Case Studies from Birth Trauma Australia’s Community

First names have been shared with consent.

Harriet
NSW

In March 2020, I gave birth to my beautiful son, Ben, weighing 3.1kg. It was a natural birth with vacuum assistance and an episiotomy. I didn’t think much of it at the time, and after two nights in the hospital, I went home, overjoyed.

For the first few weeks, everything seemed fine. But around 4–6 weeks postpartum, I started experiencing symptoms of a UTI. I went to my GP, had all the tests, and yet, nothing was found. Weeks later, the symptoms worsened—I can only describe it as the unbearable feeling of having 20 tampons inside me. I began experiencing both faecal and urinary incontinence.

I sought help from multiple GPs, only to be met with dismissive and disgraceful responses. One doctor even told me, "At least you don’t have a C-section scar!" I would have taken a hundred scars over the suffering I endured. Desperate for answers, I paid to see a private consultant. She diagnosed me with multiple prolapses, fitted me with a pessary ring, and sent me on my way.

I had never even heard of prolapse before. No one had warned me about this risk—especially as an "older" mother. I was 42 when I had Ben, my miracle IVF baby.

I was left feeling abandoned, desperate, and utterly broken. Instead of enjoying precious moments with my newborn, I was drowning in physical pain and emotional torment. Even walking a few meters felt unbearable. I spent thousands of dollars—money I didn’t have—seeking advice, searching online forums, and traveling across Sydney in hopes of finding someone who could help. I should have been at home, bonding with my son.

The strain of it all took its toll on my relationship, and ultimately, my partner and I separated. I blame the depression and turmoil I went through. I was prescribed antidepressants, but nothing could change the overwhelming grief of a life that was nothing like what I had expected with a newborn. I watched other mothers do all the things I had dreamed of, while I struggled to even walk.

Looking back, I realise that not once did any doctor or midwife discuss my birthing options with me. I feel foolish now, but at the time, my only concern was that my baby was growing and healthy. I never imagined that my own body would be so profoundly damaged.

I spiralled into darkness. My beautiful son—who I was once told I would never be able to carry—deserved a mother who could care for him, and yet, I felt incapable. Words cannot express the torment I endured. There were moments when I wanted to end my life. It felt so cruel.

If only I had been educated about this. If only I had been given choices. Because of my experience, I have been vocal with my friends, many of whom have now chosen C-sections out of fear of going through what I did. At 42, I should have been told the risks of prolapse.

I cry as I write this, but I share my story in the hope that one day, no woman has to suffer as I did.

Anna,
QLD

I experienced suicidal thoughts after the birth of my fourth child. My third child had been stillborn and I thought having my ‘rainbow baby’ (baby born after loss) everything would be magical. I had breastfed my two older children and was very deeply ingrained in the ‘breastfeeding is best’ culture. When my 4 th baby was born we had difficulty establishing breastfeeding leading to me being placed on a breastfeeding plan which involved direct feeding, top up feeding with expressed milk and then expressing milk with a hospital grade pump. This needed to be done every 3 hours around the clock and the entire process took 1 hour which meant that I never had more than 2 hours uninterrupted sleep. I was still carrying so much guilt and grief over the death of my third baby that I felt I HAD to breastfeed. I was hypervigilant, unable to sleep and waking many times during the night from nightmares and to check my baby was breathing. I became so sleep deprived and hyperfocused on making breastfeeding work that I wasn’t connecting with my baby and she cried and fussed all the time because she wasn’t getting adequately fed. I felt consumed by the quest to breastfeed and whenever I considered stopping, I would think of the statements made by health professionals such as babies not breastfed will have lower IQ, higher risk of asthma, allergies and obesity and even cancers. My daughter became underweight and was not thriving. I had to attend more and more appointments, weight check-ins, lactation specialists – who would only ever suggest more onerous breastfeeding and pumping regimes and promise that things would improve “any day now”. At a low point I recall looking up ways that I could end my life but not damage my milk supply so that I could be put on life support and my breastmilk extracted. I remember sharing with my Mother my wish that I could be in a coma and wake up with my baby strong enough to feed directly and that day she told me I needed to tell the health nurse. I did have a lovely health nurse that came to the house to visit and I worked up the courage to tell her how I was feeling. She gave me some affirmations to put around the house and organised a phone call to my GP. Later that day I visited the GP and a referral was put in to a bulk billing home visit mental health social worker – as far as I know – the only one on the Gold Coast with specific speciality in perinatal mental health. I had a number of sessions with the social worker which was hugely helpful. She helped me let go of the guilt I had and the feeling that I had to meet the impossibly high standards of others. She told me that women on breastfeeding plans were forming the bulk of her current referrals along with women feeling that they had ‘failed’ their babies because they required medicalised birth or a c-section birth. I was also able to get in for an emergency appointment with a pediatric feeding specialist that explained my daughter would be unlikely to be able to be solely breastfed and would need to be bottle fed. I stopped the expressing and top up plan and began giving my daughter bottles of formula and breastfeeding her as a comfort ‘top up’ when I felt that I could. Just two or three days later my daughter began smiling at me and I finally felt like I had time in my day to enjoy being with her. I could take her out and not feel the constant pressure and worry about having to be home to express milk and follow the plan.

Over time being in support groups like BTA and talking to other women helped me realise that many women go through this kind of struggle and one thing many of us have in common is being too hard on ourselves and feeling that we can never meet the expectations of perfection placed on new Mothers.

I was incredibly lucky to have had such a good health nurse, to have gotten that emergency feeding appointment and to have been able to access the social worker's therapy. It would make a huge difference if all women were able to access such good care. I was lucky that I got that care just in time before things got worse. After I got some rest and sleep, I felt much much better and the terrible clouds that were gathering around me cleared. We need more funding towards preventative and proactive perinatal mental health to manage the impacts of birth trauma, grief and loss and difficulties in the post-partum period. We shouldn't be waiting until a woman is suicidal for her to be able to access timely and accessible intervention. ABTA is an incredible organisation but it is an unfunded charity group running on the unpaid labour of a handful of volunteers. Health professionals are referring women to ABTA seemingly not realising that there is no funding for it. Our health services are doing the best they can but they also are only funded to respond to need, not to pre-empt it. I'm sure we could prevent many women from getting to the tertiary level and requiring inpatient or pharmaceutical treatment if we were providing more universal practical and accessible support sooner.

Tara
VIC
After the birth of my first child I was left with physical and psychological injuries. Despite preparing as best as possible and trying to advocate for myself, my immediate concerns about my physical symptoms were either evaded or largely dismissed as "normal after a forceps". Shortly after, I learned I had severe triple compartment prolapse and a major tear which was never repaired, I realised my life-altering symptoms were never going away, and this was going to be my new normal. I was in so much pain and discomfort I could barely walk around the block, much less baby wear or be the mother I had imagined I would be. As an athlete, I felt I would never be able to use my body the same way again. I was young with a newborn and my whole life ahead of me, but felt hopeless about my very preventable injuries and the complete ambiguity of what the future held for me. I would think about all the 'what ifs'. What if I had had a more experienced doctor? What if I went to a different hospital? What if I never had children? All I could envision was a miserable, helpless version of myself with no clear option for surgery or recovery, leading me to believe I would be a useless mother and my children and husband would be better off without me.

I spoke to therapists, mchn, pelvic floor physio's, obstetricians, etc.. I felt nobody understood or cared about the gravity of the situation and its impact on my quality of life because they couldn't relate. Many were childless or had cesarean sections.

My therapist hadn't experienced birth trauma or injuries and I could tell struggled to find the appropriate thing to say. Most professionals labelled my distress as PND/A but didn't recognise the trauma and grief that followed me for years. Medical professionals made it clear that my injuries required "symptom management", eliminating my hope for a full recovery from my injuries one day.

One day, I felt afraid to be alone after months of passive suicidality had transformed into a detailed plan on how I would end my life. As my husband was getting ready for work and I was with my baby, I broke down and confessed I wanted to go away forever and didn't trust myself not to leave our baby with someone and act on my plan. I went to the GP and got on anti-depressants.

I can't say that medication helped me personally as it isn't the reason I'm here today, but it bought me time when I was feeling like I couldn't imagine another day feeling the way I did. I would say that seeking out the peer support of others who have experienced the same thing as me, and time to grieve and come to terms with what I lost is what helped me, as well as finding a good pelvic floor physio who treated my physical injuries but also acknowledged and validated my psychological trauma.

The number one thing that would have made the most difference for me was proper education about the risks of vaginal birth; particularly instrumental and the likelihood on birth injuries, prolapse and avulsion. Had I been given the agency and respect of being provided evidence-based information ahead of time, I would have been much less distressed and not caught off guard when the injuries happened, as I would have known it was a risk. This is something that is supported by recent research as well.

Having my pelvic floor physio completely covered by Medicare would have also been more attainable as even the gap payments are around $80 a session making it completely unaffordable for most. Urogynacologists are also shockingly unaffordable to see and have waiting lists months long, which doesn't help mental health.

Having medical professionals who were trauma-informed would have helped immensely, and who were trained on the prevalence of these injuries would have reduced my feelings of despair. The doctors and midwives I encountered were either uneducated about my injuries because they don't have follow-up or interaction with patients beyond a few weeks after the birth, or were largely paternalistic or minimised the impact on me.

Erin,
QLD

I'm from Brisbane, Qld but when I first experienced birth trauma I was living in Bendigo, Regional VIC in the midst of the global pandemic and ongoing lockdowns.

It wasn't until just over 2 years postpartum from my first birth, and 9 months postpartum from my second birth that the feelings of helplessness really became apparent. Things in my life had started to slow down, but the feelings of sadness didn't disappear, which before that point I always had a reason, whether it was from my birth trauma, being separated from family, job loss or financial hardship.

I had done all the right things, I had regular sessions with my psychologist, leaned on those close to me, tried EDMR therapy, but I wasn't being completely honest with myself. It wasn't until my 29th birthday that I opened up to a close friend of my feelings of wanting to be in a never-ending sleep.

I didn't necessarily want to die, but I wanted the pain to disappear and was just so exhausted by the heaviness I was carrying. After this moment, I sought help from my GP and was diagnosed with postpartum depression and was prescribed antidepressants and continued my psychology sessions. I'm two years in, and there are still hard days, but I'm proud of how far I've come. I wish I sought out this help sooner, but being in a constant state of fight or flight, I just didn't have it in me then.

It all links back to the birth trauma of the 4th degree tear, and the lack of resources and support at the time during recovery. It was the mental toll that took on me, and then, though having a second baby healed some mental parts, it brought up other parts of the birth trauma that I hadn't dealt with. I'm now 3 months post hysterectomy, and because of my birth trauma, my recovery is different due to weakened muscles and scar tissue from the repair. I've tried to wean off antidepressants, but realised that I'm not quite ready from my PPD journey.

Robyn
SA

I am 17 months postpartum. I had a traumatic instrumental birth in 2023. I live with levator avulsion and prolapse as a result of this.

I experienced suicidal thoughts early on in postpartum when I learnt about the type of injuries I had, and the permanency of them. This was my first child, and I felt overwhelmed by what I was experiencing in my body while navigating motherhood. I felt like I was living in someone else's body. I felt incredibly isolated because no one in my network understood what I was experiencing. Levator avulsion is also not commonly recognised as a birth injury (unlike severe perineal tears) . It's a major, traumatic injury. But it's invisible to the outside world.

I saw a perinatal psychologist at 8 months postpartum. She made me feel seen, and helped me realise that what happened to me was not my fault. However, I still struggle with my mental health when I have setbacks with my injuries. This will be an ongoing battle I will have to manage.

I don't think I would have experienced postpartum depression and suicidal thoughts if my birth experience was different. There are many things that happened to me, which could have been avoided if I received better care. Lastly, I may have felt less scared early postpartum if obstetric medical professionals acknowledged the impact of my physical trauma and it took it more seriously.

Monique
NSW

After my first birth, I experienced severe birth trauma—a 3C tear, levator avulsion, and a massive postpartum haemorrhage where I lost 3.3 litres of blood (almost a gallon) . The physical damage left me feeling broken, disconnected from my body, and grieving the life I once had. I was diagnosed with pelvic organ prolapse and told I had a high risk of lifelong incontinence. I went from being an active, independent person to feeling trapped in a body that no longer felt like my own. The lack of clear medical guidance, the overwhelming isolation, and the uncertainty of my future made it incredibly hard to cope.

I had panic attacks, struggled with constant intrusive thoughts, and felt like I was failing my son. I felt like I was a burden to my husband and that my body had failed in the most fundamental way. I reached a point where I thought, "If this is my life now, how am I supposed to keep going?"

I reached out early. At 1 week postpartum, I started intensive therapy with my psychologist because I had severe PTSD, postnatal depression (PND), and anxiety (PNA). The trauma of my birth was overwhelming, and I was terrified of what my future would look like. My therapist helped me process the trauma, but the grief was still suffocating.

At 6 weeks postpartum, I started physiotherapy to manage my prolapse and avulsion. Unfortunately, not all physiotherapists understood my condition, and I was often dismissed with “just do kegels” or “this is just part of postnatal recovery.” I had to go through multiple providers before I found someone who truly acknowledged the emotional and physical toll of what I was experiencing.

My husband was supportive, but I don’t think either of us fully understood the depth of what I was going through at the time. I also reached out to Facebook support groups for prolapse and avulsions, where I found some hope and reassurance from women who were further along in their recovery.

What has helped me?

- Therapy (started at 1 week postpartum)—Working through my grief, trauma, and PTSD triggers with a psychologist who specialises in birth trauma.
- Finding the Birth Trauma Australia’s community—Connecting with other women who had been through similar experiences made me feel less alone and more understood.
- Educating myself—Medical providers didn’t always give me the full picture, so I researched, asked questions, and became my own advocate.
- Physiotherapy (started at 6 weeks postpartum)—Once I found the right providers, I was able to develop a treatment plan that felt aligned with my recovery goals.
- Exercise & movement (on my terms)—I slowly built strength again, focusing on what felt good rather than what I “should” be doing.
- Letting go of guilt—Realising that I wasn’t broken, I didn’t fail, and this wasn’t my fault.
- Planning my next birth differently—for the birth of my second child I’ve chosen an elective caesarean to protect my mental and physical health. Having a clear plan and feeling in control this time has helped my anxiety tremendously.

What could have made a difference for me?

- Better postnatal education—I had no idea what an avulsion or prolapse even was before this. If I had been informed of my risks, I might have been able to make a more empowered birth decision.
- More trauma-informed care—Being told to “just be grateful you and the baby are healthy” invalidated what I was going through. Acknowledging my physical injuries and mental health struggles would have helped me feel heard and supported.
- Medical providers who actually understand pelvic injuries—I shouldn’t have had to see 5+ physios to get someone who actually understood avulsions and prolapse properly.
- A stronger safety net for postnatal mental health—Routine mental health screenings postpartum (beyond the standard checklist) could have caught my PND/PNA sooner before it escalated to suicidal thoughts.

Shauni
QLD

My experience leading to suicidal thoughts was a spiral postpartum. I had a relatively straight forward pregnancy - although I had hyperemesis and gestational diabetes (only like 0.2 over the limit or something) , diet controlled (didn't change my diet at all) .

Anyway, I was told all along I would be induced due to GD. Until 38 weeks OB appointment, who said I was measuring small, sent for an extra ultrasound and decided I was measuring fine, blood sugar was fine and not to induce me.

Fast forward to 41+6 and being induced for post dates. I had 2 or 3 sweeps in the lead up which were unsuccessful. The night prior I had a balloon catheter inserted, which didn't do anything. The next morning I was admitted to birth suites, balloon removed and waters broken before the drip started.

For the first several hours I was fine. Then I had severe pain from back to back contractions, all staff running in the room, made to get into bed and change position several times. The only position my baby's heart rate was stable in was with me on my back. I was only around 4cm at this point and told you normally dilate 0.5 cm every hour or two as a first time mother. I couldn't think of having this pain for another 6-12 hours so I opted for the epidural.

A bedside ultrasound showed baby in a compound position with his hand above his head. I requested a C-section. Request denied.

Fast forward to 7pm and I started to get a bit hot. By 9pm I was on the sepsis pathway. By midnight I was in a lot of pain again and my midwife stated "that means it's time to push, the epidural stops working when it's time to push". That sounded crazy to me but I'd never been through this before and thought hey at least it's almost over... Lol.. jokes on me.

Two hours later and I'm still pushing. Being told to hold my breath and push. Telling the midwife I can't do it, I need to breath, I feel dizzy. She doesn't listen. I've had enough. I scream for help from someone. They decided to intervene due to maternal distress. They cut an episiotomy, ouch, I scream at them. Oh but she has an epidural.. oh right, it's actually become disconnected, the bed soaked with the medication, no wonder I've been feeling everything. A quick shot of lignocaine to numb the area, forceps applied and baby boy was born.

They did quickly tell me if forceps didn't work, it would be a medical emergency and I would need a C-section to save our baby. I worked in that hospital and knew we couldn't get from the maternity ward into theatres that quickly. I was terrified. I was never informed of any other potential risks.

Fast forward to postpartum. Whenever I was standing I felt a lot of pressure down there. I thought it was blood pooling and swelling from my episiotomy. Turns out I have a cystocele (bladder prolapse) .

I saw a gynaecologist because I was only 29 and WTF was wrong with my vagina?! I asked him if I would recover, if I could go back to being a registered nurse after my maternity leave and he replied "well I'm a surgeon, if I injured my wrist I couldn't operate". He told me his advice would be to find another job, to never lift my baby - only be passed him by others when I'm sitting down and to be one of those trophy wives in the supermarket who walks and points at things she wants whilst her husband pushes the trolley with the baby and picks things up.

I spiralled hard.

Pre- baby I worked as a registered nurse for 5 years on busy medical and surgical wards. I sometimes volunteered for double shifts. In my spare time I did yoga and Pilates and I danced. I was truly carefree and healthy.

Post baby - I felt like a failure. Why me? I felt like a burden to my partner, my family and especially to my baby. He didn't deserve a broken mother. And I often questioned if it would be better for him for me to go now whilst he was too young to know any different rather than grow up with a broken couch potato mother. The only reason I didn't was because I didn't want him to grow up thinking any of this was his fault.

I spoke a little to my best friend and to my partner and to my mother. I never told them I was suicidal. I was scared. Terrified even. I had never felt like way before. I became scared of being alone with my baby, not because I would harm him, but because of the dark thoughts of myself. I was worried I wouldn't be able to live with myself and my partner would come home to an awful seen of an abandoned baby and a dead mother. My best friend just knew, she would drive from Brisbane to the sunshine coast almost daily and be with me on her days off, before work if she wasn't working until the afternoon, constantly messaging me if she was working, telling me she would leave work anytime if I needed her and could also call in sick to be with me.

I saw my GP and was diagnosed with postnatal depression. This wasn't depression. This was despair. This was crisis. I saw a psychologist who specialises in postpartum and was diagnosed with PTSD. That explained the night terrors, reliving my labour and birth every time I closed my eyes. We did EMDR and this really helped me work through the underlying issues.

I found a Facebook group called postpartum prolapse mum club and this made me feel way less alone. From this I heard of pelvic floor physio and I found a great one. I walked in, crying my eyes out, and finally, I saw light at the end of a very long tunnel. I didn't need a quick fix; I just needed hope, and she gave me this. Ultimately, I think she saved my life.

And lastly, what could have helped me?
-a midwife who listened to her patient
a healthcare system that views patients as people and not just another number
A doctor that explained the risks ,not just documented that they had informed me
-a proper debrief post birth (it's documented in my notes that this happened but the doctor just popped in to my room later that day to "check on me" and tell me I would be sore for a couple of days and she had told her staff to be extra vigilant with epidurals in case there was a fault in them with mine disconnecting)
- a different mental health test rather thathe n standard K10 for postpartum
-an understanding gynae with a better bedside manner (I really think he made a bad situation so much worse)

Tanja
VIC

My first child was born via emergency c/s. It led to me being suicidal for the first year of his life. It wasn't the c/s which made me suicidal, it was the endless lying from staff. It was being treated badly by the maternity ward staff only because I had come from the birth centre. It was the foul way I was spoken to and not treated with basic dignity. It was the outright lies from the OB. It was being spoken about as if I wasn't even in the room while they cut me open. It was being left entirely alone after the birth in a room alone without my husband and child or even a reassuring staff member - my child was fine, why could we not be together? It was the refusal, by the night nurse, to let me access any pain medication after the birth even though the pain team prescribed it. It was the feeling of being a sausage in a sausage factory - utterly dehumanised.

I tried talking to a GP. She gave me a sample pack of valium and told me to return another week. I booked myself into a mother and baby unit, but they were very reluctant to help with anything other than his sleep.

The only things which helped were:

- Breastfeeding. I convinced myself that I had to feed my child for one year and then I could die. I was fortunate that I found it easy. If I hadn't been able to feed him, I don't know what my story would be.
- As that deadline approached, I found a group of women online who openly talked about birth trauma. I met two of these strangers in a park with our children. They listened to me and cried with me and made me feel less alone. They told me their stories of pain, hope, and survival. I credit them with my own survival. I joined that group of women online and met some of my dearest friends there.

When my son was 11 years old ,I finally found a therapist who helped me work through what happened that day. That child is now an adult, and I cried while writing this all down. I no longer have PTSD, thanks to my work with the therapist, but I don't know if the pain will ever be entirely gone. I missed his first year, just fighting to try to stay alive.

I wish the people in the hospital had treated me like a human. If they had spoken to me with compassion, and not lied to me, I don't think I would have been traumatised. If only I had been treated like a person instead of an inconvenience in their quest to get a baby out and a room empty.

I wish doctors had any ounce of knowledge or even just acceptance that birth trauma is real. I don't expect every doctor to know every issue, but just *believing* a woman when she tells them what is wrong does not seem like a groundbreaking idea. Somehow it is.

Anon
ACT

My second childbirth experience was a neglected, dangerous and traumatising ordeal. It was only by sheer luck that our baby survived. She was born blue and floppy, not breathing, with her umbilical cord wrapped tightly around her neck several times.

I couldn't believe what had happened that shouldn't have happened, I couldn't believe what had *not* happened that *should have* happened, and I couldn't believe that a birth that negligent and horrific could happen in this country, except that I had just lived it.

While our baby was being resuscitated, I was on my hands and knees on the bed, facing the wall, unable to see anything that was happening. My vagina and perineum were inspected without my knowledge and noted as intact. My heart and brain had been torn to shreds, but nobody ever checked for that category of tearing.

After the birth, not a single health professional at the hospital—not one nurse, not one midwife, not the physiotherapist, not the obstetrician (who didn't come when she was called, and missed the birth) —asked how I was going mentally or emotionally. No one acknowledged the trauma of the birth or our baby's severely deteriorated condition at birth.

In the maternity ward, my breasts were examined, heated and pumped for milk, I was questioned about the volume, colour and odour of the blood on my sanitary pads, and I was incessantly asked whether I had had a bowel movement yet. Nobody asked about me; just some of my parts.

One friendly person did come in and ask how I was going—though she mostly talked about how beautiful my baby was. She seemed different from the other hospital people; she wasn't in a rush to finish talking and leave, she was dressed casually, and she didn't carry a clipboard. She turned out to be a newborn baby photographer, who'd been granted permission by the private hospital to enter new mothers' rooms and present photo shoot packages for sale.

Over a three-day hospital stay, nobody ventured near the terrain of what my baby, husband and I had suffered through in the birth, nor what health problems might lie ahead for our baby. Even though those questions would or should have alerted them to how shocked, distressed, furious and worried out of my mind I was, no mental health support was offered—not as an inpatient, an outpatient, or even as a passing suggestion in my discharge instructions.

I don't know whether it was institutional self-protection (a.k.a. butt covering), apathy or sheer incompetence that kept everyone silent. The situation wouldn't have been helped by the fact that my birth notes were incomplete, inaccurate, distorted and sanitised in favour of the hospital. I only discovered that when I obtained my hospital records once I was back home, trying to piece together what the hell had happened and why the hell it had been allowed to happen.
Throughout my hospital stay—and for years afterwards in the complaints processes—the hospital staff and private obstetrician remained defensive and patronising, always deflecting and dismissing our concerns. They were happy enough to "hear our story" and "let us have a voice, which is what parents want"—once—and they seemed surprised that their initial responses didn't mark the end of the story. I guess most people who do complain find it difficult to navigate the records and responses and deal with self-serving inconsistencies and nonsense, or they run out of steam, time and resources early. They are not to blame.

The *post-trauma trauma* of the complaints processes has been a living hell, and it's still going. At best, the internal and external reviews have generated token efforts at appeasing and soothing us. At worst, they have resulted in sickening and dishonest (factually dishonest and intellectually dishonest) rewritings of history.

We weren't looking for lip service. We didn't want apologies that our "expectations were not met on this occasion" as though the hospital pillowcases weren't ironed to our satisfaction. We wanted—and believed we deserved—honesty, accountability, and improvements in safety for the sake of future patients.

Instead, every complaint process felt like a gas-lit fireside chat, where those responsible assured us that their errors either didn't happen or didn't matter—while those up the chain nodded along, wrote us off as nuisances, and prematurely closed their files.

Six months after the birth, a nurse at my GP's clinic mentioned that she was aware of my traumatic birth. This was the first time I had heard the birth described that way. The nurse told me about her own traumatic birth and the support she had received from the Birth Trauma Association. This was the first time I had heard of the BTA.

In the BTA, I found a community of people who had been through birth trauma and who encouraged me to talk about my experience when I needed to. I withdrew from the group when I found another member's mental health crisis far too frightening, triggering and painful for me to stay. She reported driving at high speeds with her baby in the back and her hand on the handbrake, trying to decide whether, and if so when, to yank it up while driving.

I rejoined the group when I could, having prepared and braced myself better this time for the extraordinary range of birth traumas and long-term effects. Step by step, my path forward, in the awful, murky new world I had been forced into, became a little clearer.

I contacted the office of a psychologist who specialises in birth trauma. I didn't want to speak to someone who was inexperienced with birth trauma or who would be shocked by what I'd say. I needed someone who'd dealt with all the worst kinds of births and understood the depth and intensity of the darkness I was experiencing.

As expected, there were no appointments available. But I was lucky enough to go onto the waiting list. I was advised to expect at least a two year wait. I never made it off the waiting list—not in those two years, nor even in the two years after that.

I tried speaking with a few psychologists and counsellors whose books were open. They were kind and caring people who wanted and tried to help me, but they had little experience with birth trauma. Their shocked expressions, outraged outbursts, and unwarranted rosy confidence that the health complaints systems would "get to the bottom of it" were painfully unrealistic and unhelpful.

One night, I woke up feeling as though I had been struck by lightning. A thought flashed through my mind: *The whole world has gone dark*. It felt like an objective fact, and it terrified me. I knew then that I needed serious help.

I entered the care of a psychiatrist. She could understand and handle even the darkest stuff. She gave me an antidepressant prescription to consider. But I didn't want my baby drinking breast milk with antidepressants in it. I decided I would hold onto the edge of the cliff—and the prescription—for as long as I could.

A year later, I wasn't just having suicidal thoughts, I was having suicidal urges. It was like being caught in a rip and trying to paddle towards the shore. At times, the only thing keeping me alive was the goal of not leaving my husband without his wife and our children without their mum. I loved them very much, and I wanted *to want* to stay for them.

Until that point, I had naively believed that if I ever felt suicidal, it would feel so horrible that I would blurt out how I was feeling, and desperately accept any help. But when the time came, I couldn't imagine that anything could help me feel better.

I spent a lot of time thinking about the Buddhist monk in Vietnam who set himself alight as a final act of protest against religious persecution. That was in 1963, and people still talk and write about it. I also spent a lot of time thinking about suicide notes, especially whether those involved in the birth and complaints would finally pay attention to what I had to say (I doubted it) and whether they would be glad to finally be rid of me (I thought so).

One day, my husband asked how I was feeling. I was so tired that I just spoke without a filter. I said I was fighting off suicidal urges daily. He made sure I saw my GP. She's always been brilliant, but this time she was a lifesaver. She listened carefully to the situation and my concerns. She put me on an antidepressant that was unlikely to enter my breast milk.

The main downside of the antidepressant was weight gain. I left the healthy weight range, shot through the overweight range and became clinically obese. My new weight made my physical injuries worse and reduced my self-esteem, and my new size forced me to buy new clothes. But it was all worth it, because I no longer wanted to kill myself.

I might not be here if I didn't have a supportive spouse and GP team who managed to get me talking when I felt dead inside, and who listened well without rushing me. They got me moving towards a life I wanted to live, which I don't think I could have achieved on my own.

I would never have called an ambulance or mental health crisis team, because I didn't want to take resources away from others who *didn't* want to die. I would never have taken myself to the emergency department to shuffle in a queue under fluorescent lights and eventually disclose my problem to a public health worker behind a plastic screen.

I wasn't aware of any local clinics or programs that would have felt safe to attend. I would have been petrified of being involuntarily detained or being separated from my children. The closest mother and baby psychiatric unit was three hours away. It still is.

More than four years after the birth, I'm still trying to dampen down the effects of the traumatic birth and traumatic complaints processes, with multiple medications and confronting, exhausting therapy sessions—both psychological and psychiatric—that I always dread attending.

Late last year, I started seeing a birth trauma psychologist whose books, by some miracle, had opened. We've started EMDR therapy to try to convert my volcanic rage into something more like grief for the absence of the safe and attentive birth my baby deserved. This psychologist understands how dangerous and damaging births can be, and how unseeing, insipid and ultimately useless the complaints, investigations and disciplinary systems can be.

I have lost my belief that an organisation's stated missions, values and goals have anything to do with who they are or how they operate. I no longer believe that it is safe to obtain treatment from a hospital. I have lost my faith in government departments and agencies that are supposed to regulate, oversee and intervene where necessary for health and safety. I can now see the politics, power struggles, dehumanisation, hostility and defensiveness in healthcare. I have regained my desire to live, but I have lost my desire to live in this country.

I know that there are many committed and hardworking people in our healthcare and complaints systems, but I also know that I am first and foremost a number in those systems. Patient number. Case number. Complainant number.

Another pest in the swarm. Another uptight, hysterical mother who's forgotten how lucky she is. Another tiresome, irksome troublemaker who needs to quit writing letters, start working on her positivity, gratitude and mindfulness, and have some respect for the divine knowledge and judgment of health professionals (including those who reviewed the birth and wrote deeply error-ridden reports with illogical comments, errors, omissions and factual inconsistencies throughout).

My husband and I obtained our own reviews and reports about the birth, from two independent midwives and an independent obstetrician. These reports cost us thousands of dollars and took us months to obtain, but they had no discernible effects at the level of the hospital, the private obstetrician level or the external complaints body. The reports might as well have been blank paper.

AHPRA ultimately decided to take no action against any health practitioners, noting that our "concerns" had already been "considered", and "dealt with" by the hospital and the consumer complaints body (both of which we believe had not just blinkers but blindfolds on).

I am unsure whether, and if so how, traumatised complainants are expected to stay sane in complaints systems like these. Complaints management that is genuinely aimed at issue identification and quality improvement, rather than patronising head-patting and shushing of the complainants, would have helped me and my family in terms of our mental health (as well as future maternity patients in terms of their physical and psychological safety).

Over the years, I have spent an incredible amount of time and money with GPs, psychologists and a psychiatrist. I am privileged to have been able to afford the time and money for these wonderful services. At the same time, it has reduced our family's disposable income to less than nil and placed serious financial pressure onto us, especially given that I am unlikely to be able to return to work. We are currently considering whether we need to sell our home.

I would put my name to this submission, but for my fear that if my mother read the depths of my pain and despair, it would kill her. She would also go ballistic at me for not telling her how I was feeling. But people who are trapped in black holes need trauma-informed care and support in the hole, not health professionals trying to pull the wool over their eyes about what they went through, and well-meaning people delivering think-positive messages and trying to coax them out of the hole.

There are so many opportunities to prevent suicides following birth trauma (and, I'm sure, other deaths at the hands of desperately unwell mothers) through proper birth and post-birth care, and where things have gone wrong, through legitimately independent, diligent, honest, transparent and respectful reviews followed by meaningful quality improvement.

I am alive—and happy to be alive—because I had a concerned family and medical team who cared about me, asked about me, listened to me, stuck by me, and worked their butts off to help me turn my life around when I was flailing at sea.

My family has spent a shocking amount of money on private mental health care that most people would not have been able to afford. My family and I couldn't have afforded for me *not* to have that help, so it pains me greatly, night and day, that so many others are having to make do without. This absence of proper care and support must come at huge cost to them, their relationships, their children, their community, and our society.

Parenting is hard enough without mental and/or physical birth trauma piled on top. Birth trauma is not rare or even uncommon in Australia:

- On average, six babies are stillborn each day, with sub-standard care contributing to up to 50% of stillbirths, and with 20 to 30% of stillbirths considered preventable through optimal care.
- At least one-third of births are traumatic.
- Around ten percent of women who give birth emerge with PTSD.

I have not been at all surprised to discover the statistics above, or the fact that suicide is one of the leading causes of maternal death in the first year post-birth.
Birth trauma survivors need to be met where they are, when they need it, with trauma-informed, safe care and resources to help rebuild shattered lives, selves and families. Every member of our society would benefit from this.

Lyn
NSW

My children were born in Queensland because I lived in Brisbane then.

I knew something was wrong immediately after my first child's birth in 2017 and had appointments with two different pelvic floor physios in Brisbane. These physios were not able to diagnose me and I struggled with various physical impacts of my injuries during that year.

In 2018, I had my second child, and after discovering my pelvic organ prolapse, sought a diagnosis again. This time I was diagnosed with levator ani avulsion and pelvic organ prolapse by a different pelvic floor physio and also a urogynaecologist, both based in Queensland. Both these professionals knew their stuff and gave me the information I needed to understand what injuries I had incurred.

By this time I had moved to northern NSW. I sought a new GP who was dismissive, and demonstrated her lack of knowledge about levator avulsion and prolapse, telling me things like "only old ladies wear pessaries", which I knew was incorrect.

As I became more aware of the impacts of my injuries, I realised it impacted EVERY aspect of my life; Everything from the physical aspects of the injury, managing a pessary, fitting in the required ongoing rehabilitation, to my work, home and social life, mental and physical health and well-being, my relationship with my husband, children and extended family, and my ability to look after my own children. Please see the mind map to understand in more detail how these injuries impacted me.

At this point in time, I was the mother of two very young children, recently diagnosed with a life-changing injury, and having to cope with and make significant changes in my life due to the injury. It caused me to become completely overwhelmed, and I got to the point of contemplating suicide. One evening driving home from work, I even got to the point of planning that I would just drive at high speed into a concrete wall.

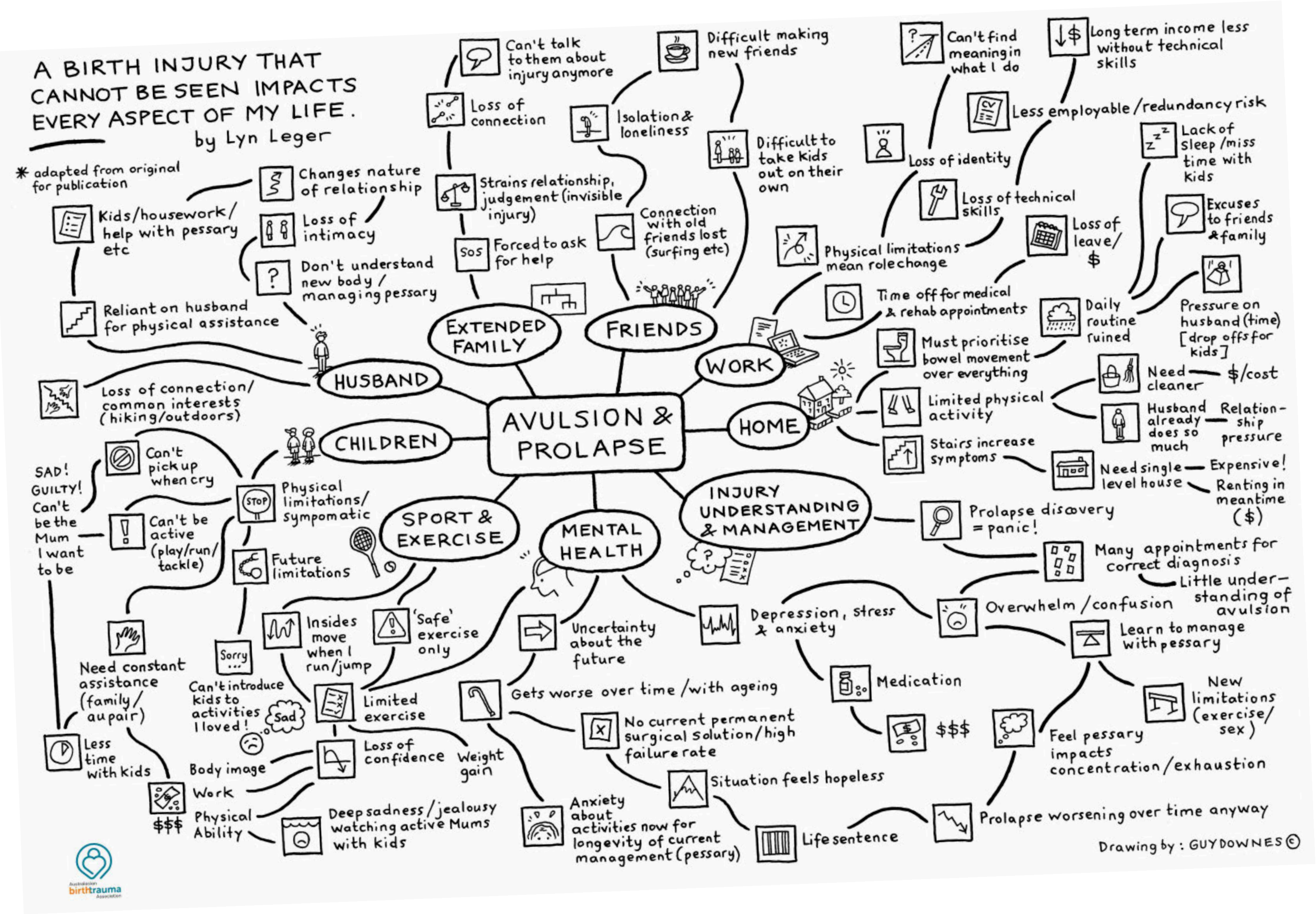
I immediately sought assistance again. This time from a much better and more informed GP. She was empathetic, tried to understand as much as she could about my injury and how it was impacting me, and asked me what I needed from her at that point. Apart from the obvious interventions, like anti-depressants and a referral to a psychologist, I asked her to 'take over' communications with the various medical and allied health practitioners, to get more information on my diagnosis, and to make decisions for me about what appointments and rehabilitation were a priority. There were so many appointments to fit in, information to take in and understand etc, I really needed her to simplify this for me and tell me what was most important. She was fantastic, and without her I'm not sure I'd be here today.

During this time, I found it really hard to talk to friends and family about what was happening, because I didn't fully understand the injury or the implications for me. Also, it became really hard to get out of the house on my own with my injuries and with 2 small children. This caused me to become socially isolated and further depressed. Apart from medical and allied health professionals, my husband became my only confidante for quite some time.

Eventually (over several years), with anti-depressants and lots of hard work with my psychologist, learning more about my injury, I have been able to open up to others about what I went through, and am still going through. This is a forever injury and I need to be able to manage it, both physically and mentally, for the rest of my life.

Things that could have, and still would, make a VERY big difference to me and managing my mental health are:

- Having GPs, physios and other practitioners trained not only on the physical aspects of birth injuries, but the kinds of impacts this can have to our lives, and how overwhelming this can feel when all these changes and adaptations need to be made at once. We wouldn't doubt how this would be for someone who had an accident and lost the ability to walk/ended up in a wheelchair, but there seems to be an expectation that women should carry on no matter what the injury/trauma. There is not enough support for women when 1 in 5 go through this similar journey but with an invisible injury.
- Access to a social or disability worker to help with the necessary life adaptations, to help with arranging everything when it all became overwhelming.
- Provide Medicare-funded care plans focused on birth injury and trauma. The initial and ongoing financial burden on individuals with birth injuries is significant. The Medicare-funded care plans need to be similar in nature to Eating Disorder treatment and management plans which provide for comprehensive treatment from both psychological services and allied health professionals. The current care plans available to any person with a complex, chronic health issue is only 5 sessions per year, and this is nowhere near enough.
- Being able to access disability parking would have improved my ability to access different locations more easily while I learned to deal with the impacts of my injury. This would have had the added benefit of allowing me to maintain social connections so maybe I would have found more people to connect with and support me.


A BIRTH INJURY THAT CANNOT BE SEEN IMPACTS EVERY ASPECT OF MY LIFE.
by Lyn Leger
* adapted from original for publication
AVULSION & PROLAPSE
HUSBAND
Kids/housework/help with pessary etc
Changes nature of relationship
Loss of intimacy
Don't understand new body / managing pessary
Reliant on husband for physical assistance
Loss of connection/common interests (hiking/outdoors)
EXTENDED FAMILY
Can't talk to them about injury anymore
Loss of connection
Strains relationship, judgement (invisible injury)
Forced to ask for help
SOS
FRIENDS
Difficult making new friends
Isolation & loneliness
Difficult to take kids out on their own
Connection with old friends lost (surfing etc)
WORK
Can't find meaning in what I do
Long term income less without technical skills
Less employable/redundancy risk
Loss of identity
Loss of technical skills
Physical limitations mean role change
Loss of leave/$
Time off for medical & rehab appointments
HOME
Daily routine ruined
Lack of sleep/miss time with kids
Excuses to friends & family
Pressure on husband (time) [drop offs for kids]
Must prioritise bowel movement over everything
Limited physical activity
Need cleaner — $/cost
Husband already does so much — Relationship pressure
Stairs increase symptoms
Need single level house — Expensive! Renting in meantime ($)
INJURY UNDERSTANDING & MANAGEMENT
Prolapse discovery = panic!
Many appointments for correct diagnosis
Little understanding of avulsion
Learn to manage with pessary
New limitations (exercise/sex)
Feel pessary impacts concentration/exhaustion
MENTAL HEALTH
Depression, stress & anxiety
Overwhelm/confusion
Medication
$$$
Uncertainty about the future
Gets worse over time/with ageing
No current permanent surgical solution/high failure rate
Situation feels hopeless
Anxiety about activities now for longevity of current management (pessary)
Life sentence
Prolapse worsening over time anyway
CHILDREN
Can't pick up when cry
Physical limitations/sympomatic
STOP
Can't be active (play/run/tackle)
Future limitations
SAD! GUILTY! Can't be the Mum I want to be
Need constant assistance (family/au pair)
Less time with kids
Can't introduce kids to activities I loved!
Sad
Sorry
SPORT & EXERCISE
'Safe' exercise only
Insides move when I run/jump
Limited exercise
Loss of confidence
Weight gain
Body image
Work
Physical Ability
$$$
Deep sadness/jealousy watching active Mums with kids
Drawing by: GUY DOWNES ©
Australasian birthtrauma Association