

Tuesday 03 October 2023

SELECT COMMITTEE INQUIRY INTO BIRTH TRAUMA – POST HEARING RESPONSES

Supplementary questions: Ms Alison Weatherstone, Chief Midwife, Australian College of Midwives

1. Regarding the term “birth trauma”:

a) what is the Australian College of Midwives preferred definition of the term?

As per the glossary table definition on page 3 of the Australian College of Midwives ([ACM submission](#)), *birth trauma* is defined as ‘the emergence of a baby from its mother in a way that involves events or care that cause deep distress or psychological disturbance, which may or may not involve physical injury, but resulting in psychological distress of an enduring nature¹’ or alternatively as ‘whatever the woman determines it to be’².

b) why is this the preferred definition?

Birth trauma may result from a single event or a range of situations during the perinatal period³. The World Health Organization recognises mistreatment of women as a global issue with recommendations to support positive childbirth through;

1. respectful maternity care
2. effective communication
3. companionship during labour and
4. continuity of midwifery care⁴

The preferred definition cited in a) above and relating to the 4 WHO recommendations best represents woman’s experiences in Australia as outlined in the Australian Birth Experience Study (BES⁵), the findings of ACMs member survey conducted in response to a call for submissions to the New South Wales select committee on birth trauma, and respectful maternity care framework citing access, choice, safety and respect values on page 7 of the [Woman-centred care strategic directions for Australian maternity services⁵](#).

A woman should have;

1. The right to be treated with dignity and respect and to privacy & confidentiality
2. The right to equitable healthcare and the highest attainable level of health
3. The right to informed consent and refusal, and respect for choices and preferences
4. The right to equality and to be free from discrimination, harm, and coercion

2. Regarding the term “obstetric violence”:

a) what is the Australian College of Midwives preferred definition of the term?

As per the glossary table definition on page 3 of the ACM submission, ACM supports the United Nations definition of *obstetric violence* as pertaining to violence against women in that ‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’⁷.

b) why is this the preferred definition?

The term *obstetric* has its origins in the 1700’s New Latin *obstetricus* which means ‘pertaining to midwife’⁸. Obstetric definition today has a range of searchable meanings such as;

1. ‘of or relating to the care and treatment of women in childbirth and during the period before and after delivery’
2. ‘of or relating to childbirth or obstetrics and the processes associated with it’⁸
3. ‘a branch of medical science that deals with childbirth and with the care of women before, during and after childbirth’⁹

The recent publication of the BEST study, Australia’s largest survey examining birth trauma and obstetric violence, found there is a growing recognition of these experiences which are characterised by women feeling dehumanised, violated, and powerless. Such feelings are linked with a trauma response, and are not just experienced by birthing women, but an increasing number of birth support people, and healthcare professionals⁵.

4. Can you explain why “informed consent” is necessary for women with respect to decisions they make regarding all aspects of their pregnancy?

Consent is an integral component of respectful maternity care⁵. It is a fundamental right for birthing women. Pregnancy, labour, and birth can be a vulnerable time for women, where procedures such as an invasive vaginal examination are often considered by clinicians as *routine*. There is further evidence to suggest sub-optimal consent for procedures such as episiotomy and the complexity of intrapartum consent when a woman is under the influence of normal physiological pain, pharmacological analgesia, and time constraints due to perceived or actual ‘emergency’ scenarios results in compromised and inconsistent approaches to the gaining informed consent¹⁰.

Ensuring informed consent is properly obtained is a legal, ethical, and professional requirement on the part of all treating health professionals and supports person-centred care. According to the Australian Commission on Safety and Quality in Healthcare, informed consent is ‘a person’s decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention that is made’¹¹

- Following the provision of accurate and relevant information about the healthcare intervention and alternative options available; and

- With adequate knowledge and understanding of the benefits and material risks of the proposed intervention relevant to the person who would be having the treatment, procedure, or other intervention.

For there to be valid free, prior, and informed consent, the person consenting must^{11,12}:

- Have the legal capacity to consent
- Give their consent voluntarily
- Give their consent to the specific treatment, procedure or other intervention being discussed
- Have enough information about their condition, treatment options, the benefit and risks relevant to them, and alternative options for them to make an informed decision to consent. This includes the opportunity to ask questions and discuss concerns
- Determination that the elements of free, prior, and informed consent have not been respected may lead to the revocation of consent given
- Consent can also be freely withdrawn

Providing appropriate, full, and culturally appropriate information for a woman to give informed consent requires an understanding of the following documents guiding practice;

- [Australian Charter of Healthcare Rights](#)
 - Access, Safety, Respect, Partnership, Information, Privacy and Feedback¹³
- Nursing and Midwifery Board (NMBA) Professional [standards and code of conduct](#) for Midwives¹⁴
- [National Safety and Quality Health Service Standards](#)¹⁵
- Procedures and guidelines that comply with legislation, lawful requirements, and best practice to the local context

In maternity care, particularly during labour and birth, there are occasions where a decision needs to be made quickly. Pregnancy, labour, and birth can be unpredictable. It is vital that informed consent is appropriately sought from women with accurate and relevant information on the intervention, including alternative options, which may involve doing nothing. It is the woman's right to accept or decline any proposed intervention without experiencing negative consequences from the clinical team.

Recommendation:

- A multidisciplinary approach to improving the standards of 'informed consent for women during pregnancy, labour, birth and the postnatal period' education and ongoing training for undergraduate students and post-registration healthcare professionals in Australia.

5. Update to the draft Hansard.

One amendment is required to the draft Hansard: Page 52, line 2. Remove 'maleficence' and substitute with 'beneficence'.



Thank you for the opportunity to provide further information to the select committee.

Kind regards,

Alison Weatherstone

Chief Midwife on behalf of the Australian College of Midwives, ACM CEO, Helen White and ACM Select Committee panellist Dr Vanessa Scarf.

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