

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

The Director, Select Committee on Birth Trauma, Parliament House, Macquarie Street, Sydney NSW 2000.

I am an obstetrician working in public and private practice.

I think it is wonderful that birth trauma is being recognised and more attention and awareness is flowing to this area.

Like so many aspects of pregnancy and birth, trauma and PTSD around birth has been ignored and stigmatised for so long. It is fantastic that focus is shifting and more understanding and resources are being put towards this area.

I have worked with birthing families for two decades, and have extensive experience in writing about and investigating birth and pregnancy related trauma.

However, unfortunately, like many issues in the pregnancy and birth space, the concept of 'birth trauma' can also sadly be used for ideological point scoring for those with a strong agenda to push.

For those who strongly believe in 'natural' or intervention-free birth at all costs, birth trauma is often conflated with the term 'Obstetric Violence'.

This has been weaponized by certain groups to push a false narrative that obstetricians are the primary cause of birth trauma, that interventions are inherently harmful, and that continuity of midwifery care for all and birth 'outside the system' would eliminate birth trauma.

This inquiry has been supported by the Maternity Consumer Network (MCN), who have strong anti-obstetrician views and commonly promote the term Obstetric Violence. MCN also promotes anti-science views, and spreads harmful misinformation.

Amy Dawes is the CEO of the Australasian Birth Trauma Association, and she strongly disagrees with the view of the Maternity Consumer Network.

Amy has spoken to thousands of women who have experienced birth related trauma. In Amy's extensive experience consumers almost never use the term Obstetric Violence. Consumers describe feeling unprepared or terrified about outcomes that they did not anticipate, were not aware of, and where they felt they had no control.

The themes that ABTA support to reduce birth related trauma are around the need to better educate and inform women antenatally about birth, including their realistic chance of interventions and complications, and to respect women's choices around labour and birth, which includes the options of accessing pain relief and timely interventions.

There is a huge amount of misinformation on social media and the internet regarding pregnancy and birth. This misinformation is pushed by groups such as the Maternity Consumer Network.

This 'anti-science' messaging provides dangerous misinformation for consumers. It directly leads to mistrust in midwives and doctors providing safe care in the medical system.

This mistrust can result in women feeling unsafe and traumatised if they need to interact with the medical system to have a safe birth.

There are a lot of similarities between the anti-vaccine movement and the anti-interventions in birth movements. Both are based on denial of scientific evidence to suit a certain ideological agenda.

For example, there is Level 1 evidence that induction of labour from 39 weeks reduces the overall chance of caesarean compared to expectant management. This has been very clearly shown over many trials involving thousands and thousands of women in many different countries. There is no debate about this fact in the obstetric community, based on this clear scientific evidence.

Many online groups deny this fact. They claim that induction increases the chance of caesarean.

This misinformation is clearly and blatantly wrong. It leads to confusion and loss of confidence for women. It can lead to women blaming themselves or blaming their care providers, and feeling traumatised, if their birth didn't eventuate the way they were falsely promised it would.

Interventions should never be forced on those who do not want them. However, they should also never be withheld from women who DO want them. Unfortunately, hospitals withholding timely intervention due to systemic ideology or due to a shortage of resources is a huge problem, and in some cases leads to birth trauma.

Women who are educated about their options frequently request elective caesarean birth, early epidural, or a risk-reduction induction of labour from 39 weeks of pregnancy. Often, their requests are ignored and women are forced into labours or vaginal births without pain relief, leading to trauma.

True safety and choice in maternity care means offering women evidence based non-biased information. It means educating women about their true options for labour and birth, without misinformation about the false risks of interventions, and scaremongering women with the false narrative that timely interventions cause harm.

The reason we have such low perinatal morbidity and mortality is precisely because of safe obstetric interventions. Evidence in Australia and around the world consistently show that when hospitals provide less interventions (induction of labour, timely caesareans etc) then rates of perinatal morbidity and mortality, as well as adverse maternal outcomes, increase.

If we want a system with less interventions, the reality is we must also be prepared to accept more adverse maternal outcomes, and more babies suffering permanent brain damage and dying.

The majority of women are not willing to accept this, and prefer to accept safe timely medical intervention to minimise the chance of an adverse outcome for themselves or their baby.

Women should be able to make informed, unbiased decisions, about their tolerance of risk, and willingness to accept or decline interventions, and these decisions should always be respected.

But the key is to provide comprehensive antenatal education and non-biased information about birth and safety.

Anti-science rhetoric and misinformation causes harm.

It is also very divisive.

This ideology paints midwives and obstetricians as the problem. If we truly want women to feel safe and supported and have positive birth experiences, then we need to work collaboratively as a team, and respect each other's roles and expertise.

There is no doubt that birth-related trauma and PTSD is a problem, and it is important to shine a light on this issue to better understand it, and to help provide better prevention strategies and care for those individuals and families who are affected.

Better birth education and providing unbiased evidenced-based information will help reduce birth trauma.

In addition, respecting women's choices in pregnancy in birth, including their choice for intervention or analgesia, are key.

Thank you