

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I am a Midwife at \_\_\_\_\_ Hospital. I have worked in this role for 8 years and find it a difficult and distressing place to work.

I was drawn to midwifery as a career as the idea of supporting a magical, powerful, life changing experience for women sounded like the most amazing job I could imagine.

Right from the start of my journey as a student midwife I have seen excessive amounts of intervention used in what should be a normal, physiological experience and the subsequent trauma to women and their families.

I remember my very first rotation in the birthing unit, I was there for seven weeks and I didn't see a single spontaneous labour or a single normal vaginal birth. The workload everyday was made up of inducing labours and managing the subsequent complications which then resulted in vacuum extraction births, forceps births or caesareans.

I saw senior midwifery and medical staff bully and coerce women into agreeing to intervention when it was against their wishes and their birth plans. Women would be in tears as they eventually succumbed to the suggestions and realised they wouldn't be getting the normal vaginal birth they had hoped and dreamed of. I saw a lack of compassion by staff and outright lies to convince women to agree to their suggestions. Staff laugh at birth plans made by women and mock their desires for a physiological birth. Women are told by medical staff to opt for a caesarean as it is risk free.

The women come out of these births stunned and shocked. They have been separated from their babies often due to recovery times. The baby has missed crucial skin to skin and initial breastfeeding. The breastfeeding journey then becomes difficult and women resort to using formula.

It seems that no one is held accountable for clinical decisions that may be incorrect and that cause trauma. Induction and caesarean for suspected big baby is a common reason and when the baby comes out at a normal size no one explains to the women and families that they got it wrong and made an inappropriate clinical decision.

We have a doctor at this hospital who has published articles stating that normal vaginal birth is dangerous and midwives put women at risk for promoting it. I don't understand how they are allowed to be employed here.

Since I finished my student year I have never worked in the birthing unit and choose only to work in postnatal and antenatal areas. I was traumatised by my experience in the birthing unit and I will never work there again unless there is a complete change of management, senior medical staff and culture change. Many midwives at my hospital feel the same and don't stay past their new graduate year which leaves us dangerously short staffed. I love supporting women in birth and have had the opportunity to do so out of the hospital in a homebirth environment and I am saddened that I don't feel safe to work in the birthing unit in my hospital.

I feel emotional distress on a regular basis caring for women who have experienced birth trauma and often leave my shift in tears.

Women benefit most and have the best birth and postnatal outcomes when provided with continuity of care by a known midwife. Our system needs more midwifery continuity of care models, this should be the routine model of care. Doctors need to be trained to understand normal physiological birth. Senior management need to uphold a commitment to normal

vaginal birth and place limits on doctors who intervene without indication. A separate freestanding birth centre would give women an opportunity to labour and birth outside the hospital and be supported by midwives without unnecessary exposure to risk of intervention.

Thank you for your time, I would be happy to speak if needed.