

## SELECT COMMITTEE INTO BIRTH TRAUMA - AUSTRALASIAN BIRTH TRAUMA ASSOCIATION'S (ABTA's) RESPONSE

**Supplementary questions:** Ms Amy Dawes OAM, Co-Founder and CEO, Australasian Birth Trauma Association

### QUESTION 1

*Regarding the term "birth trauma":*

- a. *what is the Australasian Birth Trauma Association's preferred definition of the term?*
- b. *why is this the preferred definition?*

### ANSWER 1

- a. ABTA prefers "**Birth Trauma**" terminology that should be called '**Birth-related trauma**'. The ABTA's preferred definition is trauma experienced by a woman or birthing parent, whether that trauma involves a **physical** and/or **psychological** injury or both, sustained at any time in connection with all stages of the birth journey - from conception, pregnancy, labour and birth or during the postnatal period.

Birth-related trauma can impact mothers, birthing parents, fathers and non-birthing parents, and healthcare professionals. [See further **section 1.1.1** of ABTA's submission to the Select Committee (**ABTA's Submission**).

- b. ABTA prefers a broad definition of Birth-related Trauma (as set out above and in section 1.1.1 of ABTA's Submission) to recognise that birth-related trauma is a subjective experience that can occur at any stage of the birth journey and that a traumatic experience can impact multiple people involved. This position is based on research and evidence built over seven years of ABTA providing dedicated support services. As the first charity in Australia solely dedicated to supporting women, partners and families after experiencing birth-related trauma, ABTA has listened to the voice of many birthing consumers, and we aim to respond to the unmet needs of birthing families across Australia through research, education and advocacy.

## QUESTION 2

*Regarding the term “obstetric violence”:*

*a. what is the Australasian Birth Trauma Association’s preferred definition of the term?*

*b. why is this the preferred definition?*

## ANSWER 2

- a. Preventing and responding to birth-related trauma will require systemic change and collaboration between stakeholders across the maternity care system. The term ‘obstetric violence’ risks creating further division and blame in the maternity healthcare system that is antithetical to creating the behavioural change needed to reduce the prevalence of birth-related trauma.

It is important to acknowledge that some women identify as having experienced obstetric violence, and this demonstrates the need to ensure that this term is included under the umbrella term of birth-related trauma.

It is also worth noting that the majority of healthcare workers in the maternity healthcare system work to provide the best care they can, and this terminology risks increasing psychological trauma among an overworked (and often already traumatised) workforce.

- b. The ABTA recommends that the Select Committee should take an approach to how the terminology is used to help people heal and prevent birth-related trauma in future. We welcome the opportunity to continue discussions and to learn from people who have experienced birth-related trauma whilst working collaboratively with healthcare professionals to help eliminate this preventable aspect of birth-related trauma.

### QUESTION 3

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

### ANSWER 3

Informed consent is a straightforward concept where women and birthing people are offered the opportunity to make informed decisions about their bodies and health care. Informed consent is a legal and ethical requirement, as well as being a human right. It is the process in which all qualified healthcare professionals educate women about the risks, benefits, and alternatives of a procedure or intervention occurring during the birthing process. The woman or birthing person must be competent to make a voluntary and informed decision about whether to undergo a particular procedure or intervention.

Informed consent during the birthing process is vitally important because the lack of informed consent contributes to the high rates of birth-related trauma. Without fully understanding the implications of their choices during the birthing process, women and their families can be blindsided and traumatised by specific outcomes of procedures and medical interventions.

As the peak charity for birth-related trauma, ABTA's view is that a multidisciplinary and trauma-informed approach to maternity care is required for *informed* consent to occur during the birthing process; this requires all healthcare professionals to work together during the entire antenatal and postnatal period. This trauma-informed model of care would enable women to make voluntary decisions about all aspects of their care, which is not occurring currently in all situations.

ABTA refers the Select Committee to the landmark legal decision on medical consent of the UK's Supreme Court in *Montgomery v Lanarkshire Health Board* [2015] SC 11. In that decision, the Supreme Court considered the concept of informed legal consent and the requirement for disclosure of risks to a patient during the birthing process. The Court's decision in *Montgomery* has been applied in several subsequent UK cases. It shows a shift towards a more cooperative approach between healthcare professionals and patients during the birthing process. The *Montgomery* ruling has, in effect, recognised women giving birth as being competent decision-makers.

Informed consent is an important topic in maternity care in NSW and relevant experiences are discussed in **paragraph 4.2.3 of ABTA's Submission**. In 2023 an ABTA survey explored experiences of informed consent and psychological birth-related trauma. Of the 271 women who reside in NSW, when considering a traumatic birth experience:

- 43.6% (118/271) of participants agreed or strongly agreed that: *“complications arose during birth, and interventions were applied so quickly that I didn't have the time to receive risk information or consider the risks/benefits.”*

- 27.3% (74/271) of participants agreed or strongly agreed that: *“I felt like the doctors/midwives made decisions about my birth/interventions without consulting my partner or me”*.
- 51.7% (140/271) of participants agreed or strongly agreed with the statement, *“I felt a complete loss of control during the birth experience”*.

These are alarming statistics, particularly given that all Australians have a right to receive clear information regarding risks and benefits of treatments and their alternatives to enable informed decision-making, i.e.; ‘informed consent.’

Obtaining valid informed consent in healthcare is a requirement for all NSW Health employees, as set out in the **Consent to Medical and Healthcare Treatment Manual**<sup>1</sup>. In the maternity care setting, obstetricians are required to undertake antenatal and intrapartum discussions with women and parents to ensure they have an understanding of the risks before them. Unfortunately, there is evidence to suggest that the practice of obtaining informed consent is inadequate in the NSW maternity system. Up to 20% of women who experience birth complications report a lack of informed consent in birth, suggesting the need for urgent inquiry and reforms in this area.

At the present time, informed consent practices in NSW maternity care are inadequate. The NSW Consent Manual is the primary statewide policy mechanism to guide and improve consent practices. To our knowledge, this is the most comprehensive statewide healthcare consent policy in Australia. While current NSW statewide policy settings have mechanisms to improve consent practices, there is a lack of compliance at the local level.

Health services must ensure compliance with the NSW Consent Manual through structural reform and local policy development and implementation. However, maternity services may need a helping hand. Maternity care is an exceedingly complex environment from a clinical, ethical and legal perspective and will likely need specific consideration to ensure a consistent approach to informed consent. With the appropriate funding, health services can make the necessary changes including promotion of genuine birth mode choices, structural reform, and local policy development and implementation.

6 October 2023

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<sup>1</sup> <https://www.health.nsw.gov.au/policies/manuals/Pages/consent-manual.aspx>