

From: [REDACTED]
To: [Reproductive, Maternal and Paediatric](#)
Subject: Tasmanian Birth Trauma Inquiry
Date: Wednesday, 11 September 2024 10:22:44 PM

To whom it concerns,

This is my submission to the inquiry on birth trauma in Tasmania. I'm going to give the short version, as I have submitted my story to other birth trauma inquiries, and it is a lot of time and mental load to go in depth every time. I could write a whole book. But instead you get bullet points:

- I wanted my care and birth to be through the Launceston Birth House. Sadly, they deemed me automatically high risk due to my weight. They never actually weighed me, this was based purely on my appearance, and at the the disregard of all my other good health markers like blood pressure, blood sugars etc.

They said they could provide antenatal care still, but that the birth would have to be at the hospital. I declined, as I did not feel safe or supported with them due to their protocol-bound weight stigma.

- I was not respected when I declined the glucose tolerance test at the hospital antenatal. It seemed to be continually presumed that I would "obviously" have gestational diabetes, based again on my size. I was coerced into a finger prick test, and diagnosed on the spot with GD because my fasting level was 0.1 over their (non evidence based) cut off. Multiple times, I asked the diabetes clinic if my slightly raised fasting levels could be due to suspected sleep apnoea, and they dismissed my concerns and urged me to take insulin. My levels after eating were within the limits, and I was successfully "diet controlled". I did not understand why the insulin was necessary, but felt pressured to take it against my gut instinct. I also found out in 2023 that I in fact had severe sleep apnoea.

- I had severe sacroiliac joint pain during the pregnancy. When I brought this concern to the Dr (one of the many I saw; I never saw the same OB twice) at an antenatal appointment, my concerns were again dismissed. I was told it's common, and that there was not much I could do about it. Through my own research, I found out there was in fact a lot of things I could try, such as pelvic support belts, hip squeezes, pelvic jiggling, rebozo, supplemented iodine and more.

- At each appointment, I was made to wait 1-2hrs to see a different OB every time for 5-10mins. I didn't feel like a person to them, just a list of details: name, age, height, weight, etc.

- I only saw two midwives during my antenatal care, both different people. Both were supportive of my plans to have an unmedicated birth, and encouraged me to "stay home as long as possible" with an undertone of fear/urgency. Neither were present during my daughter's birth.

- At around 37 weeks, induction started to be gently pushed onto me. I declined at each appointment.

- At 40 weeks, I declined once more, and the Dr convinced me to let her do a quick Ultrasound. I did not feel I needed this. I felt confident that my baby and I were safe and well. I found it unsettling that everyone was continuously looking for a problem. There were lots of stickers all over the antenatal ward saying things like "Mother knows best" and "trust your intuition". I found it disheartening that this only seemed to apply if

you had concerns; whenever I mentioned that I knew everything was well, my intuition was questioned and dismissed.

- The Dr determined that I had low fluid, sat me down, and in a dire manner informed me that she felt I should have an immediate induction right there and then. Her fear was palpable, and it rattled me deeply. I cleared my head just enough to say I wanted to call my partner and take some time to think about it. Disapprovingly, she allowed me to leave.

- After discussing with my partner, conducting further research and seeking a second opinion from a private midwife I respected, I made the decision not to induce, and instead to “watch and wait”. Nevertheless, their seed of doubt rooted in my brain and proved unshakeable. I was an anxious mess for the remainder of my pregnancy. Yet every time I tuned into my baby, I felt absolute in my conviction that all was well.

- I was coerced into daily CTG’s. Because this was during Covid, I was made to do it without my partner. Whenever they got me alone, whichever OB was on floor duty that day would come in and give me a “dead baby” lecture. These were terrifying, manipulative, and deeply dismissive of my instincts as a mother.

- I had a particularly negative experience with one OB, when I said I would no longer be doing the CTG’s without my partner present. I had genuine questions for her about low fluid and it’s impacts. She belittled the research I had done, took it personally, making a comment about having attended 8 years of training but Dr Google must be right, and flatly denied the evidence I presented.

An OB-in-training was also present for this unpleasant interaction. She sought me out and provided me with some research articles she had printed. Reading them later that night, I saw one of the articles affirmed the evidence the OB had flatly dismissed.

- I made the decision to stop coming in for CTG’s, as they were becoming increasingly stressful, and every one of them affirmed what I already knew - all was well. They told me the machines knew best, but when the machines corroborated my instincts, it became “ah, but things can change in a heartbeat, the machines don’t know everything”.

I was given one last Big Boss dead baby lecture, and made to sign a waiver saying I was ignoring medical advice by choosing to discontinue with daily monitoring.

I wholeheartedly believe their fear tactic prolonged my pregnancy unnecessarily.

- In amongst all this, I was coerced into 2 stretch and sweeps. These were painful and caused bleeding. I was not informed of any associated risks, and was not informed that it is, in fact, a form of induction.

- 3 times I caved to the fear, called the hospital and said I would come in for an induction. All 3 times, I was pencilled in for 2-3 days time. This directly contradicted their state of urgency - they’d been making me think it was an emergency! Each time, I thought better of it and cancelled.

For the labour and birth I will try to be particularly brief, as it was an incredibly traumatic experience.

- Labour finally started at 43 weeks exactly.

- I laboured at home for a bit over a day. When I was at home, I felt safe, very supported by my partner, and highly instinctive. Everything felt well.

- We held off going to the hospital until my contractions were 2 minutes apart. I was

transitioning.

- When we arrived at the hospital, we were led to a birthing suite that didn't look like any of the ones we had seen during our tour of the labour ward. There were no labour supports, like squat stools or peanut balls etc. It was cold and sterile. There was no lock on the bathroom door, no access to privacy. We were immediately sat down by the Dr and midwife on duty.

- When I held out my birth plan to them, they stared at it blankly, and neither took it. I awkwardly sat it down on my bag, where it was never looked at again.

- I spent two hours in deliberations with them, stopping every minute or 2 for another contraction.

I wanted to be able to move freely; they wanted me hooked to a monitor. I wanted to get in a birth pool/bath; they said it wasn't allowed. I told them I had already been informed that they have no legal right to prevent me from accessing the birth pools; they stared at me wordlessly again.

- I felt cornered, unsupported, and like I needed to defend myself from the moment I entered.

- they kept looking to my partner, as though trying to get him on their side, and seemed disappointed when he stonewalled them.

- eventually, I compromised and got in the shower, accepting doppler observation half hourly. The constant interruptions were stalling my labour. In my hospital notes from that night, my midwife noted that I said I did not need the Doppler, and that I knew "my baby is safe". I don't remember saying that, but I do remember feeling it.

- I was coerced into a cervical check, and informed I was "only" 4cm. In the midst of my transition, highly sensitive, and already feeling as though the walls were shrinking around me, this news made me lose all hope. I gave up and said "just take me for a c-section". This was around 4am. Instead, I was coerced into getting an epidural, and informed I could rest and try again for a vaginal delivery.

Only in hindsight do I realise this was likely more for their convenience than mine - I doubt there was a surgeon on duty to perform unscheduled c-sections at that hour.

- I was now where they had wanted me from the start - hooked to IV, CTG on, on my back, tamed. Everything I hadn't wanted, none of it necessary had I had an ounce of support, or simply been left alone to labour in peace.

- Eventually, I was informed that I was fully dilated and could begin pushing. And of course, the OB on duty was the one I had had the negative "Dr Google" interaction with. She wanted me to do coached pushing.

I knew this was wrong for my body, but so close to the finish line, I thought maybe - just maybe - I could get my baby out without any further sabotage if I did what she said...hold my breath and push with all my might.

It felt wrong. It was wrong. In what other intense physical activity would you ever be advised to hold your breath and strain to the point of causing a hernia intentionally?

Unfortunately for me and my daughter, it also did not work.

Once the OB's arbitrary time limit was up, she informed me that they would be moving on to a vacuum/forceps delivery. This chilled me to the bone. I somehow had not realised such archaic practices still occurred in [REDACTED]

- In my labour notes, there is no clear reason for why an emergency was called. Baby's heart rate was vaguely described as slow to return, and that is all. No data provided, no explicit explanation. And no mention whatsoever of consent. Having been there, I can assure you no reason was provided in the moment either, and I did not consent.

- The OB had only just mentioned forceps when another extremely painful contraction overtook me. Despite having the epidural, and the remaining half of the dose, I could feel so much pain. I was in a non-conductive position (on my back) and I knew it, but they would not let me flip to my hands and knees.

Before I had time to even say anything, overtaken by this contraction, a MET call went out. The room was suddenly flooded with strangers, and they began with the ventouse without consent.

- I was actively and repeatedly screaming "STOP". My cries were ignored. When the ventouse failed, they moved onto forceps.

- My partner was crying. To him, as apparently the only human in the room with a heart, I was screaming, "THIS IS WRONG".

- It was excruciating. It was dehumanising. It was rape.

- My first words to my daughter, through tears of heartache, were apologies, begging her to forgive me for failing to protect her. The OB, my rapist, made small talk as she stitched up my tear, trying to lighten the mood.

- It was 8.15pm. Knock off time? Either way, everyone vanished just as quickly as they had appeared.

- As I knew the whole time, she was well. Her APGAR was fine, and her sugar levels too. She was a healthy weight of 7 pounds something, with plenty of vernix and no signs of having been in there too long.

She did, however, have a bruise on her eyebrow and was woozy from the drugs. She looked sad, and angry. Those moments will haunt me forever.

- Nobody checked in on me, and the midwives on the maternity ward seemed completely oblivious to the trauma I had just endured. I had to ask them to remove my (full to bursting) catheter bag, only to be told I hadn't needed a catheter any more for some time.

- Subsequently to this experience, I suffered PTSD, dissociation, vaginismus, full body tension and intimacy issues with my partner. I thought about my daughter's birth every day for nearly 3 years. In my head I wrote about a thousand letters to the head of obstetrics, trying to find just the right words to make them understand how wrong it was, how lingering the effects. It took me that long to realise, they already knew it was wrong; I wasn't the first and I won't be the last.

- I will never willingly birth in a hospital again. I trusted these people, and they failed me and my daughter.

- I undertook EMDR therapy in 2023 to confront my birth trauma and move forward. This was at my own expense.

- In early [REDACTED] I gave birth to surprise twins at home, completely unassisted. They were full term at 38 weeks, and both a healthy 7 pounds something. My first labour in hospital was 52hrs in total. My freebirth was about 9hrs (including both

boys).

I was at a higher weight than my first birth.

- I did return to the LGH, as I had a slight postpartum haemorrhage and retained placenta. Whilst my transfer and treatment were vastly improved this time around, it wasn't without doing a lot of personal mental prep work during the pregnancy to unravel the fear I had about returning, even in a genuine emergency.

- Interestingly, I DID have someone come around this time, inquiring about my mental well-being (and even implying that perhaps my partner had not been wholeheartedly on board with my birth plans, the cheek). As if my beaming smile and queenly glow were not already enough, I assured her "This birth was INFINITELY better in every way than my first birth at the LGH".

Apologies for my submission being much longer than I expected. As I said, I could write a book. The big takeaways:

- Weight stigma is wrong (as is any discrimination).
 - Individualised care and continuity of care are a must. We are people, not products on a conveyor belt.
 - Every birthing individual deserves access to midwifery care, and to know at least one of the midwives present during the birth well.
 - LISTEN TO MUM'S INSTINCTS
 - OB's and midwives need to be thoroughly trained in physiological birth, and the importance of sitting on their hands and being quiet unless Mum actually asks for help.
 - we need a safer system for patients to report obstetric violence. I never took action against my rapist, because I know it would be her word against mine. I want to name and shame her so badly, because she could be out there hurting other women right now. But currently, there is no clear pathway to do this. Trauma takes time to process - for years I was too scared. Now I'm not too scared, but has it been too long?
 - Let's not mince words - why happened to me was rape. Obstetric violence is another facet of the broader pandemic of sexual violence against women, and perpetrators must be held accountable.
 - Every time an emergency is made out of a non-emergency, it is at the risk of people being afraid to return during a genuine emergency. After my daughter's birth, my partner described my rapist as "an arsonist moonlighting as a firefighter".
- Practitioners MUST pause to reflect on their own egos, their desire to work under pressure or in a fast paced environment, and their need to be a hero. We don't need practitioners like this. We need responsive, thoughtful practitioners who are willing to do nothing when the situation calls for nothing.

If you read this far, thank you. Perhaps I'm an idealist, but I really do hope to see a major overhaul. Wouldn't it be nice if I didn't have to fear my daughter giving birth in a Tasmanian hospital?

Regards,
Georgia Lilley