

## INQUIRY INTO BIRTH TRAUMA

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Partially  
Confidential

In 2018 I was employed at \_\_\_\_\_ as the Clinical Midwife Consultant. I became aware of the need to address women's concerns about the care, treatment and management they had received during their maternity care. The formal complaints process was inadequate and appeared disingenuous often reassuring complainants that they had received the best care at the most appropriate time. The process was designed to mitigate the risk of litigation and for the organisation to take no responsibility for a woman's traumatic experience that resulted in either or both psychological harm and physical injury. Women did not feel listened to or heard. They were not offered any ongoing support and they were not provided with a plan of care for their next pregnancy that was motivated to re-establish trust in the Hospital's clinicians or improve her experience and outcome. Women felt humiliated by the process.

I started to research a better way. I studied the neurophysiology of trauma and I spoke with women suffering the aftermath of unresolved and unexplained birth trauma. I then established a Formal Birth Debriefing Clinic which I developed over a 4.5 yr period and debriefed over 500 women. I have learnt a lot about women and trauma. I believe that every Health Service should establish a formal birth debriefing clinic. I believe it is fundamental to expert, compassionate maternity care that maternity services take responsibility for engaging with women (and their family) after every traumatic birth experience. What women remember most deeply is how they felt, both physically and psychologically, during labour and birth.

In a system where mortality and morbidity rates are higher than they have ever been preventable harm and rates of birth injury are real and need to be identified and acknowledged. The highest cause of maternal death in the 12 mths following a birth is suicide. This alarming statistic is not about hysterical or hyperbolic women, it is about unrecognised and unacknowledged harm resulting from the systemic refusal to provide maternity care and management that is woman focused, woman respectful and woman centred. The long term effect on infant development being disrupted and attachment to the mother disturbed due to maternal birth trauma is well documented.

Over the last 3 years I have presented at numerous conferences and on several panels where the response to a demand for better postnatal follow up and care by providing formal debriefing clinics has been very loud. I have listened to many women debrief their births and the themes are consistent; poor clinical communication skills, a loss of trust in the institution and the clinicians, a failure to be listened to, a lack of respect both physical and intellectual, punitive treatment and communication if women disagree with or challenge the clinicians, a sense of threat if women don't comply with clinicians requests or advice, a fear of harm if women don't like or don't trust a clinician, a loss of agency in the birth process and a fear of repercussions if the woman wants something the institution won't or can't provide such as a waterbirth or a midwife to stay in the room and work with her in labour.

The system is designed by middle aged white men for throughput and expediency. The system does not respect women who decline treatment or request that the birth of her baby be treated as the most important day in her and her baby's life and want it to be the most beautiful memory not a memory or sense of being involved in a car accident. Formal birth debriefing is complex but it can restore trust and provide healing and planning for women affected by trauma. I am currently establishing a Formal Birth Debriefing Framework that I hope will positively influence institutions and move the conversation and the care forward toward a much needed improvement in skill and compassion in this space.