Submission No 52

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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As a Clinical Endorsed Midwife, I have practiced both in the hospital and community environments across the past 25 years. Throughout that time, I have seen birth trauma, obstetric coercion and obstetric violence all too often, and it was this, along-with the increased prevalence of the cascade of intervention and over-medicalisation leading to complex situations and ultimately birth trauma that then prompted me to set up my own Private Midwifery Practice,

Most recently, my client and I experienced a deeply concerning situation, which has subsequently left my client traumatised, both mentally and physically, from what ensued at Hospital.
Here, my client, who was hoping to have achieved a HBAC (homebirth after caesarean) was transferred into hospital due to a stagnation in labour, and a greater than average bloody, vaginal discharge. When full dilatation was achieved, there was mild fetal distress, and the decision was made by the Obstetric Registrar to perform an instrumental birth. Whilst my client would have preferred a normal, physiological birth, at that point she was happy to meet her baby, and for she and her baby to be safe, so she agreed to assistance with an instrument. However, she did not consent to an episiotomy being carried out on her perineum, and despite both she and I clearly articulating this again and again to the Obstetric Registrar, the Doctor performed an episiotomy without my client's consent.

When my client reached out to the Midwifery Manager, to lodge a complaint about this non-consensual episiotomy, she acknowledged that whilst her baby was 'beginning' to show signs of distress, it was not critical that an episiotomy was done at that point and she indicated that she had articulated that she was happy to take full responsibility for any tearing / injury that may have occurred in this not being done. The Manager (as suspected) defended her staff, and said that the fetal distress warranted such action. However, from my extensive experience as a Birth Unit Midwife across the past 25 years, I do not believe a non-consensual episiotomy was justified, and in fact, it is never justified! Even with a rise in lactate, which was acknowledged, my client's baby was compensating well, and the Apgars of 9 and 9 at birth reflected this. This procedure was not required. This was Obstetric Violence and Assault, which resulted in Birth Trauma.

With 1 in 3 women in Australia now leaving their labour and birth experience with Birth Trauma, it is imperative that this kind of behaviour is acknowledged, addressed and stopped!! - for the sake of future childbearing women and their babies.

My client is now left with birth trauma, which she is requiring psychosocial mental health support for, and for me as her leading clinician up until the point she entered the hospital system, I feel like I let her down by transferring her into that environment and opening her up to the 1 in 3 risk of such trauma / obstetric violence. However, with the clinical concern I had, I was left with no choice. I felt that my presence throughout her birth in the hospital would have assisted in safeguarding her, as often we, as private midwives, are advocates for our clients. Sadly.....despite my (and my client's efforts) this situation arose, and it has changed her pathway going forward into Motherhood....and that breaks my heart. This MUST STOP.....