"> <li>Right to information, informed consent, and refusal</li> <li>Right to have choices and preferences respected</li> <li>Freedom from coercion</li> </ul>	<ul style="list-style-type: none"> <li>Hierarchical care and limited decision-making power</li> <li>Limited information for decision-making and consent</li> <li>Unconsented routine interventions</li> </ul>
3. Non-Confidential Care	<ul style="list-style-type: none"> <li>Right to confidentiality and privacy</li> </ul>	<ul style="list-style-type: none"> <li>Lack of physical protection of patient confidentiality</li> <li>Overcrowding</li> </ul>
4. Non-Dignified Care	<ul style="list-style-type: none"> <li>Right to dignity and respect</li> </ul>	<ul style="list-style-type: none"> <li>Verbal abuse</li> <li>Dehumanized care</li> </ul>
5. Discrimination	<ul style="list-style-type: none"> <li>Right to equality, freedom from discrimination and equitable care</li> </ul>	<ul style="list-style-type: none"> <li>Personal characteristics</li> <li>Language</li> </ul>
6. Abandonment	<ul style="list-style-type: none"> <li>Right to timely care</li> <li>Right to highest attainable level of healthcare</li> <li>Right to companionship</li> </ul>	<ul style="list-style-type: none"> <li>Lack of companionship</li> <li>Neglect</li> </ul>
7. Detention	<ul style="list-style-type: none"> <li>Right to liberty, autonomy, and self-determination</li> </ul>	<ul style="list-style-type: none"> <li>Culture of bribes and Informal payments</li> </ul>

So widespread is the violence against women in childbirth, in 2014, The World Health Organisation issued a statement: “Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue.”

White Ribbon Alliance’s Respectful Maternity Care Charter (*image below*) addresses the issue of disrespect and abuse toward women and newborns who are utilizing maternal and newborn care services and provides a platform for improvement by: Raising awareness for women’s and newborns’ human rights guarantees that are recognized in internationally adopted United Nations and other multinational declarations, conventions and covenants;

- Highlighting the connection between human rights guarantees and healthcare delivery relevant to maternal and newborn healthcare;
- Increasing the capacity of maternal, newborn and child health advocates to participate in human rights processes;
- Aligning women’s demand for high-quality maternal and newborn care with international human rights law standards;
- Providing a foundation for holding governments, the maternity care system and communities accountable to these rights;
- Supporting healthcare workers in providing respectful care to women and newborns and creating a healthy working environment

<b>RESPECTFUL MATERNITY CARE: THE UNIVERSAL RIGHTS OF CHILDBEARING WOMEN</b>		
Category of Disrespect and Abuse <sup>1</sup>	Corresponding Right	
1. Physical abuse	Freedom from harm and ill treatment	
2. Non-consented care	Right to information, informed consent and refusal, and respect for choices and preferences, including companionship during maternity care	
3. Non-confidential care	Confidentiality, privacy	
4. Non-dignified care (including verbal abuse)	Dignity, respect	
5. Discrimination based on specific attributes	Equality, freedom from discrimination, equitable care	
6. Abandonment or denial of care	Right to timely healthcare and to the highest attainable level of health	
7. Detention in facilities	Liberty, autonomy, self-determination, and freedom from coercion	

Despite this, there is a lack of willingness for maternity providers to uphold this charter, undertake training, or make this available to women so they understand their rights. It needs to be embedded in midwifery and obstetric training and appropriate feedback collected from women to rate staff's ability to uphold the charter.

There are several surveys from The Birth Lab that can measure women's autonomy, respect and mistreatment- The Mother's Autonomy on Decision Making, The Mother's on Respect Index and the Mistreatment Index. Despite data collection on other outcomes such as gestation, method of birth, baby's birth weight and other interventions, collecting data on the way a woman is treated in birth has not been prioritised by the government. This data needs to be captured, published publicly and easily available for women to help choose her place of birth and for care providers to reflect on practice.

Maternity Consumer Network has created training with Human Rights in Childbirth and a Perinatal Psychologist specialising in birth trauma to bring the RMC charter to hospitals in Queensland with our "Better Births with Consent" workshops. It has been endorsed by the QLD Birth Strategy and currently 20 maternity hospitals to date have completed the training. Western Australian country Health Services and 5 of their metropolitan hospitals have also completed the training. Survey results from the training, along with anecdotal evidence from hospital administration are that this workshop training is having a positive impact on improving the culture of disrespect against women in childbirth, are more enthusiastic about upholding a woman's right to informed consent and women are feeling safer.

A 2019 UN report on the ***Violence and Disrespect of women in Childbirth*** warned against "the widespread and systematic phenomenon of violence towards women and girls in reproductive services" and urged services to "address the structural problems and root causes of violence against women in reproductive health services, with a focus on childbirth". Through the submissions received and other resources, the Special Rapporteur identified manifestations of gender-based

violence in reproductive health-care services and during facility-based childbirth. Over 40 submissions from NGOs highlighted the absence of informed consent during childbirth that was on a global scale. The recommendations from this report need to be applied to Tasmanian maternity services: it is something women have been requesting for many years and is also included in the national Woman Centred Care Strategy. Some specific recommendations adaptable to Tasmania as a matter of urgency are:

- Commit to ensuring that all clinicians practicing in Australia have a working understanding of women's right to informed consent to procedures during childbirth (we address this in our Better Births with Consent training).
- Review all policies and procedures and ensure they enshrine structural support for women's informed consent
- Ensure that data collected on the percentage of caesarean sections, episiotomies, induction of labour, and other relevant procedures performed in
  - a service or by individual private clinicians is published in a manner accessible to women
- Review complaints procedures in all jurisdictions such that women receive fair investigations into allegations of mistreatment during childbirth
- Ensure that clinicians who are found to have mistreated women undertake adequate measures to avoid repeated incidents
- Ensure that women who are found to have been mistreated are provided with adequate restitution.

To make the Inquiry submissions more accessible to women, we converted the TOR into a jotform online form. This was shared on social media and had over 80 submissions.



## Tasmanian Women's stories

In July 2024, Maternity Consumer Network created a birth survey for Tasmanian women. It was based on the NSW Birth Inquiry Terms of reference. Approximately 80 responses were collected and attached to our submission.

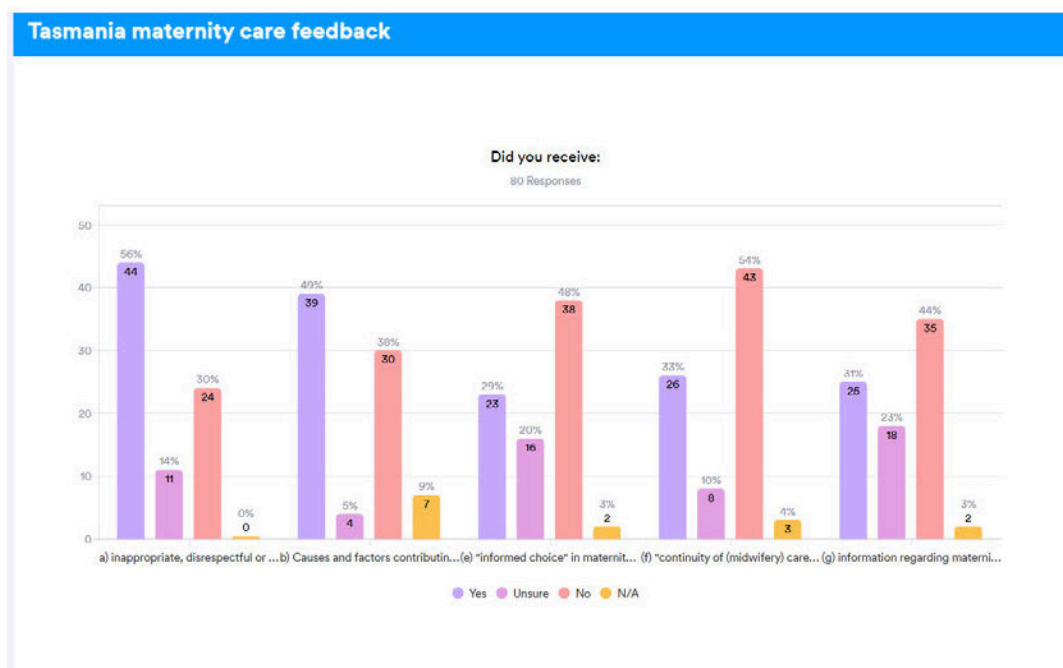
Women were asked: yes, no, unsure or N/A to the following questions:

Did you receive:

- a) **Inappropriate, disrespectful or abusive treatment before, during, and after birth also referred to as “obstetric violence”?** 56% of respondents selected yes
- b) **Causes and factors contributing to birth trauma including: use of instruments and devices for assisted birth eg. forceps and ventuouse?** 49% responded yes
- c) **Informed choice in maternity care?** 48% answered no and a further 20% were unsure
- d) **Continuity of midwifery carer in maternity care?** 54% responded no.  
**Information regarding maternity care options prior to or during care?** 44% responded no with a further 18% responding that they were unsure.

Women were also given the opportunity to provide long-form responses to tell their birth story, outline what they would like to see changed, factors impacting marginalized communities and if they had made a complaint. Between the survey and messages we received via email and social media, we knew that Launceston General Hospital was not responding to women's complaints. We escalated to the Health Minister's office, Launceston General Hospital Patient Safety and Quality, Tasmania Health Complaints Commissioner and Australian Commission on Safety and Quality in Healthcare. It seems that management of LGH think they're above the National Safety and Quality Health Services Standards and from experience dealing with other health services across the country, would indicate there are much broader toxic cultural issues within this hospital.

Of the 81 submissions to our survey, 34 were from Launceston General Hospital, 20 from Royal Hobart.



**Women described the consequences of their experiences, common psychological themes included:** flashbacks, impact bonding with their babies, low

mood, diagnosed depression, anxiety, PTSD, relationship difficulties, impacts on their self worth, feeling robbed,

**Physical consequences** included sexual dysfunction, ongoing pain, incontinence, inability to have more children.

**Commonalities in birth stories:** women were ignored, made feel stupid, coerced, not listened to, forced into intervention, rude staff, unsupported, no informed consent for procedures, poor communication, lack of collaboration between obstetric staff and midwives (in some cases midwives trying to uphold the woman's choice and being overridden by obstetric staff) lack of breastfeeding support, birth plans ignored, discriminated against based on age. *The common themes align with the same themes of disrespect and abuse outlined by Bowser and Hill and the Respectful Maternity Care Charter.*

There are also themes of lies and threats being used to bully women into complying with interventions in childbirth. When women attempt to exercise bodily autonomy, have researched what they want for birth, or want to refuse certain medical treatment, they are often met with threats: These include "shroud waving" or the "dead baby card": "Do you want a dead baby? Your baby will die unless [you comply]". Women report very traumatic stories of being assaulted during maternity care; they report being held down by clinicians, having clinicians' put their hands inside them against their will, and being cut or stitched without consent or pain relief. The language women used to describe these actions is similar to that used for sexual assault; and indeed the consequences of such treatment is similar for women.

**Woman were very clear in what changes they wanted from maternity care in Tasmania** which included adequate staffing, more access to continuity of midwifery carer (MGP and publicly funded Homebirth options), Respectful maternity care, collaboration between staff, complaints should be taken seriously, data collected on women's experiences of maternity services, adequate support for birth trauma, education for women, and consent training for staff.

## Unwarranted Variances, Intervention and Transparency

There is lack of transparency in perinatal data for maternity services outcomes across Tasmania. Women are unable to access individual maternity services outcomes for interested rates of interventions, normal birth and timing of birth. Transparency is a fundamental driver in healthcare improvements; from women being able to make informed decisions about where to access maternity care, to increasing accountability of staff and health services, increases in quality of care, cost effectiveness and overall maternity system performance.

Perinatal Data should be easily accessible to women, in a format that is easy to understand. Women want to know the intervention rates of hospitals, they want to know how women before them have been treated (or mistreated), they want to know about postnatal care and other services including counselling for birth trauma and physiotherapy access.

## Lack of suitable education

There is very little information to educate women on the government's own health website. The following is taken directly from the Department of Health website. It does little to educate women on their care options, leaving the education up to the GP. Women report inconsistent information from GPs, and for those who are unaware of the different types of models of care, are likely to miss out on the popular model of MGP.

*"You will need to visit your GP to commence your referral pathway into the public health system. Your doctor will guide you on tests for early pregnancy. This includes:*

- *taking a comprehensive medical and obstetric history*
- *ordering pregnancy blood tests and an obstetric ultrasound*
- *referring you to your closest Tasmanian public hospital*

- *including information that outlines your preferred model of care.”*

The Department of Health website provides opportunities to discuss the evidence of models of care, display outcomes of Perinatal data from each model of care in a manner that is easy for women to understand, including infographics to accommodate those with low health literacy. This could also offer women some online education about pregnancy, informed decision making, the benefits, risks and alternatives of interventions in birth, breastfeeding and how to raise concerns about the care they are receiving.

Information such as physical facilities, directions and phone numbers is useful, but women want to know more about their potential place of care with published perinatal data outcomes. Example below of information from the Department of Health website:

#### Birthing suites

- Our birthing suites provide a comfortable and safe place for the birth of your baby.
- Each is self-contained. They have a TV, tea/coffee making facilities and concealed medical equipment.
- A bath is available in each of the rooms for water immersion and water birth.
- Most women want the company and support of someone they trust during labour.
- Only two (2) support people can be with you in the birthing suite.

#### Ward rooms

- Our Maternity Ward has a mix of single and shared bedrooms.

The website has a small section on “informed consent”, but there is false and inaccurate information such as:

*“There are some circumstances where medical care can be given without consent (for example, an emergency).”*

Unless a woman is incapacitated (which requires assessment by 2 trained health professionals), informed consent must be provided to the woman. This

demonstrates a poor understanding of consent not just by Department staff, but incorrectly educates women on their rights to bodily autonomy.

Consider updating to more accurate definition and review the entire website: Consent is a legal process whereby every woman freely and voluntarily without fear, coercion, intimidation, prejudice or any other threat or compromise decides what they do or do not want to do based on fully informed choices in their pregnancy, labour, birth and postpartum experience. The consent process can therefore result in an informed refusal or an informed agreement or a combination of both. The woman does not have to substantiate her decision and every woman can withdraw consent at any time. Effective decision-making requires respectful attentive communication. This is taken from MCN's Perinatal Trauma Prevention Guidelines.

Whilst some women did access antenatal education that was provided through the hospital system, there was little said about its effectiveness or how well women felt it prepared them for birth. There is no minimum standard required for antenatal education but MCN recommends co-design with consumers, the highest and best level of consumer engagement. This involves engaging with women in a meaningful way in the design and delivery of pregnancy and childbirth education. There are many notable benefits of co-design including meeting the needs and preferences of women, increased satisfaction and innovative solutions.

## Continuity of Midwifery Carer

This is considered “the gold standard” of maternity care, is cost effective, and has positive outcomes for women and their babies (see image below). More importantly, Tasmanian women are requesting it. Every State and National review we’ve ever had in maternity services has shown it is a high priority for women. A recent study on its cost effectiveness also demonstrated millions of dollars in savings over a five year



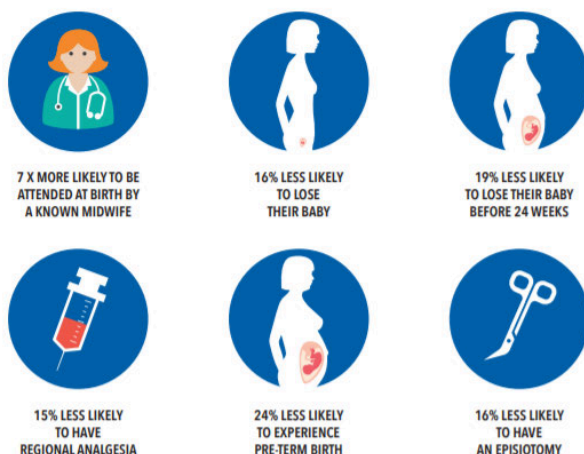
period. According to AIHW approximately 20% of Tasmania's models are MGP, but this isn't an indication of how many of the 6000 women a year who birth in Tasmania can access this model. At a bare minimum, all women should be able to access a known midwife in the antenatal and postnatal period, with a goal of scaling up MGP and ultimately Publicly Funded Homebirth. Tasmania is the only State or Territory in the country not to have Publicly Funded Homebirth.

Women who have access to MGP have far superior care options- they will have a known midwife who they build a rapport with through the antenatal period, this can also include home visits in the postnatal period. Women in fragmented or standard care, won't know their midwife attending at birth, nor will not receive relational in-home postnatal care to support breastfeeding, physical and psychological assessments for the woman, weighing of baby and general well-being checks. The few women who had MGP or a homebirth from our survey mostly reported a positive experience. Many women in the postnatal period in the fragmented hospital model of maternity care reported poor staffing and little support. A woman who is unfortunate to miss out on MGP whether not being aware of it, or due to the low supply of this model, will also have to navigate the early postpartum period with poor ratios, with a midwife looking after up to 18 mothers and babies.

Midwives in continuity models benefit too: experiencing less burnout, anxiety and depression. Women had higher satisfaction in this model of care.

To ensure the visibility of the midwifery profession, it should be separate from Nursing, including at Department level. Tasmania needs a Chief Midwife, not a Chief Nurse/midwife. They are two entirely different professions, and the maternity workforce needs a Chief Midwife to lead the state towards better maternity services.

### Women who received continuity of midwifery care



For those women who choose to access private midwifery services, whether for homebirth or to have a planned hospital birth, the State Government must ensure this continuity is maintained by ensuring visiting access is granted for these private midwives, much the same as a Visiting Medical Officer has. There are several States already doing this, with very positive outcomes. Queensland has had private midwives with visiting access to public hospitals for over 13 years and the recent publication of outcomes demonstrated positive outcomes.

## Respectful Maternity Care Training

Endorsed in 2019 by Tasmanian Health Minister within the Woman Centered Care National Strategy (Priority 2: Respect), the Respectful Maternity Care (RMC) Charter is grounded in the human rights of childbearing women and newborns based on internationally accepted human rights instruments. It provides a framework for high-quality care that supports and upholds the dignity of birthing women and addresses the issues of disrespect and abuse among women seeking maternity care. Every staff member should be committing to and upholding the RMCC as per the Woman Centered Care Strategy. Every maternity service should be

benchmarking its maternity care against this Charter to drive respectful maternity care and improvements.

Maternity Consumer Network created Australia's first RMC training, Better Births With Consent in order to put consent – and informed consent, a fundamental human right – under the microscope within the framework of Australia's maternity care system. It is a 3-hour workshop that is presented by a consumer (Founder, Alecia Staines), a Human Rights Lawyer, Dr Bashi Hazard, and a Perinatal Psychologist and midwife, Dr Heather Mattner. MCN was awarded a grant by the Queensland Government for increasing women's safety through reducing obstetric violence and birth trauma. We could see that nothing was being done to action such an important priority (Respect) in the Woman Centered Care Strategy and were simultaneously receiving more requests for advocacy and hearing more violent birth stories for women. We knew there needed to be urgent action and were fortunate enough to have several maternity services' leaders agree with us and support our initial training.

The workshop gives maternity care providers the most up-to-date information on the laws and human rights that govern their practice, increases professional knowledge about consent, and aims to reduce birth trauma.

- Respectful maternity care
- The legal requirements of informed consent
- Shared decision making
- Caring for women who decline recommended maternity care
- Increasing women's well-being and safety by reducing birth trauma and obstetric violence

Due to overwhelming positive feedback, at the request of maternity services, we also created Better Births through Communication and Perinatal Trauma Prevention Guidelines. [Better Births With Consent | MaternityConsumerNW \(maternityconsumernetwork.org.au\)](https://maternityconsumernetwork.org.au) We have Ethics approval through the University of Adelaide to formally evaluate the workshop.

## Summary of recommendations

- Utilize maternity strategies/plans in other States such as Queensland's Birth Strategy which includes normal birth collaborative training, targets for continuity of midwifery carer, woman centered care training, and respectful maternity care training.
- Increase access to midwifery continuity of carer. This includes targets and timelines ie. 80% of public hospitals births are via continuity of midwifery carer by 2030. Women should be able to self-refer to these models as opposed to relying on GPs for referrals.
- Roll out publicly funded homebirth
- Review maternity care policies and procedures. Ensure these do not override a woman's right to bodily autonomy and informed decision making.
- Ensure staff have collaborative training and normal birth training.
- Ensuring that all clinicians have a working understanding of women's right to informed consent to procedures during childbirth. Mandate Better Births with Consent Training.
- Ensure that data collected on the percentage of caesarean sections, episiotomies, induction of labour, and other relevant procedures performed by a service, or by an individual private clinician, is published in a manner accessible to for women to use in decision making.
- Extend this data collection to include autonomy, respect and mistreatment and publish in a manner accessible to for women to use in decision making, offer transparency and hold staff accountable

- Review complaints procedures in all jurisdictions such that women receive fair investigations into allegations of mistreatment during childbirth. This should be independent of the hospital and women should provide feedback on this process.
- Ensure that staff who are found to have mistreated women during childbirth undertake adequate measures to avoid repeated incidents.
- Ensure that women who are found to have been mistreated during childbirth are provided with adequate restitution.
- Ensure adequate maternity staffing including looking to other jurisdictions for ratios.
- Review the Department of Health's website, ensure it reflects consumers' expectations and provides accurate information. Consider co-design.
- For the estimated 2000 women with birth trauma each year in Tasmania, ensure they have adequate service provision to Perinatal Psychologists who are specialised in birth trauma. For those with physical injuries, ensure adequate support for women's health physiotherapy.
- Oversight of the implementation of these recommendations via a maternity advisory group which is co-chaired and includes maternity consumers and maternity consumer representatives.

## Information sources:

Jewkes, L. Penn-Kekana. Mistreatment of Women in Childbirth: Time for Action on This Important Dimension of Violence against Women. *PLoS Medicine*. [12\(6\)](#): 2015; e1001849. 10.1371/journal.pmed.1001849.

Sandall J, Fernandez Turienzo C, Devane D, Soltani H, Gillespie P, Gates S, Jones LV, Shennan AH, Rayment-Jones H. Midwife continuity of care models versus other



models of care for childbearing women. Cochrane Database of Systematic Reviews 2024, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub6.



Australian Institute of Health and Welfare (2023) *Maternity models of care*, AIHW, Australian Government, accessed 15 September 2024. doi:10.25816/fdj-qz08

Australian Commission on Safety and Quality in Health Care. (2023). Partnering with Consumers A guide for consumers. ACSQHC, Sydney.  
<https://www.safetyandquality.gov.au/our-work/partnering-consumers/partnering-consumers-guide-consumers>

COAG Health Council as represented by the Department of Health. (2019). Woman-centred care: Strategic directions for Australian maternity services.  
<https://www.health.gov.au/resources/publications/woman-centred-care-strategic-directions-for-australian-maternity-services?language=en>

Respectful maternity care toolkit –  
<https://knowledgesuccess.org/archive-respectful-maternity-care-toolkit>

Vedam, S., Stoll, K., Martin, K., Rubashkin, N., Partridge, S., Thordarson, D. S., & Jolicoeur, G. (2017). The Mother's Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care. PLOS ONE, 12(2), e0171804. <https://doi.org/10.1371/journal.pone.0171804>

Vedam, S., Stoll, K., Rubashkin, N., Martin, K., Miller-Vedam, Z., Hayes-Klein, H., & Jolicoeur, G. (2017). The Mothers on Respect (MOR) index: measuring quality, safety, and human rights in childbirth. SSM, Population Health, 3, 201–210.  
<https://doi.org/10.1016/j.ssmph.2017.01.005>

White Ribbon Alliance Respectful Maternity Care –  
<https://whiteribbonalliance.org/resources/rmc-charter>

Kerber KJMPH, de Graft-Johnson JEMD, Bhutta ZAP, Okong PMD, Starrs AMPA, Lawn JED. Continuum of care for maternal, newborn, and child health: from slogan to service delivery. Lancet. 2007;370(9595):1358-69. doi:10.1016/S0140-6736(07)61578-5.

World Health Organization. WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva, Switzerland; 2022 [cited 2022 Nov 18]. 242 p. Available from: <https://www.who.int/publications/i/item/9789240045989>

Forster D, McLachlan H, Davey M, Biro MA, Farrell T, Gold L, et al. Continuity of care by a primary midwife (caseload midwifery) increases women's satisfaction with antenatal, intrapartum and postpartum care: results from the COSMOS randomised controlled trial. *BMC Pregnancy and Childbirth*. 2016;16(1):28. doi:<https://doi.org/10.1186/s12884-016-0798-y>.

Fenwick J, Sidebotham M, Gamble J, Creedy DK. The emotional and professional wellbeing of Australian midwives: A comparison between those providing continuity of midwifery care and those not providing continuity. *Women and Birth*. 2018;31(1):38-43. doi:<https://doi.org/10.1016/j.wombi.2017.06.013>.

Tracy S, Welsh A, Hall B, Hartz D, Lainchbury A, Bisits A, et al. Caseload midwifery compared to standard or private obstetric care for first time mothers in a public teaching hospital in Australia: a cross sectional study of cost and birth outcomes. *BMC Pregnancy Childbirth*. 2014;14(1):46-. doi:<https://doi.org/10.1186/1471-2393-14-46>.

McLachlan HL, Forster DA, Davey MA, Farrell T, Gold L, Biro MA, et al. Effects of continuity of care by a primary midwife (caseload midwifery) on caesarean section rates in women of low obstetric risk: the COSMOS randomised controlled trial. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2012;119(12):1483-92. doi:<https://doi.org/10.1111/j.1471-0528.2012.03446.x>.

Australian Institute of Health and Welfare. Australia's Mothers and Babies [online report]. 2022 [cited 2022 Nov 20]. Available from: <https://www.aihw.gov.au/reports-data/population-groups/mothers-babies/overview>.

Gamble JA, Creedy DK. Women's Preference for a Cesarean Section: Incidence and Associated Factors. *Birth*. 2001;28(2):101-10. doi:<https://doi.org/10.1046/j.1523-536X.2001.00101.x>.

Bruinsma A, Keulen JKJ, Kortekaas JC, van Dillen J, Duijnhoven RG, Bossuyt PMM, et al. Elective induction of labour and expectant management in late-term pregnancy: A prospective cohort study alongside the INDEX randomised controlled trial. *European*

Journal of Obstetrics & Gynecology and Reproductive Biology: X. 2022;16:100165.  
doi:<https://doi.org/10.1016/j.eurox.2022.100165>.

Dahlen S. Do we need the word 'woman' in healthcare? Postgrad Med J.  
2021;97(1150):483-4. doi:<https://doi.org/10.1136/postgradmedj-2021-140193>.

Donnellan-Fernandez RE, Creedy DK, Callander EJ, Gamble J, Toohill J. Differential access to continuity of midwifery care in Queensland, Australia. Australian Health Review. 2021;45(1):28-35.

Steel A, Adams J, Frawley J, Wardle J, Broom A, Sidebotham M, et al. Does Australia's Health Policy Environment Create Unintended Outcomes for Birthing Women? Birth. 2016;43(4):273-6. doi:<https://doi.org/10.1111/birt.12251>.

Lewis L, Hauck YL, Crichton C, Pemberton A, Spence M, Kelly G. An overview of the first 'no exit' midwifery group practice in a tertiary maternity hospital in Western Australia: Outcomes, satisfaction and perceptions of care. Women and Birth. 2016;29(6):494-502. doi:<https://doi.org/10.1016/j.wombi.2016.04.009>.

Australian Commission on Safety and Quality in Health Care. The Second Australian Atlas of Healthcare Variation. Sydney, NSW: Australian Commission on Safety and Quality in Health Care; 2017. Available from <https://www.safetyandquality.gov.au/atlas/atlas-2017/>

Betran AP, Torloni MR, Zhang JJ, Gülmezoglu AM, The W. H. O. Working Group on Caesarean Section. WHO Statement on Caesarean Section Rates. BJOG: An International Journal of Obstetrics & Gynaecology. 2016;123(5):667-70. doi:<https://doi.org/10.1111/1471-0528.13526>.

Australian Commission on Safety and Quality in Health Care. The Fourth Australian Atlas of Healthcare Variation. Sydney, NSW: Australian Commission on Safety and Quality in Health Care; 2021. Available from <https://www.safetyandquality.gov.au/our-work/healthcare-variation/fourth-atlas-2021>

Keag OE, Norman JE, Stock SJ. Long-term risks and benefits associated with cesarean delivery for mother, baby, and subsequent pregnancies: Systematic review and

meta-analysis. PLoS Med. 2018;15(1):e1002494-e.  
doi:<https://doi.org/10.1371/journal.pmed.1002494>.

Coates D, Makris A, Catling C, Henry A, Scarf V, Watts N, et al. A systematic scoping review of clinical indications for induction of labour. PLoS One. 2020;15(1):e0228196-e.  
doi:<https://doi.org/10.1371/journal.pone.0228196>.

Grivell RM, Reilly AJ, Oakey H, Chan A, Dodd JM. Maternal and neonatal outcomes following induction of labor: a cohort study. Acta Obstet Gynecol Scand. 2012;91(2):198-203. doi:<https://doi.org/10.1111/j.1600-0412.2011.01298.x>.

Garner DK, Patel AB, Hung J, Castro M, Segev TG, Plochocki JH, et al. Midline and Mediolateral Episiotomy: Risk Assessment Based on Clinical Anatomy. Diagnostics (Basel). 2021;11(2):221. doi:<https://doi.org/10.3390/diagnostics11020221>.

Doğan B, Gün İ, Özdamar Ö, Yılmaz A, Muhçu M. Long-term impacts of vaginal birth with mediolateral episiotomy on sexual and pelvic dysfunction and perineal pain. J Matern Fetal Neonatal Med. 2017;30(4):457-60.  
doi:<https://doi.org/10.1080/14767058.2016.1174998>.

Michelle Sadler, Mário JDS Santos, Dolores Ruiz-Berdún, Gonzalo Leiva Rojas, Elena Skoko, Patricia Gillen, Jette A Clausen, Moving beyond disrespect and abuse: addressing the structural dimensions of obstetric violence, Reproductive Health Matters, 10.1016/j.rhm.2016.04.002, 24, 47, (47-55), (2016).

Bowser D, Hill K. Exploring evidence for disrespect and abuse in facility-based childbirth report of a landscape analysis. Harvard Sch Public Heal Univ Res Co, LLC [Internet] 2010. pp. 1–57. Available from:  
<http://www.urc-chs.com/uploads/resourceFiles/Live/RespectfulCareatBirth9-20-10Final.pdf> .

Khalil, Merette & Carasso, Kashi & Kabakian-Khasholian, Tamar. (2022). Exposing Obstetric Violence in the Eastern Mediterranean Region: A Review of Women's Narratives of Disrespect and Abuse in Childbirth. Frontiers in Global Women's Health. 3. 850796. 10.3389/fgwh.2022.850796.



Maternity Consumer Network Management  
<management@maternityconsumernetwork.org.au>

## RE: Better Births with Consent feedback

Wendy Fry <

Fri, Oct 27, 2023 at 6:49 PM

To: [REDACTED]

Hi

Thanks for the opportunity to provide some feedback.

The training offers an opportunity to hear from consumers, as well as a Human Rights lawyer. It is extremely important for staff to hear the voices of consumers and understand their perspectives. Having this training along side a lawyer assists staff in understanding their roles and responsibilities in relation to the provision of healthcare, and very clearly describes who is the decision maker. We have found that while this training can sometimes be confronting to some staff, it provides an avenue for discussion and reflection on how care is provided. We have not just done one training session, this is a continued commitment from the service that Respectful Maternity Care is discussed in depth at numerous staff forums throughout the year. We have been extremely lucky to have Maternity Consumer Network partner with us to provide annual education for the last three years. This relationship has been invaluable.

Kind regards

Wendy

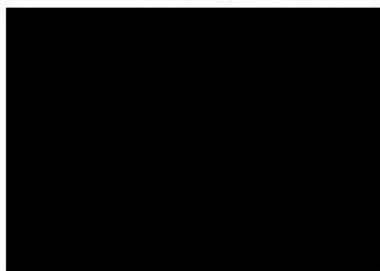


**Wendy Fry**

Nursing & Midwifery Director

Women's and Children's Services

Toowoomba Hospital, Darling Downs Health



**Date of labour/birth/postnatal trauma (optional)**

████████████████████

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

2x episiotomy needed and brother on my back in stirrups which was my major request not to do. I remember being told it's happening and told to get on my back or told we just need to cut. No asking or talking a

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Required extra appointments with physio due to hip and leg pain from birthing on my back. Gynaecological appointments due to retained products but being brushed off.

**Your birth story (optional):**

I had a postpartum Haemorrhage and no one told me what was happening at first. The dr wasn't in a rush to help. The midwife was doing what she could and the Dr just argues with her.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Being dismissed, belittled or treated poorly by medical staff. Doctors in particular who show a hierarchy and make you feel like you have no choice or say. Poor care, communication or time. Not taking the time to listen to the patients wishes and discussing in a respectful manner.



**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Currently in the process of complaining to the health department due to communication, rudeness and disrespect.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

What can improve smug ignorance and condescending doctors who think they're better than everyone else?

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

I have explained this in my birth story.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I have discussed this in my birth story.

**Your birth story (optional):**

I was booked for an elective caesarean on the [REDACTED] due to having a ventricular periteneal shunt for idiopathic intracranial hypertension and due to having a blood clotting disorder. Although i had always been told i should not push during labour with my shunt as it could potentially damage it, all obstetricians that i saw did not believe i needed to have a caesarean. I wanted a controlled birth where everything was planned out due to severe anxiety around hospitals and my past of having no control over any of the medical procedures i had had. Around 32 weeks gestation, I had developed tachycardia and my resting heart rate was consistently sitting around 120bpm. I was told this was normal. I had an episode around 34 weeks gestation where i was at work sitting on a chair and my heart rate shot up to 200 for a few minutes. I presented to ED and had it worked up with no obvious cause and was put down to me being pregnant. When meeting with the anaesthetists, they agreed that the caesarean should be classed as medically necessary and that with the new tachycardia that i should not be in active labour without an epidural as my heart rate would increase at this time and they would like it to be under control. Still the obstetric team would not class it as medically necessary so it was then put down as elective. I had an appointment at the high risk clinic on [REDACTED] where i was checked over and an ultrasound was done by the obstetrician and she said everything looked fine, baby was happy and there was no mention of him being in the birth canal or looking as though he was preparing for birth. This appointment was at 11:30am. i started having contractions that night at around 10pm.



They were 10 minutes apart and lasting 1-2 minutes at this point.  
 I headed to PAC and things progressed very quickly and I was 3cm dilated by the time i arrived there at 12:30am.  
 My contractions were 5 minutes apart lasting for 2 minutes at a time.  
 Before i was checked, the doctors asked me, if i was in active labour, did i still want to have a caesarean and i of course said yes as it was not discussed with me what the risks associated with this would be.  
 After checking me, they elected for an emergency caesarean.  
 I was taken to theatre at 2:00am on the [REDACTED]. By this time my contractions were a minute apart lasting at least 2 minutes at a time and sometimes longer.  
 To my knowledge, I was not checked again to see how dilated I was.  
 After 2 failed spinals, they eventually managed to get an epidural in.  
 During the caesarean i was told by the anaesthetist that the last thing i would feel was a big push at the top of my stomach and then baby would be out.  
 I felt this push. But then i felt it again, and again until they had done it at least 4 times.  
 The surgical team audibly began to panic, yet i was not told what was going on.  
 I asked the anaesthetist if everything was okay, she said she thinks that baby is a bit stuck and they were just trying to get them out.  
 I had 2 sprays of the spray under my tongue to try and stop my uterus contracting but this did not work.  
 What i now know (and was not told until a check 2 weeks later with my GP) is that because my labour was so far advanced, my baby was in the birth canal and the senior obstetrician was pushing his head back up out of the birth canal while the other obstetrician was trying to get him through my caesarean incision.  
 While everyone was very clearly in panic mode, the anaesthetist asked them if they needed to proceed with a general anaesthetic to which they responded yes.  
 The anaesthetist explained to me that they needed to do this as my uterus was contracting so much and so often that baby was being pushed further down when they were trying to pull him up and that the general anaesthetic would relax my uterus so they could get him out.  
 There was still no mention of the fact that they were dealing with an impacted fetal head.  
 My partner was then taken out of the room and a gas mask was placed on my face as they yelled out, "they're out!"  
 My partner was then allowed to come back in luckily as they were about to take him up to the ward.  
 Both myself and baby were okay although he had a lot of bruising to his head and arms as they needed to use forceps to extract him.  
 At the end of the procedure, the obstetrician came over to us and apologised for a "traumatic and extremely horrible" caesarean but did not explain why this was.  
 She then proceeded to walk to the corner of the room and started to cry.  
 Other staff member within the theatre became to say things such as "i'm going to need a drink after that".  
 At this point, I was none the wiser and had no idea what she and everyone were talking about especially when she said it was traumatic.  
 As far as i knew, baby was just a bit stuck but that was it.  
 In the morning, one of the doctors came around to see us up on the ward and again referred to my birth as "full on and traumatic for everyone involved" with no further elaboration on that.  
 She then explained that my uterus needed to have an extra incision due to needing more room to work during the procedure.  
 I was then offered to be referred to the "conversation clinic" to discuss my birth with the surgical and obstetric team involved.  
 I was very unsure as to why this was being offered to me as I still did not understand why my birth was being referred to as traumatic.  
 I declined and then the doctor said "i'm going to make the appointment for you anyway because i think when you go home and have time to think about it, you will change your mind".  
 Still not understanding why she would think this, I agreed to that thinking to myself i would definitely be cancelling it.  
 Over the coming days when I had visitors coming to my house to meet baby, i would tell them my birth story and everyone's reaction was the same, "that sounds so traumatic".  
 I then started to think back to it and think, maybe it was.  
 My mum asked me if they checked me again to see how dilated i was and i said no. She said to me, they should've checked and if i was so far progressed in my labour that he was in the birth canal then i should've been offered to push.  
 I hadn't thought of that but totally agreed.  
 Again, not really thinking much more, i then had a check with my GP about 2 weeks after my birth.



She said she had read my discharge summary and what i went through seemed like it was very traumatic. She then explained to me for the first time why that was. No one explained to me the fact they were dealing with an impacted fetal head and the risks that were involved in this. I then learnt from my GP that they would've all been panicking because they believed that my baby was going to die or have severe brain damage and that i possible was going to haemorrhage. I was in shock and disbelief. I went away from that appointment feeling extremely shaken up knowing that there was a high chance that i could've been leaving that hospital without my beautiful boy or i also could've not been leaving that hospital. After researching what this all meant, i am extremely disappointed that i was not checked again and given the opportunity to push because if i had've known the risks involved i absolutely would have. This all could have been avoided and my babies and my life wouldn't have been put at risk. Knowing that the difference between me pushing and having the caesarean was either damage to my shunt or losing my babies or my own life, i know what option i would've gone with. I also wish that it was properly explained after the procedure what happened instead of being told continuously that my birth was extremely traumatic without proper elaboration. Knowing what i know now, my birth was traumatic and i live in constant anxiety that something is going to happen to my baby and every time i look at him am reminded of the fact that i could've lost him. I live with the constant guilt that the reason i had a caesarean is because i elected for one and that i was the one that put him and myself in that position. My GP has referred me to a psychologist to discuss my birth trauma and work through it as it is now affecting my everyday life. My partner is also deeply traumatised and does not want to have anymore children due to how traumatic he found the birth.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Not enough staff.  
The understaffing is insane and I don't know how the poor midwives do it.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I haven't yet made a complaint as i am waiting for the meeting with the surgical team to see how that goes and if i am not satisfied i will then take it further.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Proper discussion with expectant mothers about risk vs benefit to whatever procedure they are undertaking.

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

Was cared for by and MGP pod, but never saw the same midwife twice.

I was supported to have a successful VBAC, but I don't attribute that to my care team at all.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

My trauma was in the postnatal period when I was separated from my baby unnecessarily, and treated like an idiot (asked to sign an AMA) when I took my perfectly healthy baby home.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

To access (theoretical) continuity of care, you have to meet a strict criteria that many many women can never meet.

There are no alternatives for care in regional Tasmania, and no private midwifery services at all in Northern Tasmania.

I was very lucky to work in health care, and have enough knowledge to be able to advocate for myself.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I did not make a complaint.

I know many women who have, and received no response



From: [REDACTED]  
 To: [Reproductive, Maternal and Paediatric](#)  
 Subject: Fwd: Tasmania maternity care feedback -  
 Date: Monday, 16 September 2024 6:47:15 PM



## Tasmania maternity care feedback

Name (optional): [REDACTED]

Hospital/care provider/birth place (optional): Hobart Private Hospital - [REDACTED]

Did you receive:

	Yes	Unsure	No	N/A
a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	<input checked="" type="checkbox"/>	-	-	-
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	<input checked="" type="checkbox"/>	-	-	-
(e) "informed choice" in maternity care	-	<input checked="" type="checkbox"/>	-	-
(f) "continuity of (midwifery) care" in maternity care	-	-	<input checked="" type="checkbox"/>	-
(g) information regarding maternity care options prior to/ during care	-	-	<input checked="" type="checkbox"/>	-

(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)

I am only 3 weeks postpartum, however the emotional and psychological impact of my birth has already affected me and my ability to mother my newborn greatly. My anxiety has skyrocketed in the wake of my birth trauma, creating the need for long appointments with my GP and psychologist, and debriefing with my doula, all of which have a significant cost attached. This comes after being tens of thousands of dollars out of pocket for IVF and private OB/hospital fees over the past 18 months. I am needing to go back on my anxiety medication after successfully being off it for two years previously. I am not able to trust my own judgement as a mother and lean heavily upon my partner for support, however he now needs to return to full time work to pay our medical bills. I am unable to drive, and this affects my ability to care for our school aged child and further affects my mental health by being trapped in the house all week. I feel let down by the system and my provider, that their actions and policies led to my birth trauma and I/my family are the ones who have to deal with the consequences going forward.

Your birth story (optional):

My birth began when my waters broke spontaneously at 2am at 40 weeks. I called the maternity unit and was told to come in because there was some blood present. My OB came in at 8am and said that because my body had not yet gone into labour it would be unlikely to do so. He offered me a C section that day, or to induce labour with a drip. Our previous conversation on this topic had been that he would not use a drip for inducing as this birth would be a VBAC. My goal was to avoid a C section as my previous birth was very

hard to recover from, and I have huge anxiety/panic attacks in surgical theatres after I underwent major brain surgery during my previous pregnancy.

Up until this time my OB had been supportive of this and said there was 'no reason why I shouldn't have a vaginal birth'.

He maintained that I would be 'risking major infection' if I did not start IV antibiotics immediately.

I opted to try to go into labour naturally that day, and was prepared to go home and represent later that evening if labour had not started, then look at induction. He agreed on the basis that my next CTG was normal. Until this point everything had been reassuring.

The next CTG was flagged as the baby now had an elevated heart rate. They insisted on putting in a cannula and giving me IV fluids immediately, and said this would stabilise baby's heart rate (which it did) and they also started the antibiotics. Now I could not go home as I was hooked up to a drip.

Over the next 24hrs my labour did not establish which I believe was partially due to my elevated anxiety over being in hospital against my wishes.

The next morning, my OB visited again. He requested to do a vaginal exam, which I agreed to. However, he was extremely rough with this and did not listen when I begged him to 'go slowly'. This man has been my gynaecologist for 10 years and has treated me for vulvodynia - he has been very gentle with exams in the past so I know he is capable of this. He then proceeded to tell me that 'if I cannot handle a vaginal exam there's no way I could handle birthing a baby'. He said 'I can almost guarantee you that you have a subclinical level of infection and that you are risking your baby becoming extremely unwell by delaying any longer' despite the fact I had been on 4 hourly IV antibiotics and had no signs of infection. He then said that he had changed his mind, he would not offer me induction that day as 'the risks are now too high and there will not be staff here overnight to get you to theatre immediately, which you will probably need'. He gave me two options - have a C section that afternoon (this discussion was at 7am so the urgency was clearly not there) or discharge myself against medical advice and seek care elsewhere.

I felt bullied, belittled and betrayed by his behaviour. I was backed into a corner to agree to the one outcome I did not wish for - a C section.

I explored the option of transferring to the RHH, however was told this would be an unwise decision due to their ongoing staffing issues and the unlikely possibility that the OB on shift there that day would treat me any differently (a colleague of my OB).

I had my baby via C section at 3.40pm that day, a Friday. I had a massive panic attack on the operating table and disassociated from the entire event. I cannot remember my baby being born. I feel physically sick when I look at photos that were taken for me. This baby was my last baby, and I feel robbed of this experience and like I was an inconvenience for my care provider, when I should have been able to trust him. My bond with my baby was very negatively impacted in those first precious days due to my declining mental health. I could not sleep due to my anxiety and had to be medicated for this.

My baby struggled to breastfeed, and I had to resort to formula top ups (which I did not want to do) as he became dehydrated after my concerns were dismissed by several midwives over the weekend. It was discovered by his paediatrician and LC on Monday that he had a severe tongue tie, which was immediately treated. This further eroded my trust in my maternal instincts and my self belief.

Other than this, the care shown to me by the midwifery staff was very empathetic and I felt safe in their care. They told me on multiple occasions to 'advocate for myself' as they had to follow hospital policy and the OB's orders.

My OB later told me that he enjoyed his weekend away. I strongly believe that he managed my birth to fit his social calendar and not what was best for me or my baby.

My partner was a huge advocate for me and also feels like our



trust in this OB has been crushed, and we paid lots of money for a service that was not provided.

I am physically still very hampered by my C-section and mentally exhausted from fighting the reawakened anxiety that my treatment during my birth has led to. I feel it will take me a long time to recover from it.

(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)

For midwives to provide continuity of care and be able to advocate for their patients without feeling like they are hampered by hospital policy or the wishes of OB's.

For OB's to be held accountable for their bullying behaviour and obstetric violence, over inflating of risks of not following their recommendations and using language to coerce women into agreeing to procedures that they do not want.

You can [edit this submission](#) and [view all your submissions](#) easily.

Jotform. Anywhere. Anytime.



[Do not show this anymore \(X\)](#)





**Name (optional):**

Aleena [REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

RHH

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

It was my first baby, and nobody listened to me nor supported me. My care team didn't seem to listen when I begged them to let me push. I was made to wait 4 hours with a stage +2 baby who then became distressed and as they were telling me I needed to go for a c-section I told them I've been wanting to push and when they checked she was literally right there and I was made to feel incredibly stupid and powerless.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I still don't feel ready to talk about it. A lot happened, and my following births were not much better. I just wish the care team would trust the mother in knowing what she needs during birth instead of undermining them based on what they know or statistics. Every birth is different.

**Your birth story (optional):**

I'm not ready to share details, but if I need to be contacted regarding them I'm happy to answer in a more comfortable space.

Name (optional):

Anna

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional):

LGH

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	No

(Space to explain any of your above answers):

I was induced with my daughter (first born child) because of hard fluid mass on the bottom of my tummy.. and only was I induced because the surgical registra on at the time of my pre midwife appointment noticed it wasn't right (before this I was told to stop complaining there was nothing that could be done about that.. it's because you're over weight) which wasn't the case at all.. I went through 2 days of induced labour only to have contractions stop every time the drip was taken out.. I was then taken to have a C section.. where I caught an infection (from the theater) but at the time I was told the infection was in my FAT folds.. but later met a lady who go GOLDEN STAPHYLOCOCCUS which is what I got from their theater 12 hours before me same day so I know it wasn't my "fat folds" I was never told what the infection was I was isolated on the maternity ward they had poor midwives doing jobs they weren't used to doing changing dressing ect I was put through so much pain with an open wound because they didn't know how to deal with it people heard my screams from the elevators and the next ward when I had dressing changes at the start.. I got post natal depression PTSD and anxiety and a LOT of fear and I still to this day struggle setting foot in that hospital

(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)

PTSD post natal depression anxiety all undiagnosed for the first 6 years of my daughters life

### **Your birth story (optional):**

The above explanation in the first text box is only a small part of my story if you would like to hear the rest it's too hard to write out.. pls contact me.. on [REDACTED]

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Being honest and caring to start with!! They should be forced to tell you what kind of infection you've gotten and they don't have to only that you have I almost died twice from that infection I had 2 other surgeries the midwives did their best but I wasn't aloud pain meds or anything for dressing changes. One very nasty midwife tried to force me to feed at 2 am when my daughter was fast asleep and didn't need it and wasn't willing to sit with me (there's a story behind it) and she was going o wake her up. I'm not a rude person but I took me to yell at her and tell her to GET OUT and basically tell that if she touched my baby I'd break her effing fingers for her to stop from picking her up.. that is NOT good enough.. they need to have more understanding with over weight people and not just blame every problem on us being fat!

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I don't know I never made complaint because I just never had the energy or knowledge that I was suffering from PND or PTSD or anxiety and when I found out I just didn't have the energy to fight anything I needed to heal myself and my family

**Name (optional):**

Anneika [REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

North West Private Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	N/A
(f) "continuity of (midwifery) care" in maternity care	N/A
(g) information regarding maternity care options prior to/ during care	N/A

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I had high blood pressure after birth and no one listened to my concerns and didn't explain anything to me. I then made a midwife call a doctor down and the doctor that came down treated me very poorly and they all tried telling me I didn't have anything wrong it was only anxiety. Today 19/08/24 I am still in and out of doctors trying to figure out what's gone on plus I went to emergency the same day only to find out I had a major infection somewhere

**Your birth story (optional):**

Don't want to share but [REDACTED] who delivered my baby was absolutely beautiful

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No



**Name (optional):**

[REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Launceston General Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

Will explain in birth story below

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Depression, anxiety, prolapse, unable to bond with baby for over a year, bladder issues.

**Your birth story (optional):**

In 2018 I became pregnant, I went to see my GP, [REDACTED] and asked to be referred to the birth centre as I wanted a home birth. She advised me not to have a home birth, that she had worked on a maternity ward and that birth, particularly with a first baby, was not safe & she had seen many terrible things happen in her time in the ward. I didnt want to be responsible for killing my baby of course, so I listened to the trusted professional. (Of which now I know is statistically inaccurate.)

I had a pregnancy & birth overseen by MGP at Launceston General Hospital.

I went over due dates, and was pressured to induce with threat of a dead baby. (Of which I know now, going over due dates the risk is statistically insignificant, and the risk with induction is higher). I fought against induction, but was still pressured into an extremely uncomfortable membrane sweep as the "compromise" I was forced to make. Of course I didnt want to kill my baby!

When my contractions started a minute apart & I called the hospital, I was told to take panadol and go to bed. We decided to ignore that and go to the hospital. Once we arrived my MGP midwife sat in a chair,



barely spoke and didnt make eye contact. I felt alone and betrayed - she had made it sound like it was going to be great in our appointments - when I needed her she wasnt there. I was on the clock. Whilst the whole labor was only 9 hours in total, a blonde doctor came in multiple times an hour to hassle us and tell our midwife in front of us, audibly, that we need to start considering some more "help" in the form of syntocinon because it was taking too long to progress. Repeatedly she would give me time limits "I will come back in half an hour, if we havent moved along then consider an epidural or synto."

3 hours later I caved and agreed to the epidural. Although I had specifically asked them in my birth plan to never hassle me with interventions, my midwife kept saying "If it was my daughter Id suggest she got an epidural." Which I have since learned is a common work-around to be able to push interventions indirectly. They had to call someone in from home to do the epidural as a staff member hadn't turned up. No one explained this to me at the time, so I was waiting a long time with everyone saying it would be "soon." When she arrived she was visibly and audibly angry. She had just finished a shift at the hospital only to be called in again for my epidural. She raged at the midwife about this. She then yelled at me for moving whilst she tried to insert the needle in my back, at this stage I was still having contractions one minute apart so it wasnt really possible to hold still. She snapped about several things, if I spoke she would snap back at me, she just wanted to chat with the midwife about their weekends and complain about other staff whilst I lay on the bed seriously distressed.

Finally the epidural only worked down one side of my body. But now I was stuffed anyway, I couldnt move so I was at the mercy of every disaster and intervention. The CTG monitor on my belly was extremely extremely painful and I kept pulling it off, I could not stand it. I nobody said it was optional (or technically useless according to science). Then pressured to allow a fetal scalp electrode, because if we dont monitor the baby it could die. It didnt work anyway. By the end of all this messing about they called an emergency saying the fetal heart rate dropped, a tonne of people descended on the room and Dr [REDACTED] got out his forceps. Due to the forceps I sustained a prolapse, a tear, and bladder issues that have lasted 6 years so far. My baby was then hurried away from me, and wheeled away on a table. Nobody explained to me where she went or when I would see her or why she was taken.

I felt absolutely terrible.

An hour later I was wheeled up to the NICU. They had plugged her into antibiotics (without any testing, profilactic antibiotics without consulting myself or my partner). She hadnt required rescuss, so Im not sure why they had to take her away "Just a precaution" or "Just to be on the safe side."

When I saw her I didnt feel like she was mine. She could have been anybody's baby.

My stay at the hospital for the next three days was awful. I had a horrible midwife for overnight care. She was snappy, mean and rude.

My baby had tongue ties which the hospital staff had missed (I took her to specialists once outside the hospital) so my nipples were bleeding and blistered for weeks. Whilst still in hospital after the birth, I was crying in my room and called the midwife at 4am because I was in so much pain, and so tired, and so confused and traumatised. The midwife walked in, saw me crying and said "Well crying wont get you anywhere so you can stop that right now." This was basically her attitude towards me about everything for my stay. It was easier (or less heartbreaking) to just not ask for any help.

After I complained about losing any and all feeling in my bladder, they performed a test with dye and ultrasound, and told me it was all fine.

It was not fine and still causes issues 6+ years later. This damage is irreparable.

A week later we had to return to the hospital with an infection (introduced into my uterus undoubtedly by the several people with their hands in my vagina the week before) and stay another 5 days. Again, the bedside manner was awful. I had a drip in my arm which had caused my hand and wrist to bruise and swell up. I had a fever and was extremely unwell. One of the nurses was kind and put the antibiotic in slowly & told me to ask the other nurses to do it slowly too. I asked another girl as she arrived in the room at 5am "My arm is extremely painful and the injections are excruciating right now, the other nurse does it slowly over 30-60 seconds so it doesnt hurt, can you please do the same?"

She smiled and said yes, then she inserted the needle and injected it within 10 seconds. I was screaming out in pain and was left crying, she said "Its better to just get it over with." And left.

Later I learned that they just should have reinserted the catheter instead of continuing to use one that had made my arm swell and bruise.

I questioned them about it but they said it would "be fine for a bit longer."

Again it was extremely difficult to find out what was actually wrong with me, they said that theyd taken cultures but couldnt isolate the infection. So I asked "Which antibiotics am I on then, if you dont know what youre treating?" During the course of my stay, nobody could confirm what was wrong and I was on



several different medications, who knows which ones were actually necessary.

Generally the staff were more bad than good. There were two kind & helpful nurses, but the rest I did not have a good experience with.

I hear in mothers group circles that Dr [REDACTED] is the one to see if you want a csection, he can come up with a reason for you to get one.

Subsequently I another two births, one a home birth and one a freebirth. I would never advise anybody to have their baby in the LGH, in fact I advise most people strongly against it.

I think specific intervention rates should be published for all hospitals, for transparency and so people know what they're getting themselves into, particularly if it means a 1 in 2 chance of having a csection for your first baby.

Maybe some hospitals would have incentive to pull their socks up.

The emotional toll if this birth was huge, it took me over a year to be able to properly bond with my baby. I will never get that time back.

I feel robbed by so many so called "health professionals" who completely ruined my experience, which, after two amazing home births, I can see can be an absolutely beautiful rite of passage without all this unnecessary carryon, and that you can feel amazing and happy postpartum, instead of feeling like you were run over by an LGH truck.

ITS NOT GOOD ENOUGH, LGH, DO BETTER.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Theres zero point in reporting or complaining, as they wont accept responsibility because then theyd be liable. I have drafted a million letters in my head but have no interest in submitting a letter only to receive a wishy washy gaslighting "Sorry that was your experience." letter and having my experience dismissed.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Publish specific hospitals intervention rates!!!!!!!

**Name (optional):** Archana [redacted]

**Date of labour/birth/postnatal trauma (optional)** [redacted]

**Hospital/care provider/birth place (optional):** Launceston General Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

Had a baby during pick COVID and lockdown period. All nurses provided wonderful care when we didn't had any family members in Australia and no one could come from India due to broader lockdown.

**Your birth story (optional):**

First pregnancy and had a wonderful experience. All nurses and midwives provided us support as family members. Didn't felt any impact of COVID on our care.



**Name (optional):** Bess

**Hospital/care provider/birth place (optional):** MGP LGH

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Unsure

**Name (optional):**

Bianca [REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Royal hobart hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Long term PTSD. I required hypnotherapy to prepare for my second birth 9 Years later

**Your birth story (optional):**

Misses diagnosis of pre eclampsia, myself and family were not informed of the seriousness of this complication. I was left to labour for 19 hours and pushing for 2 hours before requiring forceps and a surgical incision to birth vaginally. My son was born Stone

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Young parents

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional): Burnie Hospital

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional): Burnie tas

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Unsure
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional): Calvary

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

(Space to explain any of your above answers):

Not believed that I was in labour, not prompted to hold baby, baby taken by midwife after being born. Inappropriate comments.

(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)

Emotional aftermath of no support while in labour, and not being able to hold baby after birth

(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):

No

**Name (optional):****Date of labour/birth/postnatal trauma (optional)****Hospital/care provider/birth place (optional):**

Royal hobart hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

Only saw the same person at wellington clinics twice on one occasion, otherwise eitnwasnalways someone new. My last visit this resulted in them giving me wrong medical information, because she misread my age on the computer and didn't know the hospital policy on diet controlled GD patients using the birthing tub

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Had stressful period after birth, did not experience the endorphin high or anything like it and have had trouble connecting with my baby and experiencing those oxytocin feelings

**Your birth story (optional):**

I came to Hobart in April, start of my third trimester. I was too late to get into MGP or KYM, but was on waitlists.

My second and third visits to wellington clinics was with the same person, otherwise I never saw the same person twice which led to terrible consistency of care.

I was diagnosed with gestational diabetes, but came down with a cold the day after I got my meter so my



levels were all over the place. After having incorrect information given to me by the diabetes educator on zoom corrected (test two hours after start of meal not end of meal; having a snack in the middle of the night isn't allowed because I need an 8 hour fasting window) at the end of the first week my levels were still high (and I still had a cough) so at the start of the second week I got a call asking me to attend an insulin information class. I said I didn't want to be on insulin until I have bsl data from when I'm not sick, and I wanted to speak to an endocrinologist.

That was booked, by then I was past my cold, and my levels had stabilized to within acceptable limits and I was told I did not need insulin. Had I not fought this I would have been on insulin unnecessarily.

My ultrasounds showed a baby in the 21st then 31st centiles, so when Dr [REDACTED] at around 34 weeks said we would discuss induction at 39 weeks next visit I was surprised. Said I ~~didn't~~ want induction, especially if he was already small, and she said we would go through positives and negatives and various circumstances i could say yes or no to, which sounded good to me. I went home and researched and next visit came armed with information and answers, which I didn't need because the next doctor simply agreed that there wasn't a need to induce for such a small baby, and put down my wishes in my notes. So I thought that was done with. Next visit, 38 weeks, I was told I would need to have an induction the following week because of my GD. I told her what the last Dr had said, and she said that there's also a risk the placenta may be deteriorating. Wouldn't we notice that with a blood sugar drop? Or have seen signs of that on the ultrasound? Not necessarily, she said. I reiterated that I did not want an induction just because of my GD diagnosis, I wanted there to be real evidence of medical reasons why I personally needed to be induced. Because she didn't have any we agreed to no 39 week induction. Then she said I would have to be induced at 40 weeks because of my age. I was confused, no one had said this to me yet, and she spent 10 min telling me about increased stillbirth rates among women my age for every day over 40 weeks. I asked for the data on that, she didn't have it so got Mindy, who oversees the ward, to come tell me the numbers. As she was talking I kept hearing "40" and it took me a bit to realize she was saying over 40 weeks AND over 40 years... so I interrupted her and said I only just turned 39, I'm not over 40. She looked at the other doctor, who looked at the computer, and said she made a mistake, I'm 39. 20 minutes of being stressed and talking about stillbirth rates because she read my chart wrong.

After that conversation, we talked about the birthing bath - a major part of my birth plan and the reason i pushed back so hard on insulin and my motivator for staying strict about my diet. She said that wouldn't be an option for me because they would want extra monitors on me because of the GD. I again disagreed and complained that no one had told me this yet, and I had asked if GD impacted by ability to use the bath. I said if that was the case, I would decline the monitoring. She said I might not have that choice, it depended on the medical staff in the room. This is the first I'd heard of me "not having a choice" in how my labour went and it threw me. In the end she checked with someone else and discovered that as diet controlled GD, I could indeed use the bath. More unnecessary stressful conversation at 38 weeks.

I went into spontaneous labour at 39 weeks, and after 32 hours of pre labour my water broke at 7:20am [REDACTED] with contractions 7-10 min apart. I hope into the shower abs cleaned up. At 7:45am my contractions were suddenly 2-3 min apart and we started getting ready for the hospital. We arrived at PAC at 9:20am, they listened to baby's heart and felt my abdomen, and sent me through to a birthing suite without checking my dilation. I was introduced to the midwife and I consented to a student midwife being present. I had a doula as well, but she was moving cars and bringing in bags for us at this time. Between PAC and the birthing suite things changed, and it went from Period pain type contractions to an urge to push. I told the midwife several times I felt "pushy", and that I felt needed to poop, she directed me to the toilet but I felt like I might have a toilet baby that way so stopped. It was in my birth plan which we had handed out on arrival to have the bath ready, so after some time I noticed that wasn't happening and asked for it to be filled. I had a shower, I roamed the room, and finally the tub was full. I asked the midwife if I could get in, but after checking she said no, it was too cold. I later came to understand that she had given the job of monitoring the tub temp and filling to the student midwife, who was 4 hours into her first ever shift on the ward. She should not have had to do this, and the midwife should not have been so overworked that she needed to ask. Tub was drained halfway, and midwife monitored temp as it filled. I was on all 4's on a mat working through a contraction and exclaiming that I could feel the baby in my vagina, when the midwife said the bath was ready. My doula had arrived a couple minutes earlier, and explained that the baby will be working his way down my vagina for a while. The midwife left the room after saying the bath was ready, and my husband and doula helped me towards it. I later found out the midwife left because the thermometer probe wasn't working and she needed to monitor my temperature before and during the bath. My husband and doula were walking me to the bath when another contraction



hit, and I leaned against the tub until it passed. Halfway through I felt his head crowning, then the whole head popped out. The midwife wasn't in the room, the student midwife was, so she positioned herself behind me ready to catch. The baby came fast. The student midwife, unprepared, not wearing gloves, without a towel and completely out of her depth, caught the baby but without a good hold, and he slipped from her hands onto the floor, shoulder first. My doula promptly hit the call button and got a towel, the student midwife picked up the baby and passed him to me, and he was placed on my chest and covered with a towel. (I have a video of most of this.) Baby was born at 10:20am, 2.5 hours after contractions became regular and an hour after I got to the hospital- a precipitous birth, highly unusual for a first time mum.

The midwife came in very promptly after the call button was pressed and was obviously surprised that the baby had been born, heard what happened, and recommended a pediatrician come take a look at him (this is also captured on video) then helped me to the bed.

The midwife seemed distant over the next hour or so, and didn't answer my husband and I's questions about how common that is, what happened, etc. "Speedy vaginal delivery" was written in my baby's book, not a medical term, which didn't yield results when we googled it. It was my husband, not the hospital, who explained the term precipitous birth, and the internet told us how rare it is and that if I had it one it's likely I'd have it even faster for future babies. The hospital never at any point during my stay explained this to me.

We had good medical care, me with my stitches and my baby with ensuring there was no trauma from the fall. But there was no debrief offered to me until I pushed for it over the next couple weeks and finally got a debrief appointment two months after the birth. I had PTSD symptoms my second night at home, startling awake and having flashbacks of imagining my baby hitting the floor, and spent hours after waking googling precipitous births. I also never felt that endorphin high and overwhelming love, possibly because of the stress immediately after birth rather than the relief and relaxation?

The midwife clearly needed more support. If there was extra staff she could have offered me a dilation check. The bath could have been ready much earlier (which would have made the entire situation different - it may have slowed things down, it may have reduced my tearing, and it definitely would have stopped by baby from being dropped onto the floor), and most important the midwife could have stayed in the room and sent someone else to get the thermometer probe, and I would have had a medical professional in the room when I had my baby.

I have videos and an incident report number from the hospital if required for followup.



**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

We are moving to Flinders Island but put that off until after pregnancy, birth, and up to 5 week appointments specifically because of the access to care in Hobart vs Flinders Island. There is no pediatrician on Flinders, and I have heard Launceston hospital, where Flinders Island patients get medevac'd to, is full of drama on the wards and poor patient care.

**(h) are the current legal and regulatory settings sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I don't think so, I think in my case it was all about staffing and consistency of care and not having anyone



in the hospital who knew me, or knew how important the bath was to me.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Staffing. Even ward assistants who are able to take the pressure off the nurses.

**Name (optional):**

Courtney

**Date of labour/birth/postnatal trauma (optional)****Hospital/care provider/birth place (optional):**

Launceston General Hospital

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Yes
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	N/A
<b>(e) "informed choice" in maternity care</b>	No
<b>(f) "continuity of (midwifery) care" in maternity care</b>	No
<b>(g) information regarding maternity care options prior to/ during care</b>	No

**(Space to explain any of your above answers):**

My first child resulted in an emergency caesarean. The labour and birth itself was a long drawn out process and the midwives kept pushing to avoid pain relief. By the time I was about to be given an epidural it was too late and the baby was in foetal distress so much that the birth resulted in a Category 1 (so I found out 4 years later) life or death mother or baby (in our case baby). I recall feeling so spaced out on the table and dosed up in pain killers I could not lift my arms to hold my baby that was just pulled out of a cut in my belly. My partner held her for what felt like eternity. However prior to this, when pulled out, her 1 minute apgar score was 2. I recall seeing a purple baby with hands out stretched making no sounds at all and was wondering why there was no crying. It felt like forever. Post birth I had a midwife who was extremely dismissive of me and would only "support" me when my partner was in the room. She also did not give me The information about my surroundings, breakfast and lunch times etc and the hospital booklet until I was checking out 5 days later, which was no point by then. We stayed in hospital 2 extra days than required as my baby had extreme jaundice.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I'm surprised we now have 4 kids. The last 3 were all VBAC as I was adamant I was not having another c section and if I got the same midwife I would've been asking management to move me. Having had the experience I did with the first time around, I was stronger and more determined to do what was right to and for me than to succumb to what the midwives thought was right for my own body.

**Your birth story (optional):**

First section. Midwife for my post birth care was named Judy. I will never forget her short brown hair and glasses and extremely dated way of treating me compared to my partner.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

Discrimination amongst types of women is age, first time mums, those with ethnic or diverse backgrounds. Much trickier in regional areas as our clinics are limited and it can be really difficult to be seen in LGH due to time, staff and finding parking locally.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No, they are not. I made a complaint initially in 2016, nothing really came of it as I was too busy adjusting with a newborn and could not continue to make phone calls to provide information.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Im not sure what options are out there or what others have done but particularly for first time mums who go in with a mind set on something else, let them change their mind if they don't feel right and listen to them.

**Name (optional):**

Crystal [REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

RHH

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	N/A
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	No

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

PTSD

PPD

Depression and Anxiety

**Your birth story (optional):**

I had my water broken roughly at 6 am on [REDACTED] at the RHH. I labored to 10cm but had complications and needed to be anaesthetized to give birth to my baby. After returning to my room, I received the heartbreaking news that my beloved grandmother had passed away while I was giving birth.

Our baby had difficulty feeding, and the midwife suggested inserting a feeding tube. When I asked if the procedure could be done in our room or if my partner could accompany her, the midwife initially refused. After insisting, my partner was allowed to accompany our daughter to the room across the hall, but he felt he was pushed to the corner and couldn't see anything.

I requested a shower and was told by the same nurse as above that "I was pushing it". After the traumatic birth, the death of my grandmother, and the treatment I received from a particular midwife, I felt like I was at risk of postpartum depression (PPD).

It's important to note that I gave birth on [REDACTED], and the maternity ward was not busy, as confirmed by multiple midwives. Once my initial midwife clocked off, the rest of my stay at the RHH was perfect

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I made a complaint to a different midwife who gave me a form to fill out, but unfortunately I did not remember the midwife's name that made my stay horrific.



Name (optional): Emma

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional): Royal

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

(Space to explain any of your above answers):

Coerced into having the fetal heart rate inserted into child's head.

(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)

Seperated from child's father , more mistrust in system. Breastfeeding low supply , undue stress

Your birth story (optional):

Refused water birth , shower broken , missed the cord around baby neck - nurse coerced partner to insist on FHM.

Massive bloodloss.

Refused to allow me to take baby out for fresh air. Harassed me over vit k.

(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):

Birth is a woman's super power not a medical procedure, failing to empower women and provide a safe space to birth.

Poor staff training and fear of being sued

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No , I received a perfunctory, sorry you felt that way letter.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Better education of mothers that birth is a natural process we are built for. That it is the most incredible experience- not something to be feared

**Name (optional):** Emma

**Date of labour/birth/postnatal trauma (optional)** [REDACTED]

**Hospital/care provider/birth place (optional):** Royal Hobart Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

Multiple people entering my room during labor without my consent. Doctor being forceful and impatient without clear communication and completely ignored my birth partners presence. Was not allowed a water birth despite being told otherwise by multiple midwives and a cardiologist

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Nightmares and fear/hesitant for future pregnancies and care in hospital

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Universal level of care throughout staff. Following patients wishes regarding birth unless putting birth parent or baby at risk. Sufficient pain relief for recovery period without judgement from doctors. More up to date knowledge for lactation consultants. Not taking babies unnecessarily to NICU unless they are sick and providing bedside care to babies so they can remain with their parents.



**Name (optional):**

[REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Latrobe hospital, obstetrician

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	N/A
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

The obstetrician told me that women cannot consent in labour, and that as long as he follows hospital policy, he won't 'be in trouble'.

After I declined the ultrasound, he asked if I didn't want to make sure that the baby was 'still in there'. I was 30 weeks pregnant.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

This has added to the long list of reasons I cannot trust the majority of obstetricians anymore. I have anxiety and panic attacks when I got to the hospital. I am worried that if anything ever happened at my home birth, I would be too scared to go to the local hospital

**Your birth story (optional):**

I ended up having a home birth and not having a to go to the hospital

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

Pretty much everyone in Tasmania lives regionally. We cannot choose the hospital or the Dr. If I ask for a different OB they say that you get who is there.

There are barely any home birth options and there is no birth centre near me. A lot of women are forced to free birth or go to the hospital where the caesarean section rate can be as high as 80% and informed consent does not seem to be in the vocabulary

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Clear birth legislation, clear repercussions for providers who do not abide by informed consent. Easier access for private midwives, a hospital funded home birth program, a birth centre for the north west

**Name (optional):** Gabbi

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):** LGH

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

Saw a PPM my whole pregnancy with the plan to birth at the Launceston birthday centre however when my blood pressure became higher than my midwife was comfortable with, we agreed to get a second opinion from an OB. Once I stepped foot into LGH, I was made to feel that I was not allowed to leave. I am well studied in my rights and also around all things labour and birth but I still struggled to ask if I could leave and I didn't have the courage to push back against their wishes to keep me in either. My midwife would have been supportive of my choices either way but the hospital staff made it very clear they were not supportive of anything other than staying in hospital.

My answer yes to question b, mainly relates to the poor communication I received from the staff at LGH. In the beginning once I had agreed to receive an induction, I wanted a lot of detail in what options of pain relief would be available. I explored every possible option so I knew what was available to me. I was told I could use the shower during labour if I consented to the scalp clip on babies head for monitoring. When the time came that I requested the scalp clip so I could use the shower, all of a sudden it was no longer an option and quote "had never been an option" as they didn't have any waterproof monitoring system in the hospital. This factor played a huge impact in how I experienced my birth and I still hold a lot of anger and frustration towards this situation.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

I live on Flinders island so there are a HUGE range of issues in accessing maternity care. Cost and accessibility are certainly two - antenatal appointments require time off work, flights, accomodation, generally car hire plus eating expenses. We only get reimbursed a portion of the flight cost. Anyone else would simply be able to drive home after their appointment. Then when it comes time to birth baby, we are required to move away from our home at or before 36w gestation, stay in an uncomfortable living situation that is costly and are isolated until we have the baby and can return home. The 36w date applied to everyone, even those who have a history of carrying beyond 40 weeks. So those who have longer gestations could end up spending 2 months away from home. Spending such a long time away from home isolates and disconnects women and families from their community and is also far from the comfortable labour inducing surroundings a pregnant women should be granted.

I also know many people on the Furneaux Islands would like the opportunity to birth on country yet we aren't granted that choice.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Absolutely not. Women need to have safe accessible continuity of care that aligns with their values. The hospital staff are so overworked they are unable to provide that. More funding and legislation should be created to protect the powerful and important work that PPM do. And more support of the PPM industry may lead to more midwives wanting to work in this model of care which would have a flow on affect for birthing families and significantly reduce birth trauma



**Name (optional):**

Genevieve

**Date of labour/birth/postnatal trauma (optional)****Hospital/care provider/birth place (optional):**

North west regional hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

Felt very rushed and clinical during all antenatal appointments .

Saw different midwife's and doctors each visit ,none who seemed to care about me as a person .

Contradicting information and risks associated .

Felt forced into an induction and stretch and sweep even though it was against what I wanted .

Was pressured and told my baby would be stillborn if I went over 40 weeks by an obstetrician who wanted me induced .

None of my wishes were respected and all my choice and rights felt taken away .

I have given birth in 3 different states (NSW,QLD and TAS)

Tasmania was by far the worst birth experience and were so far behind in women centred care compared to the other states .

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I think about it often .

My voice and choice were taken away from  
Me that day and I haven't healed from it .  
My first moments of my sons birth I barley registered because I was in shock .  
I couldn't bond or experience that moment because I was so traumastised by the pain I had just  
experienced .

### **Your birth story (optional):**

I was pressured into having an induction as my baby was measuring small .  
I refused and induction at 38 weeks and the obstetrician said I was putting my baby in danger and it could  
be stillborn .

The midwife's pressured me into having a stretch and sweep at 39+5  
But all it did was make me have a start and stop labour over 4 days .  
My other births I had gone into labour naturally and progressed .

I went into hospital on [REDACTED] as I wanted them to check the baby as I was having mild  
contractions on and off .

Unfortunately for me the obstetrician who wanted to induce me a few weeks earlier was on and  
immediatly started to say there was a concern on the ultrasound I asked her to tell me what to which she  
couldn't and was very vague .

She told me I was to stay at the hospital and not go home and that she wanted my baby out within two  
hours .

I said no and she pretty much said my baby could die .  
I asked her to break my waters as I was already 3cm .  
She said no they wanted to induce me to make it quick and that it was the only way or an emergency c  
section .

Again I asked why and she said the baby was to small and I said it could be wrong .

She told me they would put a drip up and evening would be okay  
I told her I wanted to go into the bath and she told me no .  
I would have to stay on the bed and be monitored .  
I told her to wait for my husband but she said there is no time to waste .

I asked for a second opinion to which she said there is no other doctors to get another opinion.

In the end they started the sentocin drip without my husband there  
The cannula had to be repositioned 3 times whilst in strong labour .

I progressed quickly and was in the worst pain of my life more pain than any of my other 2 labours .  
The drop was up to high that it caused me to have back to back contractions with no break my uterus was  
overstimulated .

I asked for gas which I got but they kept turning it down and I asked why but no one would tell me .

I was never respected or informed about the severity of the induction  
They knew it would be very painful .  
I just felt like pushing but had no control because of the sentocin being so high .  
I pushed my son out in one push and had a second degree tear .  
My labour was 1 hour and 45 mins all up .  
I felt in shock from the pain and fast birth .  
My baby came out perfectly healthy and weighing 3kg just like I said he would .  
The obstetrician had nothing to say when I said see he is fine I told you he was going to be .

The midwife's were just clinical and never seems to care I felt like the whole experience was just a

conveyer belt.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Prejudice and bias

So many agency staff and overseas staff .

Not enough Trauma informed doctors and midwife's.

no birth centre or alternative birth options like a public home birth team .

No GP shared care

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No .

It's very complicated and hard to access and understand .

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Birth centre options

Public funded home birth

GP shared care

Trauma informed care

Midwife university course so Tasmanians stay here and study



**Name (optional):** Georgia

**Hospital/care provider/birth place (optional):** Launceston General Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Short term, I dealt with vaginismus, intimacy issues with my partner, and post partum depression. The first few weeks of my daughters life I was in a state of shock, and frequently experienced flashbacks. I thought about her birth every single day for about a year.

Eventually I got EMDR therapy at my own expense. While I finally feel that the horror, shame, and anger of her birth is behind me, the rage I feel towards this broken system, and the grief I feel when I think about my initiation into motherhood, will never leave me.

**Your birth story (optional):**

From the moment I arrived at the hospital, I felt they were cornering me into doing things their way. They would not take my birth plan when I tried handing it to them, and I argued with them for 2 hours for access to the birth pool (with contractions coming every 2mins).

I said I didn't want monitoring. They pressured me into intermittent monitoring. I said I didn't want to be hooked to an IV. They coerced me into a hep lock. And no, they did not allow me access to the birth pool, claiming my high BMI was a safety issue, despite me pointing out that they had no legal right to stop me (they just stared silently when I said this).

They interrupted constantly, slowing my labour, and there was a distinct lack of support. I was ultimately coerced into getting an epidural.

Then, when I was eventually fully dilated, they got me to hold my breath whilst doing coaches pushing. I



knew this was totally wrong for my body and my baby, but I went along with it in the desperate hopes that if I pushed with all my might, maybe I could get my baby out quickly and avoid any further sabotage.

Unfortunately, I was not able to do this. Apparently my baby was having decelerations that they found non-reassuring (though there was no mention of the extent of this in my notes, no mention whether it was an emergency).

I had already been told by a young midwife that the OB had me on a "time limit". This midwife was trying to help me avoid further sabotage as she knew I wanted a natural birth.

The Ob briefly started saying that she wanted to try a ventouse/forceps delivery, and began outlining some of the risks. Before she could get more than a few words out, I had another extremely painful contraction.

Next thing I know, the room was FULL of strangers, and they were beginning the ventouse procedure without consent. It was EXTREMELY painful. I was screaming for them to stop. They just ignored me. I was crying, frantic, looking to my partner (who was also crying) and screaming "THIS IS WRONG". They continued regardless, and when the ventouse failed they moved onto forceps.

After they pulled my daughter out and placed her on my chest, I was sobbing and begging her to forgive me. I felt like I had failed to protect her. They continued to ignore me and tried making chirpy comments to "brighten" the mood.

After they stitched me up, the room emptied so quickly. It was like they came, they traumatised us, and then vanished. My daughter was born at 8.15pm, and they didn't wheel us round to maternity until sometime after midnight. I have no idea why it took so long.

The next couple of days on the maternity ward, it seemed as though none of the midwives even knew what had happened to us. One midwife saw me crying and asked if I wanted to talk. When I told her what had happened, she made excuses for the OB and was dismissive of my experience. We left as soon as possible, before I was really ready to physically.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

In my case, being plus size was a big part of my experience. I felt dehumanised and stigmatised throughout my pregnancy and birth.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I was never brave enough to make a formal complaint. If I were to, I would go to APHRA. I would want to OB responsible to have some sort of repercussions for her actions.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Continuity of care with midwives for ALL regardless of risk level.

And individualised care - treating people as WHOLE people, and not just a set of numbers and measurements.

Access to midwife supported homebirth to anyone who wants it.

Training obstetricians in physiological birth. And teaching them to sit on their hands unless absolutely necessary.

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):**

Gore Street Clinic, Royal Hobart Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

My baby was taken from me at birth. My first memory of labour was my waters breaking in the middle of the night, my second is waking up on a guernsey alone and cold, third is getting in trouble when I went looking for help and made a bloody mess on the floor... 4th is being on the street 9 days later. No memory of labour, birth, sore breasts, episiotomy treatment, hospital food.. care.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Anxiety Depression PTSD

**Your birth story (optional):**

No memory

**Name (optional):** Grace

**Date of labour/birth/postnatal trauma (optional)** [REDACTED]

**Hospital/care provider/birth place (optional):** Royal Hobart Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

One doctor who completed two vaginal examinations felt really uncomfortable compared to others. She was abrupt and had no bedside manner. It felt like she was pushing the baby up further (baby hadn't been engaging in pushing stage).

Baby delivered via ventouse in theatre. This was awful with legs in stirrups, epidural topped up so I could no longer feel contracts or move my lower body, bright, bright lights. Felt really terrifying especially as I was being prepped for an emergency caesarean.

I accessed MGP halfway through pregnancy due to new employees having capacity. So my care didn't have continuity until then.

I feel like the midwives should go through birth mapping together and discuss each instance something may happen and why and what I would want/consents before labour. As a first time mum, even though I tried to prepare for all eventualities, I didn't feel equipped when the time came to understand my options. I felt I was told to choose this or that, rather than being offered options and feeling like I could say no. I felt like my birth map and preferences didn't really mean anything at the end of the day to the hospital system.



**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I was really emotional for the first month and still feel emotional about my birth. I'm disappointed that I was pulled out of my zone and forced into a cascade of events that I never planned for (were not in my birth map), that didn't seem necessary given myself and baby were not at risk or showing signs of distress and that I felt my choices were taken away. I feel very sad that I didn't get the birth I wanted and that the doctors intervened.

**Your birth story (optional):**

I was labouring in hospital from about 3am - 12:30pm when my waters broke. Was able to do this with just my partner and midwife. Around 5pm, doctors intervened and said they needed to do a vaginal examination to see where I was (I'd been refusing one for a few hours as was in my birth map). I ended up agreeing and was told I hadn't progressed from when I first came into hospital. I lost control at that point and was really tired. Eventually was convinced to have an epidural to rest and oxytocin to get things moving. I forgot to ask what if we did nothing (brain acronym) what were risks as there was no concern for baby wellbeing.

I asked midwife how long pushing stage normally is on epidural and was told could be a few hours.

Started pushing. 1 1/2 hours in was told they don't let you push past 2 hours. I was willing to try other positions, and baby not in distress but wasn't engaging.

Doctors then came in, all lights turned on and said I needed to be prepped for an emergency caesarean, but if baby engaged in theatre would I agree to vacuum or forceps. Said I would agree to vacuum. I signed all the consents but didn't feel I had any choice.

Baby delivered with vacuum in theatre and with episiotomy (that i wasn't informed would happen). I was so exhausted afterwards, all I wanted to do was sleep and didn't feel I had the energy to care for baby for the next few hours

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Lack of information for people to prepare.

Medical professionals not allowing people to make decisions and reminding people that they can make their own decisions.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I don't think so. I also don't know how to complain.

I requested my birth notes from the hospital, which was really confusing to obtain with legal jargon from the right to information act and cost me money to get access to my own birth notes!

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

More homebirth options within the public system. More birth centres away from hospital systems.

Women given birth are not sick!! More empowerment to women to prepare for birth in discussing all possibilities that could happen and creating a birth map together with your midwife.



**Name (optional):** Holly Bennett (nee James)

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):** Launceston General Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	Unsure
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

As much as I would love to type out all my experience in this small space, I have a 12 page complaint written to the LGH which I have still not received a response for which I would be happy to provide if the people taking this survey would like to reach out which details quite a lot.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

PTSD, PPA, strained relationships, loss of family due to strained relationships, financial losses, permanent scarring and damage to myself.

**Your birth story (optional):**

As above I am more than happy to provide the full experience of you would like to email

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

I believe that given I am in a heavily populated area of Tasmania, white, straight and of a reasonable

background, that if it happened to me it is scary to think what would happen to others that are not as lucky to be in the less marginalised groups of society.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I am unaware of legal settings at this stage but I believe based on me sharing my story nationally with the ABC and still not being informed of there being any specific legal areas to protect birth trauma, that if there is it needs to be shared more openly than it currently is.

**Name (optional):**

Indya

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Launceston general hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Birth trauma, I'm petrified of not receiving the correct after care and am too scared to have another child at the lgh.

I have PTSD from this birth.

**Your birth story (optional):**

I had my son at 34 weeks. It was known I wouldn't carry to full term as I have an incompetent cervix and preventative measures were already from through out my whole pregnancy.

I was given a drug to stop my labour when first presenting. This didn't work but they continued to try for 3 days, it dramatically slowed down my labour but I was contracting and in a lot of pain for the 3 days. On the third day they had to stop the nifedipine as it's a blood pressure medication and it can have serious side effects if taken longer.

The medication drastically slowed down my dilation and I was only 4CM on the 4th day. I ended up walking downstairs and running back up to try and speed it all up.

After returning to the ward I was checked again and was 6cm so they broke my Water.

It went smooth from there until I birthed my son.

He was fine, but my placenta got stuck, they tried massaging, gave me oxytocin to keep contracting and were still unable to get it out. I hemorrhaged and was rushed to theatre losing 2.5L of blood.



They said they had done the removal under ultrasound and successfully removed my placenta. I went back to the NICU to properly meet my baby, they gave me 2 units of blood. I was on no antibiotics or anything. A couple of days later I was discharged home and to come and visit my baby everyday. On the 3rd day I was in excruciating pain and getting lightheaded, I thought I had a bad kidney infection, because my baby was still in NICU I saw a doctor on the maternity ward. He tested my urine and found blood in my urine and come to the conclusion I had a UTI. Gave me antibiotics and sent me home. A few days later i was getting worse, losing weight, I was confused and also very dizzy. I saw the after hours doctor and he called obstetrics and they told me to go straight to maternity ward asap. They had left some placenta in me even after the manual removal. I had a severe infection and had turned septic. The doctor that first done the ultrasound said that they can't tell if it's just infection on the ultrasound or retained placenta so they started 4 different IV antibiotics on rotati on and I was constantly hooked up to the machine. 5 days later they stopped the antibiotics and I went straight back to how I was. They done another ultrasound and said they'd start more antibiotics after I begged them to remove it through a D&C which the told me they'd do before they started the antibiotics. This went on for 2 days before I asked for a new doctor and they had me in surgery not even 2 hours later removing the placenta. A few days later I then ended up with blood clots and I was back in lgh. They gave me clexane injections which helped with that. But after laying in that bed after birthing my son and screaming for 2 hours while blood gushed out from between my legs an in excruciating pain, I am traumatised and petrified to have another child at the lgh. I was begging them to help me and they were just staring at me. I begged for 3 days to have my retained placenta removed with the infection and they just brushed it off with antibiotics

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

The care during pregnancy is acceptable, I'm indigenous and was treated great and helped a lot during my high risk pregnancy. I can't speak for people living rural.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No. I was too traumatised to make a complaint and my anxiety prevented me from doing so, even being told by multiple midwives and nurses to complain.



**Name (optional):**

Jan

**Date of labour/birth/postnatal trauma (optional)****Hospital/care provider/birth place (optional):**

QVH Launceston Tas

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Unsure
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

I was told my son would be mentally retarded, the obstetricians words back then, not mine. Advised I would need a c-section at 36 weeks so I did not go into labour. I knew my son would have kidney problems from a scan at 14 weeks however the words and description used to describe my unborn child was horrific to hear.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

The trauma before and after the birth have had lasting effects to us as a family. Our sons is now 32 and estranged from us and his siblings.

**Your birth story (optional):**

Having a c-section planned for reasons above, my son was whisked away even though I was awake for the birth. I did not get to see him or touch him. He was taken straight to Royal Hobart hospital and I was given a Polaroid photo of him during the night. I was in a ward with other mothers that had given birth and had their babies with them.

The next day I was taken in the back of an ambulance, a 3 hour drive to Royal Hobart hospital to stay there whilst my son was in the neo Natal ward. I tried to bond and feed him but I had no milk as stress had destroyed that. There was no counselling or any advice given. My son was born with kidney problems not mental problems as I was told before birth. He had a kidney removed at 11 months of age.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Hopefully women can be encouraged to speak out about birth trauma and are listened too.

Name (optional):

Jaz

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional):

Homebirth private midwife

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	N/A
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

(Space to explain any of your above answers):

Amazing gold standard Midwife care

(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)

I had a beautiful family present homebirth in water pool at home. It was empowering and the best start to our parenting journey. I couldn't of wished or perused a more perfect way to bring my child into the world. I felt safe and completely in my power. I felt respected and adored.

(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):

It was very expensive to access private midwifery care in order to have a homebirth in Tasmania however as I had a publicly funded homebirth in Alice Springs with my first I couldn't birth anywhere else. It was difficult to budget for the high expense in order to have a safe medical professional present for the birth however we weren't willing to free birth so we just knew we had too. I think the expense and access is a major barrier to women pursuing this option but I'm so grateful I did.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No way! There was no way I was going to subject myself to being disempowered and disturbed during my birthing. It seemed so easy to flow through the few hours of labour at night in order to have my baby in my arms by sunrise. I couldn't imagine the trauma involved with getting in and out of a car, talking to people, let alone all the medical procedures that a hospital has to offer and push as part of their protocol. I felt so scared of being in a hospital to birth, being at home in my own power was the safest place for me.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

More access to home births for low risk pregnancy, more access to continuous midwife care to build trust and connection with your caregivers. Respect for birthing women's power to remain undisturbed and birth as they feel safe to.



**Name (optional):**

Jolie [REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

North west private

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**Name (optional):** Josephine

**Date of labour/birth/postnatal trauma (optional)** [REDACTED]

**Hospital/care provider/birth place (optional):** Royal Hobart Hospital

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Yes
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	Yes
<b>(e) "informed choice" in maternity care</b>	No
<b>(f) "continuity of (midwifery) care" in maternity care</b>	No
<b>(g) information regarding maternity care options prior to/ during care</b>	No

**(Space to explain any of your above answers):**

Constant rotating midwife team who all refused to touch or provide any physical support due to me having covid. I was constricted to the bed very early for cervix checks and a fetal heart rate monitor, neither of which I was told about prior to receiving.

Was told if I didn't consent to pitocin to speed up labour I may be sent home to free up the room for another mother. I have reason to believe the use of pitocin directly contributed to the resulting emergency c-section.

Following birth, didn't consent to NG tube treatment for impacted bowels due to sensory/pain concerns. Junior nurses gave me the tube anyway, then had to be asked 3 times over 30 minutes to remove it.

Throughout this experience I was consistently misgendered and my pain levels disregarded or otherwise openly challenged.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Short term I had significant distress and even struggled taking my daughter to clinic appointments for infant care. I entered psychological treatment at 7 months post-partum and have been lucky to not need to pay a lot for this. However I struggle with the idea of having another birth, the distress of having my choice and agency potentially taken away again by a system that just seems to think trauma a normal side effect of birth. It is not.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Current settings are not enough to protect every birthing parent from trauma. Tasmanian medical providers need re-training.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

I believe people going through the public system should be required AND SUPPORTED to create an informed birth plan prior to birth, which covers those expectations of treatment, setting, and support from the care team. Birth education needs to be more freely offered and more detailed, and focus strongly on the emotional and psychological needs of someone going through the perinatal and post-partum period.

Name (optional): Kate

Date of labour/birth/postnatal trauma (optional) [REDACTED]

Hospital/care provider/birth place (optional): LGH

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)

We have encountered far more financial costs associated with my birth injuries than we ever thought we would, and many of these are ongoing - regular physio, pelvic floor physio, women's health GP, private gynecologist, medications...it doesn't end.



**Your birth story (optional):**

I was approved and scheduled to have a c-section, but my waters started leaking the day before my scheduled c-section. The OB on duty was more interested in talking me out of my birth plan rather than establishing how far into labour I was. I waited in a bed, unchecked for hours by the OB, a midwife came in a couple of times only to laugh at me when I said I thought I was having contractions (she said if I was really in labour I wouldn't be talking to her, I didn't need pain relief, just heatpacks).

I ended up having a vaginal birth, too late for pain relief or c-section (despite waiting in a room for hours with ample opportunity for atleast pain relief).

I suffered a 3B tear, pelvic organ prolapse, dislocated tailbone and due to the speed and lack of control in labour my son came out too quickly and he ended up having a NICU stay on oxygen for two days.

Eight months down the track and my mental health is still suffering, I lost precious time with my baby in the newborn months due to the pain I was in and am still back and forth with appointments trying to sort out my body and pain.

I am yet to receive a response from the hospital with regards to my complaint.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I wrote my complaint to LGH, but also copied in Premier, Minister for Health and some local MP's.

I have been told that my complaint is going between LGH and Minister for Health at the moment, though I am yet to hear from either myself.

The most support I received were from female MP's.

Name (optional): Kelsey

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional): North West Regional

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

I think continuity of care is critical pre-Labour, during and post partum, a shared understanding of consent and consistency of approach with midwives in explaining the options for mothers as opposed to their personal preferences. Otherwise their preferences are taken as gospel which can contribute to anxiety or feeling judged about 'what is right', versus options that work for women.

**Name (optional):** Kimberly

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):** Burnie

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

My midwives were 10/10 amazing. I had disappointing care from a doctor who made me feel stupid (I wasn't- I had completely educated myself on my options). He spoke to me like a child to talk me out of what I wanted (I wanted 2hrs after my waters were broken to see if I could start contracting without syntocin).

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I had no birth trauma. My birth plan was respected completely and I received amazing information in the MGP to prepare me for birth. I have the opposite of trauma- I feel empowered and strong from my birth and I can't wait to do it again one day.

**Your birth story (optional):**

MGP, GDM (diet controlled), induced at 41+5 (my choice). Natural labor, gas only. Grazed (no sutures), established labor of 5hrs. Birth plan was no epidural, no coached pushing, delayed cord clamping, 2hrs immediate skin to skin, no help for breastfeeding (that's the gist of it). EVERYTHING went to plan except I required continuous CTG so I was unable to have a water birth. Every midwife who entered my room read my birth plan and respected it. I was so happy with the care I received, was only that Dr that made me feel like a child.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

My friends who have had birth trauma had epidurals without understanding the cascade of interventions that an epidural risks commencing.

I've also noticed that GDM often means OB care (no option for midwife care), and no opportunity to talk about birth and to make a birth plan. Also not preparing for birth, eg spinning babies, to get babies into optimal position for a vaginal labor.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I am unsure of this sorry

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

I wish MGP was available to anyone who wanted it, EVEN medium-high risk pregnancies. Continuity of care is the best model of care.



Name (optional):

Kim [REDACTED]

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional):

Launceston General Hospital

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Yes

(Space to explain any of your above answers):

We had a midwife who would come in complaining and gossiping about other new mums in the ward. She made us feel so scared to share the issues we were having with breastfeeding in case she would belittle us also. We were first time parents struggling and did not have proper care, empathy or respect.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

We were told induction by balloons would be the best. It was the most painful, embarrassing, humiliating, uncomfortable and after the 12 hours did not even work. I felt completely violated and since have not been comfortable with anyone down in that general region, including intimate with my own husband.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

Empathy, patience from experts. We are not experts in medical or pregnancy terms. I felt silly for asking basic questions and in turn making the correct choices for myself. Most doctors treated us like a waiting line of livestock. No real care or explanations. Some (not all we had 2 brilliant ones!) midwives seemed so over it and quite harsh/belittling.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Not sure

Name (optional):

Lara

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional):

Launceston General Hospital

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

(Space to explain any of your above answers):

I was diagnosed with COVID-19 on [REDACTED]. I went into labour the next day and unfortunately I was the first woman to birth Covid positive at the hospital. I was left in the car in labour for an extended period (approx 30 mins) while they had to get enough staff to escort and lock down the hospital to walk me in (1 cleaner, 1 security & 2 midwives all completely gowned). I was told I was unable to have my husband at a C Section if it was needed and very limited in my care. I had such a long and poorly managed pain being at the hospital for about 8 hours in active labour absolutely exhausted. Some of the staff were amazing but so limited by the non existent policies and decisions being made on the fly

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I spiraled into very bad PNA which ended with my son in a loop of ridiculously poor sleeping and eating to the point where he cried all day every day, we ended up admitted to the Mums & Bubs until when he was 4 months old for "maternal exhaustion"

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

Limited resources and no forward planning in "regional" areas like LGH.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No I didn't. I wasn't in the head space to



**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Launceston General Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	N/A
(g) information regarding maternity care options prior to/ during care	Yes

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Dreading when people ask how the birth was. Not wanting to be in social environments because of this question. Anxiety sets in. Questioning if I want to have more children because of the horrendous treatment I received

**Your birth story (optional):**

I had the "on-call" doctor I had never met. This was very confronting when arriving at the hospital in labour. I am a private patient and expected my doctor. The doctor I had did not care about me, my care or my treatment. I felt scared and unsafe. He did not enquire about my birth plan at all. Every internal examination was extremely rough, and he did not change his approach everytime I voiced my pain or uncomfortableness. He processed to break my water when he hadn't answered my question as to why they needed to be broken. When it came time to pushing, I was doing fine with just my husband and midwife in the room until the doctor came in. He said if the baby isn't out soon "I'll give you a hand", he did not elaborate on what this meant. The midwife said vontouse only after I asked what that meant. He proceeded to use a vontouse without explain the process or risks involved. He threatened me if the baby wasn't out within 20 minutes "we will go upstairs", which I assume is to theatre for a c section, because he did not elaborate. This was not an emergency situation at all. I pushed my baby out within 14 minutes of being so scared. After baby was out I could feel pulling, and the placenta came out and I jolted because I wasn't expecting that because the doctor wasn't communicating anything to me. Then the midwife in the room told me that the doctor had made a cut and that I would need stitches. He had given me an episiotomy without my knowledge let alone without my consent! I could feel the stitches, so painful. But

worse than the stitches - he was shoving gauze into me, I guess to soak up the bleeding, shoving it in violently. I voiced my pain but he said nothing and kept doing what he was doing.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I have sent my complaint to the LHG feedback department. They say it takes 35 days for a response but could be more. After almost 2 months, I followed up what was happening as I had not received a response. The response was they were waiting for a response from the Clinical director of woman's and children's services. And that was a month ago. So 3 months and nothing.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Feedback to be taken seriously and have a third party do the investigating. Hospital can not be trusted to investigate themselves

**Date of labour/birth/postnatal trauma (optional)**

██████████

**Hospital/care provider/birth place (optional):**

Launceston general hospital

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Yes
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	No
<b>(e) "informed choice" in maternity care</b>	Yes
<b>(f) "continuity of (midwifery) care" in maternity care</b>	Yes
<b>(g) information regarding maternity care options prior to/ during care</b>	Yes

**(Space to explain any of your above answers):**

A midwife that I had named █████ treated me very poorly. She yelled at me when I was unsure why my baby was crying. I asked for a container to put some expressed colostrum in from a different midwife and she stood at the door (within view) saying 'I am surprised she even needed it' and rolled her eyes. She was being rude about the fact my husband went home to have a sleep. She also refused to take my baby for a short period of time while I tried to sleep post caesarean even though this is commonly done at the Launceston general hospital.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

This experience is something that I will never forget this. I have since had another baby and I was very scared prior to going into hospital that I would have this midwife again. This would keep me awake as I was panicking. The midwives that I had with my second baby were exceptional! They specifically wrote on my notes to not allow that midwife near me to help heal the trauma.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

I think that the Launceston general to not take complaints seriously.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

We made a complain through the correct channels however this midwife is still working there.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Midwives should be assessed frequently on their treatment of patients. Complaints should be taken seriously not brushed under the carpet.



**Hospital/care provider/birth place (optional):**

Launceston General hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Unsure

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I have flash backs, and I wish things were different. I hate my birth.

**Your birth story (optional):**

I have birthed 5 babies, 4 are living. 1 birth was peaceful.

My latest birth was in 2020. I planned a homebirth, but covid happened. My plan to have husband and midwife wasn't allowed. Only my husband.

My hind waters had broken and was 5cm when I arrived. They broke my waters and said I needed constant monitoring. I asked if I would get a break. I did not for the whole 12 hours. I even had people on their shift lying on me holding the monitors. I was denied a shower, there was no gas. No escape or relief.

I was pushed for hours to have a clip on babies head. I refused until I couldn't. I ended up saying do what ever the fuck you want. I had pain relief just to just escape what was happening to me. I was on my knees for the whole time. I couldn't even move to where it was comfy because it interfered with the monitoring.

No one reminded me go to the toilet until they said i should be pushing by now, they ran 2 bags of fluid.

When it came to push I couldn't, my bladder was too full. And the constant internals were hell, I have never had so many internals.

This is not the birth I wanted. Birth is supposed to be beautiful and I am supposed to have a choice in what I want.

They used fear. They said I had sepsis. We discharged ourselves in the morning. No one came and checked on me in the night or offered to help me with feeds. I expressed and fed with a syringe myself.

Bloods from the placenta got lost, so baby needed a blood test.

I did get my notes, but they were very vague. I didn't think it was worth pursuing further.

My homebirth midwife's were wonderful. Supported me post-partum also.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

I think that birth trauma happens way too often, and it doesn't matter who you are.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No, there is not enough protecting what we actually want as women.  
No means no. My body my decision.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

More holistic midwives, more homebirths available. Let's break away from the hospital system unless it's needed.

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Launceston General Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

I experienced extremely disrespectful behaviour from the doctors while I was in labour, they had no regard for a labouring woman and would walk in and speak as if they're having lunch with their mates. Even when they were asked to be quiet and respectful they continued to behave that way. There is a complete disregard for women being entitled to know and understand the risks and benefits of various options, the hospital communicates things in such a way that make you feel like you don't have an option, and in many cases, women don't understand they have options so therefore succumb to the intervention cascade which ultimately leads to higher rates in C-Sections which the LGH has one of the highest rates in the country yet their staff somehow are unaware of this. Lovely people, but the system is SO broken!

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I had huge issues with my c-section scar and was not told of the importance of gentle massage of the scar area to help with healing. I had issues right down to my ankle because tissues etc were fusing together. I was so determined to have a natural birth for both of my children but the hospital in general, is not empowering of women, way too hands on, always wanting to interfere, being pushy and bullish, and the outcomes are so poor. Not to mention the breastfeeding issues, the statistics are astonishing for women who are able to continue breastfeeding after they've left the hospital. I've heard so many stories of women who are just utterly confused by the ample and contradictory advice given by the various medical practitioners who come and see you. A friend of mine gave up completely because she felt so invaded when a rude old midwife physically grabbed her breast and was trying to milk colostrum out of her, that's abuse! I also sought so much help with my first child because I was desperate to breastfeed but none the

less I wasn't able to because of the lack of support. Second time around I sought external support, the advice was completely the opposite of what I received in the hospital and I'm still breastfeeding today 2 years later. I've always been heartbroken about my first experience.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

I don't even know where to begin on this. It's not about that, it's about the lack of correct information being given to patients, the bias nature of the information that is given, and the lack of understanding about women and birth.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

This question doesn't even make sense?



**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Launceston general hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

I was 19 years of age and was induced 3 days prior to the birth of my son. For 3 solid days a doctor preformed many first time procedures (never before preformed in the Launceston general hospital) on myself to bring my labour on faster. Many in front of students and other doctors/medical professionals without my consent.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I did not feel comfortable enough to have another child until 8 years later and felt I had enough of a voice to plan my birth fully before it happened.

**Your birth story (optional):**

I was 19 years of age and was induced 3 days prior to the birth of my son. Gestational diabetes. For 3 solid days a doctor preformed many first time procedures (never before preformed in the Launceston general hospital) on myself to bring my labour on faster. Many in front of students and other doctors/medical professionals without my consent.

It only stopped when the doctor was taken of the rotation and another female doctors replaced him. I was rushed to have an emergency C section because my fetus was in major distress.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

I can only comment from a young persons perspective. Lack of informed consent for young people. I was treated as if I was a burden for being young and having a child and felt at times I had information withheld out of judgment of my age.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I made a complaint to a midwife but was told that I needed to put my energy into focusing on mine and my babies recovery.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

I would like to see more reproductive information given to young parents. More concealing options for those that haven't already experience trauma. More legislation for doctors around consent when dealing with young people.

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Launceston General hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	Unsure
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

Dr did not listen to me when I knew something was wrong when I couldn't push daughter out. She came in and I tried to explain to her and she just responded "that's labour love" in a passive aggressive tone. Made me push for another 30 minutes and in effect I began vomiting and peeing blood. Ended up in an emergency c section where they were going to use vacuum but on surgeons examination he said this baby wasn't going to come out any other way that c section and said there wouldn't have been a chance I could birth her normally if I tried. My spinal then also went numb all the way up to my throat and I felt like I couldn't breathe because I couldn't cough up flem sitting on my throat but no one cared and just ignored my cries for help. The anaesthetic doctor did apologise though after and said what occurred to me was a really rare thing.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I'm petrified of undergoing any surgery every again. My birth after this one I was absolutely petrified. Luckily I managed to have a really steady and calm birth for my second time. You are made to feel stupid and paranoid with your first birth but second birth they seem to listen to you more.

**Your birth story (optional):**

As above

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

ptsd which I still have and is why I jumped at the opportunity to fill out this form

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No. Made a complaint and didn't hear a thing back.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Better support. Counselling for prenatal parents



**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Launceston General Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I suffered from PND due to my birth and wasn't the best parent to my child for months afterwards. When I fell pregnant for a second time the entire pregnancy was spent stressed and anxious simply about giving birth and the treatment I would receive.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

As a young parent with my first (19) I felt a distinct difference in the care and information provided to me in my subsequent birth when I was older. There was a level of judgement from the outset with my first pregnancy.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Not that I am/was aware of. I made a complaint about one midwife to my doctor during my birth, was told her shift was about to end and 'if I did the right things' I wouldn't see her again. But there was no follow up.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

A women giving birth should be treated with respect, no matter their age, weight or circumstances. Every woman should be granted the same levels of education and care, whether they can afford to receive private health insurance or not.

**Hospital/care provider/birth place (optional):**

Launceston general hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

First birth. Staff not listening to concerns. Manual cervical examination with no consent. Refusal to remove fetal monitoring band. Insertion of fetal scalp monitoring device with no consent. Disrespectful staff handover pre birth. Second birth, epidural was administered by staff just learning procedure with several observers. This was not discussed or consented too (although procedure was). Insertion took several attempts and caused much unnecessary pain.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

After trauma from first experience it took nearly a decade for me to be able to contemplate having another child. This has definitely limited the size of my family. It has also resulted in depressive symptoms and anxiety.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Staff are over worked in this area and toxic staffing structures are an ongoing and long standing issue in the sector

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Launceston General Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Unsure
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

Poor communication on options, care and supports.

Treated like a number and not a person. Not cared for in the way you should be. We are someone's daughter, sister, mother and treated so poorly and not uniquely.

Not informed or made aware of procedures or interventions.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Financial impacts - no supports for premature births or extended hospital stays.

Physical - unable to be seen by physios, allied health to support postnatal care as system only taking the most urgent cases. Otherwise would have to access privately and fees are expensive.

Emotionally not supportive and cared for. Almost forgotten about. Just another number in the system. Not treated like a genuine person. Birth trauma Emotionally and physically and no supports provide as support worker and mental health are too backed up, unable to support.

**Your birth story (optional):**

Extremely traumatic.

Premature birth.



Little support and care.  
Minimal postnatal follow up and communication.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

There is access available though, limited and not a lot of constant care provided or communication.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Launceston General Hospital Complaints, no response. Head nurse and doctor in charge, no response.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Awareness around premature births, supports available and how to access them or where they are located.

**Hospital/care provider/birth place (optional):**

Launceston General Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

I had adequate continuity of care with my first, but not for my second.

**Your birth story (optional):**

I was induced for my first pregnancy. The midwives were great and things went as they should have. I was offered pain relief and given the pros and cons of each option.

After delivery I was placed in a room with another mother. Her partner who was very ill visited and collapsed in the room. The other woman and her baby were moved, but myself and my baby were left alone. An hour or so later we were moved to a private room as the woman's partner had had gastro when he visited and had exposed us to it.

My son was born jaundiced. They checked his levels and even though they were rising steadily we were discharged. The next day at the home midwife visit his levels had risen too high and he had to be readmitted.

My second pregnancy was a spontaneous labour. I was offered no pain relief, and when I asked the midwife immediately offered morphine and looked stunned when I said no and asked for the gas. I was left for most of my labour alone in the delivery suite with my husband (I was 8cm dilated when I arrived at the hospital). I was given no option as to position for delivery and was made to lay on my back. The midwife was barely in the room in time (she didn't believe me when I said my body was starting to push, and told me to ignore it) to deliver my baby. After delivery I asked for a sip of water which was refused as the midwife wasn't sure if I needed sutures, and if I did whether I would need surgery. I waited 2 hours before a doctor (who was lovely, kind and apologetic) came in to assess me. She was shocked that I had been denied water.

Once we were moved to the ward my baby and I were essentially forgotten about. I received no checks and no pain relief. My baby didn't get her newborn hearing check (they didn't know we were there apparently)

and I had to ask for her basic newborn check to be done. We were on the ward for 14hrs before I asked to be discharged. The midwife was stunned and asked why, and I said that no one had checked on us since we arrived so we might as well go home. She was surprised to see that I had had no pain relief, and was saddened when I said it was because no one ever came by for me to ask for any. She arranged for our discharge and apologised for our neglect. Before we could leave a reluctant and disinterested doctor (intern) came to do my check. She told me to check my own uterus and see if it had returned to where it should be, she didn't want to touch me or be there at all.

Upon discharge I found that one of the forms the midwife filled out for my daughters birth was wrong. The midwife had listed herself as the birth mother.

**Name (optional):** Lauren

**Date of labour/birth/postnatal trauma (optional)** [REDACTED]

**Hospital/care provider/birth place (optional):** Launceston

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

My son was induced 5 weeks early. I was discharged from midwifery care and eventually once my son could leave the nicu to go home i was not informed that because he was pre term he should be seeing a paediatrician from the day of birth.

I did not know this until my doctor mentioned it when i was seeking help for my sons nuerodivergent conditions.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Many years of attempting to get my son up to speed with being a pre term baby that lost out on a lot if early interventions in regards to speech, diet, psychology, occupational therapy.

I now will have to oay out of my own pocket for any extra support he needs because we lacked it in his formative years where an impact would have been much greater than now. I now have to work full time and do not have time to chase down all the supports he needs.



**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

I was originally to be a part of midwifery care where after birth i go home and they visit at home- once it was determined it was going to be a preterm birth, i felt like i was left alone. And with no midwife to guide me into what i do about the best care for my prem baby.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

More aftercare for all births. Especially for traumatic births.

**Hospital/care provider/birth place  
(optional):**

LGH

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Unsure
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	Yes
<b>(e) "informed choice" in maternity care</b>	Unsure
<b>(f) "continuity of (midwifery) care" in maternity care</b>	No
<b>(g) information regarding maternity care options prior to/ during care</b>	Unsure

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Lgh

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	N/A
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

Team midwifery care. Supportive midwives. Induced as broke waters and meconium. Well explained risks. Felt safe.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Availability

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Are women more fragile now then say our mothers generation with higher instance of depression, anxiety and limited family supports?

Are we less resilient and pain expectation low?

I'm a psychologist and I see big instances of women who have a normal low risk birth but are being seen by me who are 'traumatised' by normal.

Women expect to have pain free 'tic tock and 'instagram' perfect births where in fact women are more unhealthy, have significant co morbidities, less family and community support and high expectations about what birth should be not taking into account reality.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Improved pre birth counselling.



**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

LGH

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Post partum anxiety as I was waiting for her to show signs of something else being wrong, her weight and overall treatment in hospital.

Not enjoying the experience with my first born and feeling like that first week was wrongly taken from me.

**Your birth story (optional):**

1. I had a PPH, almost ended in going to theatre. I was told to let them know if this changed overnight. I got to my room at midnight, went to the bathroom at 2am and had a major gush of blood and was standing in a big puddle and still dripping, called the midwife, who basically laughed and said "you haven't had a period in a long time, you forgot what its like to bleed" and told me where the pads were. For context, I'm a nurse , I also care for post c-section patients and have a fair understanding of blood loss.

2. 12 hours after our daughter was born, while she was in NICU, we were told they were 99% sure she had down syndrome and asked permission to send of bloods. In this time she had echocardiogram, constant monitoring (in case something happened), spent 3 nights in there, to then finising out on day 4 that she didnt, she was handed to me, told me something might come up later on in life, and gave me other syndromes as examples, and then the paediatrician left (i was private and opted for private care for her too - in public hospital as its our only choice) and we never saw her again, only registrars, she was discharged from NICu as there was nothing wrong, tried to discharge us from hospital to find out dhe had

lost 17% body weight because they continuously told me she couldn't BF due to DS and never offered bottle top ups or anything.

We ended up in there for a further 4 nights to get her weight and feeding going.

Everything was handled terribly and my experience of my first born was awful.

.This was following a ventouse, episiotomy, PPH and birth injury to my daughter.

I had multiple midwives come in and say oh she'll be fine, i know someone with down syndrome. Not helpful in those first few days

**Hospital/care provider/birth place (optional):** LGH

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence" -

While in labour, I was ignored on multiple occasions, finding myself alone in the room with my partner at the time, and a male student nurse, neither of whom had a clue in how to support me through the transition phase or to recognise my experiences required help. I was left petrified, panicked, and without appropriate pain management options. I was neglected and did not receive appropriate care.

When it came time to push, I was on my knees leaning on the top of the bed, I felt the midwife behind me reach around to the top of my public bone and push down on the outside of my stomach with force. At first I could not speak from the pain, and tried to pull away and push her hand. I managed to say stop but she didn't listen and kept pushing down on my sons head and my pubic bone area with force.

I ended up having a 4th degree tear which required going to surgery. Who knows if this midwife's actions of pushing harmed my son or my body and contributed to the tear. Who knows if the stress of feeling abandoned and alone in a time of life threatening need caused my body to tense up and contributed to the tear. The LGH can prevent both scenarios through proper training though and better bedside manners and staff supervision.

During my night alone not too long after coming out of surgery, my partner at the time had gone home to sleep. As the night went on, my son screamed a lot and I was feeling awful for the woman next to me likely unable to get a wink of sleep. When my baby finally slept I again had a panic attack and told the hospital I wanted to go home. A midwife was horrible to me, told me I was being ridiculous and not allowed to leave. No explanation was given as to why I couldn't leave and I was again left alone with no emotional support. I had read mums could leave 3 hours after delivery prior to the birth and still don't know why I wasn't



allowed to leave but I felt extreme panic. Having been raped as a child and locked in a room, this experience took me back to that place and I still shudder in a hospital environment now 8 years later.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Birth trauma robs you of a lot. The biggest things it took from me was my self-confidence, my feelings of control, my trust in the LGH to care for people, and my overall sense of worth as a person.

The short term affects were a lot of panic, self-doubt, shock, pain, terror,

Long term affects include a loss of trust in LGH, probably PTSD, although undiagnosed, I work in healthcare and over the years have seen the signs. It has prevented me from wanting any more children.

The physical injuries I suffered caused an overall weakened pelvic floor which comes with lifelong complications. It was pure luck I didn't end up with a colostomy bag. The follow up appointments were degrading and I feel very re-traumatising. They were an additional follow up cost and years later having back and pelvic floor issues I am told could have resulted from birth trauma, I have paid a lot of money for gynae appointments and pelvic floor physio appts, having to travel to Hobart as launceston is too booked umout for urgent matters. The list goes on.

**Your birth story (optional):**

I have told parts of my birth story above but shockingly I was never once informed that having a 4th degree tear means for any subsequent births you are at a higher risk of experiencing another tear... The birth above was my 3rd birth and I had already suffered a 4th degree tear in a previous labour. All 3 of my births were at the LGH and all 3 I experienced birth trauma from substandard care.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

As a Young parent, I was treated horribly at the LGH and certainly didn't experience the same disrespect going back as an older mother.

None of the times was I appropriately educated about risks and if I had of been I would not have chosen an induction or perhaps to labour naturally either. I'm not sure but either way I am horrified not to have received proper education on matters that concerned my care and risk to myself and unborn baby.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No the current legal and regulatory settings protect the LGH, not the women from experiencing birth trauma. I know better than to complain to any government organisation as they control the independent bodies too and nobody cares about child sex abuse, or about people abusing women in labour. Tasmania is corrupt and the LGH has a long history of covering up abuse so why waste my time. The inquiry into child sexualising abuse in government settings resulted in a number of recommendations, one of which was closing AYDC down by 2024. Here we are in 2024 with no alternative solutions in site. It's a sick system that appears corrupt from the outside where I am sitting. I have no faith my complaint would have made any difference. I hope my story contributes to change in this instance as most of my friends are in the same boat and I don't know anyone birthing in that hospital that didn't experience feeling out of place or traumatised in some way or another.



**Name (optional):**

Maddy

**Hospital/care provider/birth place (optional):**

Launceston General for birth, antenatal was Mersey and briefly dealt with Burnie before birth

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

I had OBs disrespect my choices in the beginning but after making a complaint they stopped.

After birth, the midwives were fantastic however some I had to ask what they were doing as it wasn't explained (being a first time mum I've quickly realised there's a lot they don't tell you about post natal care).

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

The lack of facilities available to families that have to spend time in the NICU (why would someone want to sleep on a fold out couch a week post C-section with twins is beyond me, however not the staffs fault). Emotionally, I'm scarred and there's a lot I have to unpack. The lack of preparation given to me antenatally considering I was "high risk" and had extra appointments is astounding as I never had a birth plan and was repeatedly told "you won't need one yet". Having children sent to the nicu is one thing but recovering physically, mentally and emotionally is a long process. Most of my trauma comes from pre birth and all the events that happened in the 48hr labour process. It was difficult for my partner travelling between the hospital for work and to visit (had to work as we weren't expecting them so soon and Centrelink made a mistake with my payments so I couldn't decide when to take them) it was hard seeing him having to leave them!

**Your birth story (optional):**

In the Friday I presented to the NWRH assessment clinic and given the all clear, returned on the Saturday as labour had started (33 weeks and 2 days). I was promptly assessed and sent via ambulance to

launceston as NWRH aren't equipped to have before 34 week births. I had twins so I had double monitoring etc which was exhausting but necessary. There wasn't much consultation about what happens if they came etc - it wasn't until after birth any one had explained the NICU etc. birth went well via C-section (my choice of birth however frowned upon by my original OBs). The staff during this were fantastic and I couldn't fault them. Having twins I got my own room as a public patient and I have so much gratitude for that. The next 2 weeks my babies spent in the nicu and I did one week of travelling from out of town due to not driving after a cartoon (stayed with family) and not feeling comfortable to stay in shared accommodation during my recovery. The NICU was amazing and I couldn't fault them however lots of information got lost in transit when they were transferred to burnie special care. The girls here are fantastic but it was difficult at times when they couldn't answer questions about the hospital due to being agency nurses.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Not having proper equipment or training to deal with premature birth on the north west coast.

Not enough information given about what to expect after birth and little support for multiple parents even though we are high risk

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

More scans and appointments as well as after birth support (especially for premature and multiple parents)

**Name (optional):**

Melita [REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Royal Hobart Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

Having birthed two children previously at Hobart Private, I found the care to be just as good, if not better than private.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

No

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Information - lack of it. I have a pregnant daughter currently expecting her first. While everyone is lovely, it's just finding the information of what happens when.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

NA

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

NA



Name (optional):

Mel

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional):

Launceston General Hospital

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	Unsure
(g) information regarding maternity care options prior to/ during care	Unsure

(Space to explain any of your above answers):

Told I don't need an epidural.  
I was told to be quiet whilst my baby was being pulled from me and spoken to like I was being dramatic.  
When I was being stitched after an episiotomy she was very rough and showed zero compassion or care.

(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)

I feel it took longer to bond with my baby as I was so traumatised. I was stitched up terribly and was unable to have sex for 6 months. When I went on to have my second baby the midwife said I had a thick scar from how I had been stitched and would need an episiotomy again as my vagina opening couldn't stretch for my baby to come out.

Name (optional): Michaela

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional): LGH

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	Unsure
(g) information regarding maternity care options prior to/ during care	Yes

(Space to explain any of your above answers):

N/A

Your birth story (optional):

- \* I was given 2 doses of Morphine instead of 1 causing me to have vomiting & be disoriented & causing my daughter to stop breathing after she was born multiple times needing resuscitation.
- \* I was denied an epidural & was then cut with scissors with no numbing while having my daughter.
- \* I wasn't believed when I told them that my waters had broken.
- \* After birth I was found wandering the hallway alone looking for my daughter.
- \* I was only checked on once by a midwife after I had given birth.

(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):

I was a young parent & I feel like I wasn't taken seriously because of it.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I did make a complaint to the LGH & had a meeting with them but there was no outcome they didn't seem to care at all & wouldn't admit their mistake. I also requested & paid for mine & my daughters medical records.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Better Care, More than one nurse at all times.

**Name (optional):**

Michelle

**Hospital/care provider/birth place (optional):**

LGH nurse was last name Large I can't remember first name but she was a very overweight lazy lady

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Yes

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I still have damaged nipples 12 years on with sensitivity and trauma at the thought of breastfeeding ever again. Not that I am ever having any more children. I still have depression and anxiety, both daughters have psychological, and physical issues with I attribute a percentage to what happened to them in the hospital. I didn't bond with my first daughter and this is still an issue today. I also was very withdrawn from my husband too.

**Your birth story (optional):**

I went in at 36+5 days and was told I wasn't in labour as I couldn't be as I was walking around. They checked me and realised I was 9cm dilated. So took me to birth suite. My daughter was born about an hour later. She was 4lbs so very small. They kept saying I must have smoked!! I've never been a smoker in my life. Grrrrrr anyway instead of taking her into the NICU she stayed with me on the ward for 8 days, where I was harassed constantly to breastfeed, I was manhandled and had ladies squeezing nipples when it was obvious I had nothing. I was screaming with the pain it was causing me but I just kept being told I must be doing it wrong. My daughter started losing weight and I felt she was hungry as she screamed a lot but on the 8th day I had this lady nurse that kept whinging that she wished she was still on holidays. I rang the buzzer to let her know that my daughter was still asleep after she had already been asleep for 8 hours with no feed. She said that it was fine and just let her sleep. On the first time she came on she had to take blood but as my daughter was so dehydrated there was nothing so she kept squeezing her tiny foot so much I wanted to punch her.

When the next nurse came in she took one look at my daughter, gave a look that I will never forget and said she was just going to get someone. Next min she was whisked into NICU and put onto all these



monitors and machines. I believe she could easily have died if that second nurse hadn't come on shift. She ended up being fed through a drip thing. The care in the NICU was amazing, the only issue I had was the ridiculous pressure to breastfeed when clearly all that she needed was formula to thrive. They did give her a mixture of milk and hers. Anyway after 3 weeks she had finally gained weight and we could go home. The main thing is at that low birth weight she should have been taken to NICU first. I am still traumatised it took me years to even talk about it and I've never made a complaint even though I should have. I will never forget that nurse though.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

NA

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I didn't complain

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

No idea

**Name (optional):** Mirel

**Date of labour/birth/postnatal trauma (optional)** [REDACTED]

**Hospital/care provider/birth place (optional):** Burnie Maternity Ward

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

Midwife [REDACTED] didn't show a lot of interested in me whilst I was labouring, wasn't helpful and just 'left me to it'. Didn't check position of baby, let me push for an hour and said nothing was happening so then called the doctors. We then realised baby had been face up and I had pushed him around, so lots had been happening! Midwife [REDACTED] got the scissors ready but I convinced the doctor that I could push a bit more and I did. After 3 hours of pushing baby came out without having to be cut. I felt very unsupported by Midwife [REDACTED] as if she really didn't care about me.. I also got stitched up badly and had to be restitched 2 days after. That also didn't go very well, so all stitches were taken out. After 4 weeks it finally started to heal somewhat.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

The fact that I didn't feel cared for by Midwife [REDACTED] who was supposed to be there to help me, guide me, care for me etc. My MGP midwife [REDACTED] took over and really helped me through it all, however couldn't do her job properly due to not being 'allowed' to check babies position which has caused me to waste an hour of pushing.

Also being induces, because my waters had broken but labour didn't start, was quite traumatic. I really wished things had happened out of itself, as my body is made for that. I feel very sad I couldn't experience labour without being induced.

Another traumatic thing was that the epidural didn't do a thing for a good 30 minutes. I think the staff



should be told/know what the impact can have on people with red hair. They react differently on anaesthetics. It's an actual thing!

### **Your birth story (optional):**

My waters broke but contractions didn't start. They wanted me in hospital to be put on antibiotics. They also placed a balloon as my body was not even close to dilation. Balloon stayed in for almost 24 hours. The morning after they started the pitocin and things got pretty rough. By the end of the day I got checked and I was 7cm dilated. I couldn't handle the pain anymore so I asked for an epidural. They gave me the epidural but she didn't work. Half an hour I've been crying on that bed in pain as nothing was happening. They added an extra 5ml through the canulla and after 10 minutes it finally started working. I found out later that it had to do with me having red hair!! I was in absolutely agony. Then it was time to push! My MGP midwife was there but her shift had ended so Midwife [REDACTED] took over. She didn't seem very interested in being there and sat at her desk most of the time doing paperwork so my MGP midwife kinda took over as I was just left on the bed. Midwife [REDACTED] was in charge so the MGP midwife asked if she could check the baby's position but the answer was no (don't ask me why..) so I started pushing. Been pushing for an hour with no result so midwife [REDACTED] rang the doctor. My MGP midwife asked again if she could just check to see what the baby was doing as I pushed but the answer was no. The doctor came in and mentioned the scissors and forceps. My MGP midwife asked the doctor if they could please check the baby's position and they did. They then realised that baby was face up and I had now turned him so lots had actually happened! I told the doctor that I was able to push some more and they let me. Finally, after 3 hours all up of active pushing my baby came put, with his hand next to his face. Unfortunately there was a lot of damage, the inside wall was damaged due to his arm and also the outside. It took the doctor 2 hours to stitch it up as every stitch burst open due to swelling. I lost 1.5 litres of blood. The stitches looked all over the place and quite messy, but they told me it would get better. The day after I had been checked by different midwives and doctors and one said it looks fine, the other said it doesn't look so good. The one said have a salt bath, the other said definitely no salt baths. I got so many mixed messages, it was very confusing. I told the staff that I didn't want to be discharged if things weren't good yet as I live 1.5h drive from burnie hospital. That same day they discharged me only to be sent back 2 days later to be restitched.... it looked so much better after the restitching, however there was so much trauma that it did not heal and things started to look not so good. A week later all stitches were taken out as it just couldn't heal down there. 3 weeks of absolute agony, not being able to sit or walk properly, in and out of hospital with all different information, only for it to slowly starting to heal after the stitches were out. Here we are, 4 months later and it only just starting to feel somewhat normal again. Very traumatic to say the least.

**Name (optional):** Nicole [REDACTED]

**Date of labour/birth/postnatal trauma (optional)** [REDACTED]

**Hospital/care provider/birth place (optional):** Launceston general

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	N/A
(f) "continuity of (midwifery) care" in maternity care	N/A
(g) information regarding maternity care options prior to/ during care	N/A

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I suffered from a 4th degree tear because there was no instruments available to cut me. I also pushed for 3.5 hours.  
I lost time with my baby as i had to have 5 hour surgery straight away.  
I have had multiple surgeries to try and fix the life time issues i now have suffered  
It's been nearly 10 years and i am finally booked to get my sacrel nerve stimulator because i lost all sensation

**Your birth story (optional):**

As above

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I went to the lgh director who now is investigated for frauding death certificates.  
I had a lawer but based on what the lgh was saying i pulled out as it became too much



**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):**

North West Regional

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Yes
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	Yes
<b>(e) "informed choice" in maternity care</b>	No
<b>(f) "continuity of (midwifery) care" in maternity care</b>	Unsure
<b>(g) information regarding maternity care options prior to/ during care</b>	Yes

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Had some very nasty midwives that spoke to my partner like garbage. He was told to 'go hold her hand like a good support person would', after I specifically told him I didn't want to be touched.

He was then yelled out for not swaddling our baby after birth (we didn't know we were meant too since we were first time parents).

We were recording the birth (with our midwife's permission). The pushing then turned into ventouse delivery, and they noticed our phone recording, they threw it & told us "you are not to record an emergency delivery" even though I'd been recording for 2.5 hours and forgot about it (I was more worried about the safety of my baby than my phone).

I was offered no pain relief after delivery when I got back to the ward, even after having 3 stitches due to tearing. I was told they were going to get me some ice pads to help & they never returned with them, nor did I get checked on.

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

North West Regional

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	No
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	Yes
<b>(e) "informed choice" in maternity care</b>	No
<b>(f) "continuity of (midwifery) care" in maternity care</b>	No
<b>(g) information regarding maternity care options prior to/ during care</b>	No

**(Space to explain any of your above answers):**

I had severe hyperemesis and trying to get help was horrible. Medication didn't work and it was till the last month that I was told I could come in for IV bags, by then I was totally wrecked. I didn't gain weight last trimester and got very sick constantly. Had 4 hospital admissions. Had contractions for 13 hours and was ignored. They did stop, but definitely weren't Braxton Hicks and no one checked dilation. I was booked in to be induced without being told. We were told it was an appointment n just on the maternity ward due to it being the weekend. Most of my labour the nurses ran around n told me how I couldn't breastfeed etc cause I was on lithium and the paediatrician had to take bubs as she would have to go to Melbourne.... None of this was discussed at all the whole pregnancy... Not did any staff listen to the fact my lithium dose was massively dropped and well below therapeutic standards, therefore there wouldn't be any in breastmilk etc according to recent studies.

Bubs got stuck and this caused her to swallow meconium. But at the time, when it was realised she wasn't breathing ok and deteriorated in my arms. The nurse kept screaming it was lithium n she had to go to Melbourne. She did end up with heart complications from the swallowing of meconium, but the cardiologist was very clear not from the lithium. I was also refused the ability to breastfeed my child and nurses made clear they objected despite their lack of knowledge around psychiatric care and the level of expense we had gone to to ensure breastmilk was safe. It took 4 days for and a shift of hospital for a lactation consultant to approve my breastmilk for feeding.

This was insulting! It turned out that another drug had been listed on my drug chart that was in correct and nurses had failed to get this correct despite me having it twice daily for multiple hospital visits and the 4 days we'd been in hospital until the mistake was realised.

My baby was put on formula against my wishes due to all this. The treatment was cruel and judgement

was horrendous given how sick our baby was and I had done everything to ensure her safety. It wasn't my fault in the end, purely she got stuck in the delivery and went into distress.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I'm terrified to have another natural birth for a repeat. I still have to defend the fact I did nothing wrong and sought the appropriate psychiatric care to ensure her safety at every step.

All my fears of being judged came true and as she was so sick it was the worst time of my life. Not being able to hold her and having to fight to be able to breastfeed her. Having nurses pass judgement as I tried to hand express to get milk supply in with one nurses help. Putting her on formula was worst case scenario and this choice was made to move her to another hospital because of the judgement of nurses and then took a day to clear that she could have breastmilk.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Rural area. Appropriate understanding of managed psychiatric condition and current information around drug absorption and supply through breastmilk. However free to pass judgement and base of their limited knowledge n understanding. Also forgetting the actual parental rights aspect

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I didn't bother as my daughter's health has had ongoing issues and were have been fighting the improper care from a paediatrician who couldn't even order the appropriate bloods.

We have had no problem with paediatricians or specialists from other hospitals, just north west Regional.



**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

North West Regional Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

Obstetrician did not respect my choices at all, in fact, he saw me making informed choices (and even just seeking information) as a risk. He refused my preferred treatment option (MGP), arguing that it was too risky as I may not agree with the recommended treatment. Having already very limited options in our region (e.g. not being able to choose a hospital for birth), this puts women in a difficult situation. I asked to see a different dr for a second opinion, but they booked me in with the same dr again! I had to insist on seeing a different dr, who then finally got me into the MGP program. The care I received from my MGP midwife was excellent, however, due to sickness and shortage of MGP midwives I ended up with regular midwives during labour. The midwives were great, however, the dr had no interest in my opinions or preferences, I gave her my birth plan, she didn't even look at it, handing it back to me telling me she didn't need it.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

Very limited choices in regards to care, limited understanding of informed or collaborative decision-making, or dr may simply find that inconvenient and disregard a client's choices and preferences. The initial screening for experience of family violence is not conducted in a safe way. During both pregnancies, this has been a horrible experience. That screening midwife urgently needs to be trained in trauma informed care!



**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Complained to the hospital about both my birthing experiences (in both cases I was urged and supported by the midwives to do so). Don't know of any outcomes

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Training for everyone providing care on trauma informed care, including providing choices and empowerment to informed decision-making

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):**

Nwph

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Yes
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	No
<b>(e) "informed choice" in maternity care</b>	Unsure
<b>(f) "continuity of (midwifery) care" in maternity care</b>	No
<b>(g) information regarding maternity care options prior to/ during care</b>	No

**(Space to explain any of your above answers):**

I had a pretty rough csection. Lost a fair amount of blood. Was ignored about my pain (which was internal bleeding) I was sent home to take endone (which I didn't want) I was treated by the dr like a drug addiction for "requesting" endone, even though I didn't want it. My midwife asked for it and it was because I could barely walk because of the pain (caused by internal bleeding) I was bullied by a male midwife on multiple occasions. I was then told in response to my formal complaint, that my complaint card that I filled out was never submitted. So the midwife that said she would put it in the box for me, didn't do that and it obviously was discarded.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I've had extensive therapy, a change in medications, anxiety attacks when returning to the hospital for things, flash backs. It's all been a very horrible experience. I was readmitted 3 days pp for 4 days and put on iv antibiotics, I was shut in my room with hardly anyone checking on me. Because I was so sick my supply had dropped and baby lost weight. Baby fed for 5 hours straight because of this (no one explained that this could even happen) and because I wasn't checked on and exhausted from feeding baby for 5 hours, I fell asleep and dropped baby from the bed. Which gives me flash backs and trauma.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

My complaint was basically brushed aside because me or my baby didn't die. The response from who was

contacted was just saying I lied and there was no evidence confirming what I said was true because no clinical notes were made. So no documentation done.

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional): NWPH - Burnie

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	N/A
(e) "informed choice" in maternity care	Yes
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

(Space to explain any of your above answers):

I received wonderful care throughout my pregnancy, birth and postnatal period where I felt well informed and involved in all decisions regarding the care I received and while I recognize that unfortunately this isn't the case for all women I feel it's important to recognize that not all women have bad experiences when accessing maternity services.



**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):**

NWPH THS

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	No
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	No
<b>(e) "informed choice" in maternity care</b>	Yes
<b>(f) "continuity of (midwifery) care" in maternity care</b>	Unsure
<b>(g) information regarding maternity care options prior to/ during care</b>	Unsure

**Your birth story (optional):**

I was booked in for an elective csection due to baby being breach. I went into labour the day before, very early morning. Presented to the hospital around 0430. They found I was 4cm dilated, baby still breech. I was reviewed by the on call registrar, theatre team was called in and baby was born by 0646, back in my room before breakfast came around. It was an incredible experience and I would 100% choose to have a csection again. I was up and showering that night.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

I believe only having maternity services available at one hospital in this part of the state can contribute to birth trauma for those families who need to travel extended distances to reach the care they need. I used to be part of the on call theatre team for obstetrics at MCH and I know it is a much missed service in that region

**Name (optional):** Penny

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):** Launceston General hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Its an experience that I have never forgotten, I was almost dropped on the floor after a c section. I spent 4 days in labour and continued to say to staff I felt my baby was stuck but was ignored and told no its fine.

**Your birth story (optional):**

I have been left permanently injured from 2 surgical issues and no apologies or attempt to apologise, I spent 4 days in hell in labour then had a c section only to almost be dropped on the floor as they moved me from the table, I was 2cm approximately from my face hitting the floor. I have also had permanent nerve and tissue damage to my ankle from a arthroscopic procedure and while in recovery a physiotherapy person came and removed my cast and fitted a boot to which caused me extreme pain and readmission to the hospital that night and now I have permanent damage and loss of feeling in my foot. No apologies or admission to error and now I live a life of terror from entering a hospital for any treatment.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

Staff need to understand its not just a job and treat people with respect and dignity.  
Affordability and less then suitable working conditions are a huge factor.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No I was not aware on who to address my concerns to and when I asked I got told that its fine.

**Name (optional):** Rach

**Date of labour/birth/postnatal trauma (optional)** [REDACTED]

**Hospital/care provider/birth place (optional):** Home/burnie hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

Planned home birth with private midwives whose car was excellent.

Ended up at hospital after prolonged labour, where one midwife and some obstetricians were verbally unpleasant and physically doing things without consent, introductions or explanations.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Developed postnatal depression which resulted in early days of my daughters life being extremely difficult and breastfeeding issues.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Limited options for continuity of care in the public system and most people not being able to afford private midwives.



**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Absolutely not sufficient. The good people working within the system hold no weight to make change and the ones who are carrying out violent or bad practices get away with it. Got a reply from complaint that they would speak with the obstetrician involved but no follow up or support for me.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Prevention is the best cure. If birthing people were able to have continuity of care without being out of pocket and postpartum support birth trauma would be significantly lower

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional):

RHH

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

(Space to explain any of your above answers):

I felt as if I didn't really have a choice for the birth of my baby . While all staff were lovely and nice to me and my partner, I didn't feel in control at all. I asked for quiet (as possible ) room in the case of a cesarean in my birth plan. Unfortunately I had to have an emergency cesarean, the theatre staff played their own music really loud, super bad early 2000's music. I had to listen to this while watching my baby be resuscitated on the screen above my head while simultaneously vomiting and being suctioned myself . I had nightmares for months with that music playing in every single one of them. It was really traumatic for me, I wanted to die.

I asked why they played music of their own and was told it's to "lift energy and good vibes in the room" I think you should work in a bar if that's the work place you are after.

(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):

I wish that there was public funded home birth in Tasmania . All the other states have it . It would be a wonderful option to have

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

Please see above story

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):**

RHH

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	No
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

My midwife to start with didn't believe in pain relief so refused to give me any. Next midwife came on and gave me 3 different options straight up.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Being induced and still in hospital for 4 nights. No complications until pushing.



**Your birth story (optional):**

Went in the wed got induced (balloon) 4cm dilated early Thursday morning. Didn't get taken to birthing suite till Friday night due to no staff.... Waters got broken instantly strong contractions. Midwife 1 didn't believe in pain relief so I didn't get offered anything. Finally got to the shower contraction after contraction midwife2 started instantly offered me gas. Helped slightly. Back labour and contractions were pretty much back to back. Still in the shower got the 'water shots' in the back. Worse pain ever!! Still back to back contractions so epidural time!!! Finally got the epi and had the drip. Ended up getting the 'epidural shakes'. Could finally relax for abit. 11 hours later I had the urge to push. 1.5 hours of pushing baby and I just couldn't get her out. Midwife 3(amazing [REDACTED]) Decided was doc time. Forceps and lots of tears and rips. Baby was born after 13hrs labour. Got back to the room everything was good. Sunday morning was told I'd be out by 10am (I live rural) 9:30 double checked was changed to 1pm. Was waiting on an injection due to dif blood type. 1 comes no injection no answers to going home but discharge papers completed. 4:30 ask a training midwife that I need this injection my ride had been in town since 10am. She followed up gave me the injection after telling me I had been discharged and noted that I had already left the hospital.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I didn't make a complaint but was informed 6weeks later I should have.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Communication needs to be a little better between staff.

**Date of labour/birth/postnatal trauma (optional)**

████████████████████

**Hospital/care provider/birth place (optional):**

RHH

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Yes
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	No
<b>(e) "informed choice" in maternity care</b>	Yes
<b>(f) "continuity of (midwifery) care" in maternity care</b>	Yes
<b>(g) information regarding maternity care options prior to/ during care</b>	Yes

**(Space to explain any of your above answers):**

During the final hours of a long labour with beautiful midwifery care, had 2 obstetricians come in and the male doctor forcefully suggest a C-section, when I questioned due to no obvious reasons for safety (being monitored and CTG showed babys heart rate was fine)

Was told I was risking the life of my baby , while the other female obstetrician and my primary midwife both agreed that it was safe for me to labour for a few more hours without intervening further.

Male doctor continued to talk over the top of everyone insisting I was risking my babies life, untill we requested he be removed from my care team.

I then delivered my baby 2 hours later with no further assistance.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

No further impacts, however if I hadn't been educated and capable of advocating for myself, then the outcome could have been different

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

Less understanding of the needs of these peoples

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

More continuity of care - midwifery led care.

All hospitals and doc

**Date of labour/birth/postnatal trauma (optional)**

████████████████████

**Hospital/care provider/birth place (optional):**

Royal Hobart Hospital

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Yes
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	No
<b>(e) "informed choice" in maternity care</b>	No
<b>(f) "continuity of (midwifery) care" in maternity care</b>	No
<b>(g) information regarding maternity care options prior to/ during care</b>	No

**(Space to explain any of your above answers):**

I experienced PROM at 39+6. I had an antenatal appointment that day and went, I mentioned I thought my waters were leaking. They checked and confirmed. This was when scare tactics started and I was told I needed to be induced. I asked why and was informed it was policy. I advised that based on my research, I was happy to go home and re-assess the next day as it had only been around 18 hours. I had no signs of infection and baby was showing no signs of distress. I was told I had to sign a document that I was going against medical advice and the midwife had to get an OB to talk to me. An OB came into the room, one who I had never met. She said to my husband and I that if we left the hospital and our baby died, it would be our fault. I was emotionally manipulated into attending PAC, where I was further harassed by 2 other OBs on shift. No one answered my questions as to why they were recommending induction (other than it was policy) and completely disregarded what I was saying. Apart from one midwife who opened the curtain after the OB left and sat with my while I cried. She told me to remember that I was in control and that I was making the best decisions for me and my baby.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I have lost trust in the hospital system - the way they tried to coerce me into complying when what they were wanting me to do was not evidence based and not in either mine or my babies best interests.

**Your birth story (optional):**

Following that conversation with the midwife I told them I was going for a walk to get some food as it was around 6pm. I was so upset. My husband had had to leave an hour earlier to collect our daughter from day



care and so I had been alone. I walked around the hospital and jumped up and down the stairs and got some food. Not even an hour later, I started getting regular contractions and my waters broke. I went back to hospital at 7pm where I was checked in. They tried to give me antibiotics however I declined as there was no sign of infection. Despite this, a nurse came into the room with them to try and inject them in without telling me. My midwife in the room was amazing and told her to leave. I did not know any of the medical professionals in the room and did not feel protected or safe. Despite this, I continued to birth and had my baby at midnight.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

People who reside in rural and remote areas aren't able to access MGP due to distance requirements. Because this is the only model of continuity of care, based just on their residential location, they aren't able to access the most supportive and evidence based model of care. There is significant discrimination built into the western maternity system. Models of care and ideas of what birth should look like are based off one group of women and then applied to entirely different groups of people - this places them at risk of unnecessary intervention and trauma. There is also not enough support for trauma survivors - particularly those survivors of sexual abuse. Birth is vulnerable and can absolutely trigger those past experiences of abuse and not being in control, especially in an environment that isn't yours and when you're surrounded by people you don't know and don't trust.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No - they aren't. I never made a complaint as I didn't have faith it would ever be taken seriously.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

I would like to see universal access for women to have real birth choices - this would include publicly funded and available home birth programs and more access to other continuity of care programs. Place of birth and being supported by a known midwife are two of the biggest predictors of experiencing a positive birth - they are evidence based and cost effective - yet birth continues to be dominated by patriarchal systems that do not serve women, babies or families

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):**

Royal Hobart hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

No continuity of care. Saw a different person at each antenatal visit. Midwife who I ended up with during the birth was rude and disrespectful. She refused to stop holding dopler to my belly during labour. I said I needed to not be touched for labour to progress and she refused to stop.

This led to 2 hour pushing phase.

Episiotomy performed with coerced consent. I knew I didn't want it, but was made to feel I had no choice.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Pelvic floor damage, lack of trust in healthcare professionals.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

My second birth was a Homebirth and it was amazing. Completely opposite experience to my first birth in the hospital. Homebirth midwives need to be supported. They need to be able to be insured so that more midwives are willing to do it. Homebirth should also be fully funded by the government. It should be an option available to all women (with low risk pregnancies).

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional): Royal Hobart Hospital

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	N/A
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

(Space to explain any of your above answers):

I was not offered a continuity of care model. I was 'risked out' of this due to a diagnosis of Gestational Diabetes, despite this being entirely diet managed my entire pregnancy. I was coerced into an induction and not informed about the risks of doing so. The information presented to me for my induction was not best practice or evidence-based, despite them telling me at the time it was the safest option due to my GD.

Your birth story (optional):

I was induced with my first baby at 39 +1. I was not given information about what to expect and when I tried to ask questions or negotiate about how it could be done (ie break waters but wait to administer drip) I was not listened to. My labour started and 3 hours later my baby was born. No one turned the drip down. I had no pain relief and I felt like I was going to die but couldn't communicate to anyone. No one asked about my trauma history. I was left with my legs up in stirrups for over an hour, with strangers coming and going from the room, waiting to have stitches (which also weren't explained as a choice). I started to panic and hyperventilate. I had a midwife come up to my face really closely and tell me to calm down. I screamed at her to fuck off and get out of my space. I was then administered pethidine without my consent, despite me telling them no - it was injected anyway. I remember spacing out so much I couldn't hold my baby. My first few hours of motherhood were completely destroyed. It took me months to bond with my baby, and many more to even be able to think or talk about the experience.

(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)

Publicly available home birth programs, accessible MGP programs and not just for those classed as low

risk - EVERY WOMAN benefits from continuity of care.



**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):**

Royal Hobart Hospital

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Yes
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	Yes
<b>(e) "informed choice" in maternity care</b>	Unsure
<b>(f) "continuity of (midwifery) care" in maternity care</b>	Yes
<b>(g) information regarding maternity care options prior to/ during care</b>	No

**(Space to explain any of your above answers):**

A&B) doctor asked if I'd be comfortable with an internal fetal monitor, I said not really as I have a tilted pelvis which makes checks etc. extremely uncomfortable but if it's necessary I'll consent - doctor started inserting it and it caused me pain (means he wasn't inserting it on the correct angle for my pelvis) when I said to stop and I no longer wished to have the monitor he said the pain was "all in my head" and continued to insert it once more, when he couldn't get it in the right spot, he removed the monitor which was then covered in blood which resulted in me needing an emergency caesarean

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Diagnosed PTSD that prevented me from having anyone touch me from the waist down for over 6 months because it would send me into a panic attack

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I didn't make a complaint because I was so wrapped up in having my first child but now I think back on it I wish I had.

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):**

Royal Hobart Hospital

**Did you receive:**

<b>a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"</b>	Yes
<b>b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse</b>	Yes
<b>(e) "informed choice" in maternity care</b>	Yes
<b>(f) "continuity of (midwifery) care" in maternity care</b>	Yes
<b>(g) information regarding maternity care options prior to/ during care</b>	Yes

**(Space to explain any of your above answers):**

I was consented for an emergency Caesarian (E1) after 24 hours of labour.

I waited 5 hours in delivery suite with no pain relief (ineffective epidural) before the doctors returned to take me to theatre.

I was then fully dilated and delivered by ventouse.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I have flash backs continuing.

I had severe postnatal depression and anxiety.

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Royal Hobart Hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

I was coerced into a caesarean despite me and my baby both being well. The only issues were poor foetal positioning, 'big baby' and 'failure to progress'. I was not offered any strategies to help the baby move, I was not assisted to reposition myself (epidural). I was also told that my baby needed a 'clip' on her head to monitor her HR, I later found out this was actually a screw. I was given a vaginal exam without consent or so much as an introduction. My midwife slept in the corner of my room.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I struggled immensely in the months afterward and did not bond with my baby immediately. During my second pregnancy, I had to receive intensive therapy leading up to the birth as I was so traumatised by my first birth and fearful the same thing would happen again. My partner and I have since separated due to the strain placed on our relationship due to the impacts of my first birth.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

I was a young parent and I feel as though I was treated less favourably due to this and spoken to like I was stupid.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I don't believe they're adequate. Anything is swept under the rug. I contacted Julie Collins MP during a social media campaign for home birth access, telling my story, and received a generic response. When I pointed this out, I did have somebody from her office call me to apologise and instructed me to contact somebody in the Liberal government as they would've had more pull at the time. I contacted Eric Abetz also who gave a one sentence, dismissive response.



**Date of labour/birth/postnatal trauma (optional)**

████████████████████

**Hospital/care provider/birth place (optional):**

Royal Hobart PAC

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	Unsure
(g) information regarding maternity care options prior to/ during care	Unsure

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Mine was post, went to pac 2 weeks post c section with my little one and an older kind of lady at the desk (maybe name was ████████) was so rude and horrible towards me. Saying that I should just use all my money and go to a GP when she never even saw what my infected incision looked it. It was horrible and worse enough to have 3 bags of antibiotics through a iv.

**Your birth story (optional):**

Birth was good was just post

**Name (optional):** Sarah

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):** Burnie - NWRH

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

**(Space to explain any of your above answers):**

I had a midwife make snarky, rude comments at us minutes after birth about the fact I had a scan to find out my baby's gender. She then got angry with me when I couldn't walk yet post-epidural & forced me into a wheelchair for a shower. I then passed out in the shower in the chair & was unable to wash myself which infuriated her and she roughly washed me. She also put the catheter in after an instrumental birth with a torn episiotomy into my vaginal opening WITHOUT apologising. Then denied me ice & pain relief. When my baby wasn't latching in the golden hour after birth she angrily stated to just put her on the boob, grabbed my newborn by the skull (who was purple and bruised from the forceps) and shoved her into my boobs. During the birth when a lot went wrong quickly I should have been offered an emergency c-section but was denied that and instead suffered a dural puncture, forceps & an episiotomy that tore. When I had a blood patch the next day not a single theatre staff member talked to me or comforted me, they began poking my spine again without forewarning. It was terrifying.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

Postnatal depression, postnatal anxiety, breastfeeding trauma & inability to establish breastfeeding. Postnatal rage & suicidal thoughts. Never thought I'd have another baby, took me 4 years to do it again & had an elective this time. I had to see multiple psychologists as well.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

Difficulty finding accessible postnatal psychological help/unaware of options. Lack of choice of hospitals & understaffed also an issue.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I complained about the extremely rough & rude midwife to my MGP midwife who passed that information on. I later heard that the problematic midwife was gone.

Name (optional):

Shai

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional):

Launceston General Hospital

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	Yes
(g) information regarding maternity care options prior to/ during care	Yes

(Space to explain any of your above answers):

I was given a membrane sweep in early labour without being asked or giving my consent. I was turned away from the hospital twice, once at 3-4cm dilated (I live an hour from the hospital) and again several hours later when I was clearly in distress and wanted pain relief (I wasn't checked the second time, only hooked up to monitors but my contractions paused). After 2 days of labour, I had an emergency c-section and not told the reason why at the time - a doctor came in and said 'the operating room is ready' and that's the first a c-section had even been mentioned (it wasn't pressing or an emergency, nothing was rushed etc.) Things weren't thoroughly explained to me through the process, I had no clue what was happening and despite my son having a high apgar score he wasn't given to me immediately. I was in hospital for 4 nights post-birth and was struggling both physically and emotionally (particularly due to days without sleep) I was at one point on the verge of having a mental breakdown and was having thoughts of hurting myself or my son - despite crying for help, some of the midwives showed very little empathy and treated me like a number or just part of the job instead of like a human being who had just experienced something traumatic.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

I struggled to bond with my son after birth. I suffered from postnatal depression. I've felt trauma when having subsequent vaginal examinations/internal ultrasounds etc. In the hospital after birth and during my second pregnancy 2 years later, I was told by multiple doctors that I would never be able to give birth



naturally because my pelvis was too small - this was the reason given as to why my c-section happened (after a failure to progress). This caused me significant stress in the lead up to my VBAC, but with the support of my partner + a doula I gave birth vaginally in January [REDACTED] I was terrified of staying in the hospital again - just being in the maternity ward caused me distress and I discharged myself against medical advice a day after my daughter was born.

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Consent is huge. Women are human beings, not sacks of meat - that's where I would start. Enforced explaining of procedures, or explanations for why things are happening. In true emergency situations I understand there's not always time, but for labouring women + their support people, they need to be kept informed about what is going on with their body, their baby, what is being spoken about regarding their labour and birth without them knowing etc. Whilst vastly different, in both my labours + births there was information withheld from me that would have impacted how I made decisions in my labour.

**Name (optional):**

Shianna [REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Royal Hobart hospital

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

**(Space to explain any of your above answers):**

My child was sent to nicu , no communication  
, sent home 2 days after c section with no pain relief and child inly being out of nicu a few hours. Sent home with no papers etc to file her birth as they can't find any records.

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

No support  
Rushed home

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people(iii) people from culturally and linguistically diverse (CALD) backgrounds(iv) LGBTQIA+ people(v) young parents (optional):**

It's understaffed

Name (optional):

Tachael

Date of labour/birth/postnatal trauma (optional)

Hospital/care provider/birth place (optional):

LGH

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Unsure
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	Unsure
(g) information regarding maternity care options prior to/ during care	No

(Space to explain any of your above answers):

I delivered a 9 pound baby with no intervention.  
3 days later when showering a felt a bulge in my vagina. I called for assistance. I was not examined. I was told it would be a clot. I said if felt very large. They said it would be a clot and to sit on the toilet and push hard until it came out.  
I followed the instructions until I pushed my cervix out of my body and it was buying visibly between my legs.  
When I called for help a dr was finally sent for.  
I was told to  
lay on the bed while she looked. She said so casually that I'd had a prolapse and to simply poke it back in. That was it. No help, no advice, no  
after care. And it was made so  
much worse by the pushing I told to do. Literally the worst advice possible.

Years of issues, a persistent dragging feeling, inability to exercise, sexual dysfunction, and surgeries. Ultimately a hysterectomy at only 37 years old.

(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)

Inability to exercise, incontinance, sexual dysfunction, severe post natal depression, loss of confidence,

self loathing.

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I didn't complain. I should have.



**Name (optional):**

Tegan [REDACTED]

**Date of labour/birth/postnatal trauma (optional)**

[REDACTED]

**Hospital/care provider/birth place (optional):**

Burnie

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Unsure
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	Unsure
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Unsure

**(Space to explain any of your above answers):**

Very unsupportive toxic environment where I absolutely did not feel safe I felt defeated and my labour stalled.

So I ended up in theatre with episiotomy and forceps .

No continuity of care as they were 'to short staffed'

No support on maternity ward ad there were too many babies born and they were too short staffed. So I went home after 2 nights as soon as I could, defeated not breastfeeding as my son had a tongue tie so bad it ment that he couldn't breast feed!

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

They robbed me of a supportive birth experience to feel that unsafe and no supported by short staffed ward in such an important moment of my life was so challenging.

It really made postpartum so challenging and the months and at least first year where my mental health declined. I would replay that birthing experience and early breast feeding days over and over in my head and beat myself up..... imagine your new baby not being able to breast feed due yo a tongue tie!

Discharged being told to check it at 6 weeks.....

**Your birth story (optional):**

Told I was having a big baby therefore wanted to induce me I declined. On the monday laboured at home



at day husband kept ringing the hospital to try and take me in kept being told that they were too busy and that my contractions were not long enough and were not closed enough together etc.

Got to the point where I had the urge to push husband rang again and they said oh you better come in. Got ready to go and my waters broke. It was the worst car ride ever from Penguin to Burnie got there and said to my husband I don't think I can walk in so the wheelchaired me in.

Went into birthing suite and they wanted me to do a urine sample so I tried and couldn't then got up on the bed and the midwife said oh I better have a look. She checked and was very surprised to see bub's hair I was actually fully dilated.

I pushed for I think around an hour while they were putting a line in my hand speaking to each other then they started to put the timelines on me 'The doctor has given you x amount of time' then 'the time lines kept being put on me and they kept trying to get me in a position I didn't want to be in and their language and the way they spoke to each other was terrible. Then more time lines because they thought I was having 'a big baby' more times lines then my labour stalled.... Then they were worried labour stalled because of the size they thought bub was and shoulder dystocia. So they presented a plan to go to theatre for forceps and episiotomy or c-section. Monday night I was defeated by this stage and agreed knowing in myself my labour stalled because I didn't feel safe in the environment with the constant timeline, language, staff tension etc So I agreed I was exhausted and let down.

This was the start of the interventions that led to me being sick and my body being depleted.

When In theatre my husband had to wait outside while they done spinal anaesthesia partners had passed out before. My husband is fine with that sort of thing and would not have passed out. They done spinal so I asked for my husband no one went to get him. They told me to start pushing as they had pumped me full of stuff to make my contractions full on so I asked for him again. It took me 4 times asking for him before they went and got him from out in the dark hallway (as it was a public holiday and night time) he had been sitting it for ages.

Bub was born via forceps and episiotomy and due to recovery being closed we were wheeled back to ward around midnight. My husband and I got bub to try and feed and the midwives checked on me and my bleeding etc a few times that night. A nurse rudely asked my husband to leave around 3am when he was trying to get bub dressed for me then left.

Tuesday morning the same nurse rudely kept asking me to shower the next morning but I was waiting for my husband to be there to watch bub so I didn't have to worry. I was told I would be given an anti D injection in the morning as I had to have it due to mine and bub's blood types.

We were left to ourselves through the day and no one prompted me or asked me how bub was feeding. The Tuesday night I didn't see any midwives at all as they were too busy the girl across from me had to get up and get her own baby after having a c-section as no one would come when she rang her buzzer. I asked for help breastfeeding early hours of the morning when I finally saw a midwife and she showed me how to side lay and feed that was the only breast feeding help I received.

They offered that I could go home Wednesday morning and I jumped at the chance as no midwives had checked my bleeding, helped me with bub, taken notice of how often bub was feeding just not given support at all. I knew bub was not feeding but I thought I would go home and my husband and I could work on that. Clearly I was a bit out of it from all the drugs, injections, interventions and lack of sleep.

The doctors done their checks and said bub had a tongue tie and needed it checked and 6 weeks I asked if he looked a little jaundice and they said he was fine but that was it nothing else. Finally got my Anti D injection at least a day after they said I had to have it. (Miss diagnosed tongue tie also told to check at 6 week check and had to get it released a 1 week old due to it being tethered down completely and not being able to feed properly)

Bub wasn't feeding frequently and he was a quiet and sleepy bub and due to being out of it from the birth and hospital interventions I didn't really comprehend that he wasn't feeding properly. Thursday morning midwife home visit she wasn't real happy he wasn't feeding well and looked a little jaundice from not



feeding and due to losing 10 % of birth weight she suggested co feeding with formula and expressing as well. She booked lactation consultant for friday morning who noticed straight away that bub had a terrible tongue tie that tethered down his whole tongue so he couldn't feed without a nipple shield. She wanted it released that day but we couldn't get in until the Monday.

Tongue tie released and he fed much better and with support of lactation consultant we were on the right track.

I got really sick at about 2 months after bub as I had to be on antibiotics due to forceps birth and also the dissolvable stitches in my episiotomy incision let go. I also had birth trauma around the lack of support in hospital, my birth really not being supported or feeling safe in the hospital, the interventions that I didn't want and also bub not feeding.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

There not being any choices! It's one option in our area.

We should have public home birth option like nsw and qld do.

There won't even be a private option soon

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

No it's not sufficient to protect women so many North west mums have experienced birth trauma with no closure! Impossible to get anywhere with complains.

They just cover their own bums when writing your notes

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Continuity of care, listening to women and mums not dismissing them. A third party support person that can do what works for hospital as support.

Public home birth would be perfect! Nsw and qld have it

## Survey 82

Name (optional):

Tonoya [REDACTED]

Date of labour/birth/postnatal trauma (optional)

[REDACTED]

Hospital/care provider/birth place (optional):

Royal Hobart Hospital

Did you receive:

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	Yes
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	No

(Space to explain any of your above answers):

My daughter was born via emergency c section and rushed to NICU. I was not given the chance to have skin on skin with her. When I visited the NICU ward the following day the nurse on duty refused to let me hold her. She told me the doctors needed to do their rounds first. I had not held my daughter for 24 hours. She told me she would send me a text message to let me know when it was a good time to come and hold my daughter. I made a formal complaint after being advised by several midwives to do so. The response was that she was sorry I had misunderstood her. I did not misunderstand her.

The following day I visited to have skin on skin with my baby and the doctors came to do their rounds. I asked them if they would like me to put her back. They said absolutely not skin on skin is the most important thing you can hold her while we do our observations.

There is NO reason why this could not have been done the day prior when I was refused by the other nurse.

(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)

I have suffered from post natal depression and anxiety from the trauma I experienced in hospital. Part of this being the trauma of not being able to hold my child for 24 hours and being refused to do so!

I suffered from a mental breakdown.

I have been unable to return to work.



I was not offered any mental health support after the birth of my child even though I was told by the doctor that if I hadn't made it to the hospital within 2 hours my child would have been dead or severely brain damaged.

There needs to be so much more support for first time mothers that have gone through birth trauma. It's just not good enough!

**Your birth story (optional):**

I was 37 weeks and 2 days and experienced reduced movement.

I reported to PAC where I was examined for 40 minutes before being rushed down for an emergency c section. My partner was unable to make it. My baby was not moving and there was no amniotic fluid. She was delivered via c section, the umbilical cord snapped, she had to be resuscitated and put on oxygen. She was rushed to NICU and spent the next 4 weeks in NICU and special care. We were discharged after 3 days I was mentally not ok but offered no support. I was pressured into trying to breastfeed despite my body not coping. I was given medication to try to increase my supply which didn't work. My child developed severe nappy rash as a result of poor care given by nurses who did not follow the care instructions and were understaffed with a 1:4 ratio.

We were set up in a spare cubicle down an unused corridor the night before we were discharged to show that we could care for our baby on our own. We were rarely checked in on. The system is far too understaffed with poor facilities for families who need to spend additional time in hospital.

**(d) what do you think are factors in accessing maternity care that impact on birth trauma in regard to: (i) people in regional, rural and remote Tasmania (ii) First Nations people (iii) people from culturally and linguistically diverse (CALD) backgrounds (iv) LGBTQIA+ people (v) young parents (optional):**

Understaffing

Not enough empathy

Not enough information about post natal mental health

Not enough support for mothers who have experienced birth trauma

No follow ups to check on mental health

Nurses who think they own your baby in NICU

**(h) are the current legal and regulatory settings are sufficient to protect women from experiencing birth trauma? If you made a complaint, please describe to who, and what the outcome was (optional):**

I made a complaint to the Royal Hobart hospital.

I was told that I had been misunderstood and they were sorry that I felt that way.

Despite 4 midwives approaching me and telling me to make a complaint upon hearing my story.

No further actions were taken in regards to the nurse on duty who didn't allow me to hold my own baby until she said I could

**(i) are there any legislative, policy or other reforms (laws) likely to prevent birth trauma? What would you like to see implemented or improved? (Optional)**

Better mental health support

More information about potential birth trauma pre birth

**Name (optional):** Yasmin

**Date of labour/birth/postnatal trauma (optional)**

**Hospital/care provider/birth place (optional):** Mersey hospital Latrobe

**Did you receive:**

a) inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence"	Yes
b) Causes and factors contributing to birth trauma including: (ii) use of instruments and devices for assisted birth e.g., forceps and ventouse	No
(e) "informed choice" in maternity care	No
(f) "continuity of (midwifery) care" in maternity care	No
(g) information regarding maternity care options prior to/ during care	Yes

**(c) What have been the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on you and your family: (optional)**

My entire experience was tainted by the treatment I received. I was a young girl with no family and no idea what was happening to my body and I was incredibly scared. My experiences just made me feel so much more alone.

**Your birth story (optional):**

I was pregnant at 19, I gave birth to my first child a week after I turned 20. Leading up to the birth all my appointments and the support from midwives had been great but that all changed when I went to the hospital to give birth.

At around 6pm on my due date I began feeling some discomfort. I took a shower and called my aunty, she was a mother of five and could tell from my voice and breathing I was going into labour. I didn't think I was but I went to the hospital anyway to check.

First of all the midwife made me feel stupid and said that just because it was my due date it didn't mean I was in labour. Then I had an examination which showed I was only 2cm dilated so she left me alone to carry on with her other jobs. My partner went home as we didn't think anything would happen.

At around 10pm I was in severe pain and pressed the call button. The nurse poked her head in and said "I



have women ACTUALLY in labour, what is it?" I told her I was in a lot of pain and she was dismissive and left. A little while later I pressed the button again and told her I was in so much pain I could barely breath. She huffed and reluctantly agreed to examine me, I asked her could I call my partner back, we only lived a km or two down the road. I had a history of child sexual assault and rape and didn't like being touched. She seemed very put out and said "you got yourself pregnant it can't be that bad" once I was examined I was shown to actually be 10cm dilated and rushed to the delivery suite.

I was mostly left alone and became frustrated that no one was helping me. The nurse was standing in the corner of the room with a clipboard. I asked her do I push or not and she shrugged. I said can you do your job and tell me what the fuck to do!? She told me if I swore again I'd be asked to leave.

I asked for an epidural at around 2am and was told there was no one to do it available. Finally a man turned up almost 9 hrs later and tried to do it but it was only 20 minutes before my son was out and way too late to be effective. I could still move and feel everything but I got some pins and needles around an hour after the birth. I still have back pain 14 years later from it.

I ended up just pushing, without proper guidance and my labia was nearly completely torn off. I lost a huge amount of blood.