

**From:** [REDACTED]  
**To:** [Reproductive, Maternal and Paediatric](#)  
**Subject:** Submission: Maternal Health Services, Perinatal Mental Health Services, Birth Trauma, CHaPS.  
**Date:** Tuesday, 17 September 2024 11:27:27 AM

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16th September 2024

*Submission: Maternal Health Services, Perinatal Mental Health Services, Birth Trauma, CHaPS.*

Dear Members of the Committee,

I am writing to share my personal experiences under the terms of reference: Maternal Health Services, Perinatal Mental Health Services, Birth Trauma & CHaPS. I hope to shed light on some important issues within the maternal health care system in Tasmania and the impact these can have on individuals and families. Together we can and need to make changes to the systems that support Women and Children in our State.

I am a 35-year-old woman, professional, wife and mother to 4 year old twins and a 17month old son.

Here are some snippets from my pregnancy, birth & postnatal period of my third son that will provide you with an insight into my personal experiences of the Maternal Health Services, Perinatal Mental Health Services, CHaPS and Birth Trauma.

- My second birth was through the Royal Hobart Hospital, TAS, [REDACTED]. An uncomplicated low risk pregnancy with the desire for an intervention & drug free VBAC.
- I was unable to access the MGP continuity of care program as it was full. I received differing opinions each appointment during my pregnancy, as each appointment was with a different Midwife or Doctor. Inconsistent notes taken and varying interpretations of these by different staff at each appointment, during the birth and after the birth. There were incredibly long wait times at the RHH Wellington Clinics for each appointment- at times I was waiting for at least 2 hours.
- Arriving in active labour and 9.5cm dilated. Doppler by midwife showed the baby's heart rate was fine. My request to get in the bath for pain relief was refused and I was left to manage without any pain relief or comfort measures for 45minutes whilst I was spoken to by the Nursing Unit Manager. The NUM repeated herself over and over re the need for continuous CTG, citing risks of VBAC, hospital policy and there not being enough information in my prenatal files. They could not find my full files.
- I was in obvious pain, my contractions were long, hard and fast. I felt worn down

and bullied into having continuous monitoring and not using the bath.

- They could not get a trace with the CTG monitoring, I was in the shower. I felt incredibly uncomfortable, with hospital staff talking about me in the corner of the cubicle rather than talking with my husband and I.
- The OB would not accept my refusal to have the fetal electrode monitoring (scalp clip) attached to my baby. She kept saying, your baby is at risk, we need to make sure your baby is ok and we need to know what is happening. I felt coerced, I wanted them to all go away and let me birth in peace. Eventually I agreed, “if you do that, will you all just leave me alone”
- Moving from the shower to the bed was incredibly painful. I wanted it all to stop. The OB was rough, fast and disrespectful. Having to lie as still as possible, with zero pain relief, whilst contractions were coming long, hard and quickly all the while an OB is trying to get the clip on the baby’s scalp was absolute torture. My body went into full body cramps. I was crying. She failed to attach it the first time. My husband believing she clipped me instead.
- I was in so much pain, I wanted to die. I felt there was no escape and there was no end in sight. I felt paralysed. I was pleading with her to just make it stop, as she tried to put the clip on for a second time. This time she was successful.
- The OB called a CAT 1 C-Section. As the room flooded with people and I was wheeled down the corridor, I imagined fleeing, jumping up off the bed and running out of the hospital, except I could not move. I was in so much pain, I felt frozen.
- My husband and doula were sent out of the theatre, and I was left alone & afraid. I remember, clinging hold of a nurse’s shirt and saying “don’t leave me”
- Once in theatre, I heard the junior anaesthetists say, “Can we not wait for my senior, I am not sure what I am doing” “No, we don’t have time, you need to put her under now”, responded the OB.
- I woke up alone and confused in recovery. A few nurses, told me “Don’t worry about your baby he is fine.” My brain was screaming, silently.. “Were you pregnant? What happened? Did you give birth?” I closed my eyes and pretended I couldn’t hear them, because I could already feel the shame rising and whatever had happened, I didn’t want this to be my reality.
- I met my baby 2 hours after he was born. I was wheeled into a room, where my husband was holding our baby and my doula was waiting. I felt so much shame, blame, embarrassment & failure. I put on a brave face and pretended to be okay. It took me several weeks to remember this.
- I was unconscious for the birth of my baby, my husband didn’t get to be present, and the staff refused my doula’s request to take photos of his birth.
- My baby was born healthy, with an AGPAR of 9 into a room full of strangers.
- I had no signs of uterine rupture and had a small PPH caused by the C-Section.
- Whilst waiting for me to come back from recovery, my husband heard the staff on

the maternity ward say “Gee, that was so bad, the least we can do is get them a good room.”

- Recovery was hard, I had been in early labour for 2 days and then active labour without any pain relief for 8 hours prior to undergoing the Emergency C Section under GA. I had to have an iron infusion. Some of the nurses were lovely, others need some empathy lessons. It was clear, some did not read my notes from the birth, and they were insensitive.
- My baby was taken away from me on the 2nd night, and a spent a week in the Special Care Nursery on another floor of the hospital with an unknown infection. I was not provided with any support to visit him during this time.
- It was mentally and physically exhausting going between the maternity ward and the special care nursery to visit my baby to drop off the expressed breast milk for him and bond with him.
- I was discharged with no follow up appointments or referral for a birth debrief or mental health support. I now know, research shows that women who have undergone a complicated birth under a general anaesthetic are at a greater risk of developing postnatal mental health struggles and PTSD.
- My baby came home a few days after I had been discharged.
- The CHaPS nurse came to visit. She made comment on our birth, and I could not talk about it, without getting emotional. Her next comment, “oh well, it doesn’t matter what happened, at least you have a healthy baby is all that matters” ensured, that I would not be speaking up about the turmoil I was experiencing in the aftermath of the birth experience.
- Within a week, I was incredibly unwell. The thought of returning to the RHH made me anxious. I delayed seeking medical advice and attention due to the fears of having to have any further medical treatment or invasive procedures. My whole body felt like it had a lower pain threshold and I did not want to be touched by anyone, let alone a stranger.
- After talking with friends, it was very clear I needed medical attention. I had a high fever, I had zero appetite, was extremely nauseous and I could not stand up to shower. I returned to the maternity ward. Here I was poked and prodded, and had invasive testing done by different staff and doctors, all requiring me to repeat my birth story (retraumatising me each time). It was decided that I had an unknown infection with concern that my wound was infected internally.
- I was placed in a shared room, meaning I had to stay overnight alone without my husband as my key support person, extremely unwell and alone to care for my newborn baby. He was not feeding well, and I was having to triple feed him: breast, express, bottle top ups.
- I was so traumatised from the birth, jumping out of my skin each time the doors opened and closed, each time noises went off, and each time I heard a new voice.

The other woman in my room, was wheeled into my room in the early hours of the morning, waking me just as I had settled my baby. I could hear constant talk of her emergency C Section and details of her birth. This was extremely triggering for me and brought back flashbacks and rumination of my traumatic birth.

The postnatal period was vastly different from what I had hoped for our family. I lived with:

- Physical- I experienced ongoing physical health problems in the weeks after in which I had to seek costly private medical advice. I had to have an invasive ultrasound done for post-surgery infection at the incision site and complete treatment for this. I had to seek private pelvic women's health physio support to deal with the trauma to my pelvis, hip and back pain. All these experiences re-traumatised me and took me right back to being trapped mid birth. My scar site is ad hoc and uncomfortable.
- Emotionally- I experienced moments each day, that reminded me of my birth experience and left me in tears. I was less able to cope with the everyday tasks of being a Mum to 3. I experienced a lot of guilt for not being able to show up for my children in the way I used to.
- Psychologically- I suffered an acute stress response within the first couple of months post-partum. I had panic attacks, lost my appetite, felt I couldn't get out of bed and had sleepless nights where I didn't know how I was going to get through to the morning. I couldn't go to the supermarket or be around groups of people. I withdrew from those closest to me. I had symptoms of postpartum depression & anxiety. Even at 17months postpartum, there are still long nights, with ruminating and intrusive thoughts of the birth and occasional days where I am triggered. I have had to grieve, not being conscious for my baby's birth, missing out on the first hours and days of bonding time with him and having no photos from his birth to share with him or his siblings or to add to our family birth album.
- Financially- there has been huge out of pocket costs to access pelvic floor physio, women's specialist GP, GP & Psychologist. I had to pay to get my birth notes released so I could work through these with a professional.

At 3 months old, my son caught COVID. I had to take him to the RHH, I was anxious, my heart rapid and I felt nauseous. It was incredibly difficult to be his primary care giver during this time. We stayed for 3 nights. During this time, I had to repeat his birth story several times to different staff. This was retraumatising for me. Some of the staff made insensitive comments including, "Oh well at least he was healthy. Oh yeah that happens, happened to me and I am fine."

At the 4- or 6-month CHaPS appointment, the nurse asked me to complete one of the

mental health screeners. I remember, sharing with her, the scores will likely reflect my inner turmoil, but it is okay because I have already accessed a private psychologist and have some supports now. She was shocked, commenting “You are so well presented, I never realised you would have been having mental health struggles.”

I deeply regret my decision to choose the Royal Hobart Hospital as the model of care for my second pregnancy and birth of my third son as the level of treatment and care I received was no where near what I needed to feel safe & supported.

Having reflected upon my experience, I believe that several factors contributed to my birth trauma and poor experiences with the maternal health service. These include: shortages of staff & junior staff, lack of space in the Midwife continuity of care program, the staff creating a pressured environment unconducive to having an intervention free birth, a lack of trauma informed training, not having privacy away from other patients once I was readmitted, no offering of mental health support post birth or a post birth debrief and lack of awareness of birth trauma from the CHaPS nurse.

Drawing from my personal journey, I would like to propose specific solutions and changes to enhance maternity care in Tasmania, with the aim of preventing future instances of birth trauma. The following are the changes I advocate for: processes for greater support for women who have to have a GA, increased support mechanisms for women who are separated from their babies at the RHH, greater access to continuity of care models, nationwide publicly funded homebirth programs, trauma-informed training for clinicians, informed consent legislation, a nationwide target for reducing Caesarean Sections and Inductions, publicly funded women’s pelvic floor physios and social workers etc, greater Medicare rebate for perinatal psychologist sessions, and an increased number of rebated psychology sessions.

Thank you for considering my submission. I am grateful for the opportunity to contribute my experiences and viewpoints to the committee's ongoing inquiry.

Kindly,

A solid black rectangular box used to redact the signature of the author.