

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

My name is Maria del Pilar Luna Ramirez, I am an obstetrician and gynaecologist and I work as Head of Department in _____ NSW.

I initially graduated as an obstetrician in 2008 in Spain. I worked for Doctors without Borders from 2008 up to 2017 in many developing world countries as an obstetrician. In 2017 I joined the Australian Health forces and since then I have practised in rural Victoria _____ (Melbourne) and _____ Hospital, before starting my current job in _____ in October 2020.

In my professional experience, birth trauma impacts a large proportion of women having their babies in Hospitals. Some of the statistics mention 1 in 3, but I believe this to be underestimated as many women only realised how traumatising some events were many years later.

As a current head of unit here in _____ I frequently do debriefings of women and families after traumatic events. In general, they are seeking a conversation to clarify or explain the events related to the birth of their children. This gives me a privileged position to see the impact that the current medical culture has in these women, their families and their children. Many of these women, request a debriefing even after the birth of subsequent children, and they are still severely affected by fear, depression and anxiety years after the event.

Most of the complaints I hear are related to:

- Lack of continuity of care leading to “swiss-cheese” chain of undiagnosed complications.
- Feelings of not being respected into their body autonomy
- Not feeling supported into their preferred birth choices
- Lack of share decision making on regards to investigations, invasive procedures, surgeries and any type of medical management of pregnancy/birth
- Lack of compassionate communication from the medical staff
- Lack of trauma informed care training for medical professionals.

As a medical professional, we are beyond over-stretched in rural settings. Midwives are underpaid and unmotivated to keep providing care that does not aligned with their beliefs. Specialist have little motivation to work rural, hence we are extremely scarce and at the mercy of having locum specialist, that come for days at a time and have no involvement or interest in making the service grow. The understaffing makes continuity of care impossible, and the clinics overbooked. Patients needing longer conversations, debriefings, discussion around birth plan, etc have no clinic space to do so, since this would mean much longer appointments. We are left to face the discontentment of the public in our own.

Women, families are traumatised, and so are health workers.

I strongly belief that the following measures would dramatically decrease the magnitude of birth trauma:

- Midwifery group practise (MGP) that can accommodate the majority of the pregnant women (as an example, in my Hospital, MGP can only accommodate up to 20% of the total births in a year)
- Continuity of care needs that involves birth (there are approved plans in NSW to provide continuity of care pre and postnatal leaving birth care out of the equation)

- ALL RISK MGP teams: women with risk factors are not to be left out of continuity of care programs, in fact they are the ones needing it most.
- Home birth supported programs: women and families have a much more rewarding experience when in the privacy of their homes. A triage by risk factors is usually done in the beginning of pregnancy to identify those candidates that would need to birth in a hospital setting. This is a model implemented in many other countries, and it's proven to dramatically decrease health expense and cascade of interventions. Midwives participating into this care, need to be able to transfer patient to higher level of care and continue providing care for them.
- Birth centres as stand alone or incorporated in Hospital.
- Debriefing clinics: multidisciplinary approach with obstetricians, midwives and counsellors with expertise in birth trauma
- Advocacy for medical Colleges to include Trauma informed care as part of general training, and as part of Continuous Professional Development for Obstetricians & Gynaecologists.

Regards,

Maria Luna Ramirez
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