

# A birth made to order? What a joke

- **Lucy Beaumont**
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## **Women don't have a choice when the health system can't deliver.**

A MATERNITY nurse summed it up best: "I know, sweetie," she sighed as she checked my chart, my day-old baby in a crib next to the bed. "You wanted a lentil burger — and instead you got one with the lot." It was a horrible image, perfect in its gruesomeness. After giving birth to my daughter, I felt like a bloody mess. But the analogy was wrong in other ways. I hadn't thought I'd been pursuing some hippie fantasy of childbirth, complete with whale music and the wafts of essential oils. I'd just assumed, naively it transpired, that if I did everything right I'd be rewarded with the birth I'd imagined.

The idea — reinforced by "active birth" classes, what little I knew of my sisters' and friends' birth stories and many a Hollywood birthing scene — was that this labour thing was going to be tough, but "good tough". More intense than anything I'd ever physically known before but essentially positive. And for some reason I felt entirely up to the challenge, supremely confident after a fairly stress-free pregnancy.

The reality of birth in a public women's hospital turned out to provide the most incredible seconds of my life. They occurred somewhere near the end of the most traumatic three days.

In recent weeks, this newspaper has reported fresh statistics on birth complications in Australia's public health system. Women who gave birth in public hospitals were twice as likely to suffer serious complications and their babies were at greater risk of death, ANU research showed. Women in public hospitals had twice the rate of severe perineal tearing.

A separate review, published in *BMC Pregnancy and Childbirth*, urged medicos to manage childbirth better, given a jump of more than 20 per cent in complications (mainly post-partum blood loss) between 1999 and 2004 in NSW.

The experts are stumped about the reasons for these increases that are also evident in other Western countries.

Older mothers (over 35) and maternal obesity have been suggested. Neither of these factors applied to me, but the reports read like a checklist for my experience.

One part of our birth story seems emblematic. Soon after delivery — the doctor still at the foot of the bed and calling grumpily for the correct sutures to be located — I lost a litre of blood and as a result lost consciousness.

The midwife at my shoulder, highly capable but freaked out when the colour drained from my face, slapped it in an effort to revive me. Why hadn't anyone warned me that far from being intensely rewarding, the birth could leave me feeling like I'd been in a car

crash and similarly require months of physical therapy? Why did relatives, GPs and health nurses keep asking if I was postnatally depressed until I finally countered that I'd been through something truly crappy and was determined to express my grief, rather than bottle it up?

How many worse birth stories remained untold? And why did so many well-wishers say, "At least you've got a healthy baby, and that makes it all worth it"? Because in truth, at the time, it wasn't.

Another factor suggested by experts — the importance of continuity of care — may explain my "adverse outcomes".

In 42 weeks of pregnancy I had never seen the same midwife or obstetrician more than once.

In 20 hours of induced labour (after two days of stop-start contractions), I'd been managed and mismanaged by multiple midwives, doctors and interns.

It took us two days to track down someone who would explain what had happened. And despite the complications they outlined, I was still discharged within three days.

As such, it's frustrating that public discourse about birth is couched in terms of "choice". Leslie Arnott, of the Maternity Coalition, has been reported as believing too many women are unaware of their "options". Australian Medical Association president Rosanna Capolingua has defended women's "right to choose", acknowledging that birth has become polarised: a caesarean (presented as the convenient option for all concerned) or a midwife-assisted birth (portrayed as "shunning" conventional medical care). I would argue that many women are not prepared for the fact that an uncomplicated birth is a blessing, not a right.

While my daughter was still tiny I gave away all the equipment that comes with early babyhood — the car capsule, the onesies, the soft swaddling — and vowed that I would never have another child for fear of going through another traumatic delivery.

Now she is a beautiful, spirited toddler and I'm due to give birth at the new Royal Women's Hospital in three months. Though the physical and mental scars have healed, I'm frightened about what's to come. The appointments I've had at the crowded new facility (waiting for hours, being told that the radiology department will probably be unable to perform my 12 or 20-week ultrasound scans so I should organise my own) have not allayed my fears. I'm undertaking shared care with my local GP but he won't be anywhere near the birth and I feel lost again in the public health system.

Nothing could be more important than getting this kind of health care right. As a starting point, let's stop calling it a choice — or women who don't get what they ordered will feel like it's them, not the system, who are failing.

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<http://www.theage.com.au/opinion/a-birth-made-to-order-what-a-joke-20090302-8lke.html?page=-1>