SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

Name: Mrs Jessie Albert

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Submission No. 8 – Mrs Jessie Albert

I would like to address birth traumas from over medicalisation of birth and a model of care that is far from woman centred. Less than 5% of women have access to continuity of care by a known care provider. This is significant because this simple model of care reduces preterm birth, morbidity and mortality of both mother and infant, increases the chance of achieving a normal physiological birth, increases breastfeeding, is more cost effective and truly allows women their most basic right to birth where, how and with whom they wish. This includes access to homebirth within the public system or privately practicing midwives (PPM's). As a midwife myself I have witnessed many incidents which I would consider traumatising to both myself and for these poor women who endure perinatal care through the power vacuum that is the medical model of maternal care. Women do not have power over their births or their bodies. They are sometimes denied their right to bodily autonomy and scared/bullied into procedures that may not actually be of benefit to them or the baby. It still astounds me that policies can be written on complete fallacies or preference of a Doctor which may not be evidence based. This leads to oppression of women and their rights and in turn leads to a traumatic and violating birth experience. Looking at the evidence, women reported the biggest contribution to their trauma wasn't the procedures that were undertaken but most trauma was attributed to care giver attitudes and the way they were treated. This is something tangible that we can change but it needs to start at the top in government and law. Women are important. The way they birth is important. We are sending damaged women out into the world to raise our future generations and then we wonder why they need so much support. I touched on a point earlier about privately practicing midwives, this service to women is invaluable. I know of many women who have been so traumatised by their birth they refuse to step foot in a hospital. For them their only perceived option is to birth at home. With access to PPM's this can be a very safe and healing option but without them their only option is to freebirth which in itself carries many risks to both mother and baby. PPM's have suffered at the hands of Australian Nursing and Midwifery Council, Australian health practitioner regulatory Agency and government restrictions particularly in that they can't be insured when attending a homebirth and the referral procedures require the midwife to seek out an obstetrician but there is no requirement on the obstetrician to work with them. This is not beneficial to women, particularly, in the case where their pregnancy may be high risk but refuse to go to a hospital. Collaboration is essential regardless of your views on homebirth because at the end of the day it is the woman's right to choose. To summarise, women have birth rights that aren't being met by our health care system and this is leading them down dangerous paths and risking lives. It's not setting them up with the best start in life and women want and need us to change the way we run our maternity care. Continuity of care is cost effective and the changes are not difficult to make. Women are not just vessels, babies matter, but so do women.