

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am a Midwife with over 25 years experience working in all areas of maternity. Many of these years were spent working in birth units in both large city and regional areas. I feel I can no longer work in a birthing unit where I am complicit in subjecting women and their families to birth trauma.

Our system of providing maternity care is based on the belief that a woman's body is faulty and it requires medical interventions to overcome these faults. Instead of providing medical interventions to those that truly need it, the over medicalisation of birth is impacting the majority of births.

More recently women are being encouraged to be induced between 40 to 41 weeks for low risk pregnancies. This increasing induction rate is leading to increased use of epidurals, and in turn the use of ventouse and forceps. It is very difficult for a woman to balance this risk when being advised that waiting for her body to labour spontaneously may increase the risk of stillbirth.

I have heard a woman being told by an Obstetrician immediately after the birth using forceps, "well at least you got your vaginal birth".

I've witnessed a young woman having forceps applied by an Obstetrician with very little consent and explanation. When I tried to quietly explain to her what was happening was told by the Obstetrician "enough of the theatrics and commentary".

These are just two examples of the multitude of inappropriate use of power I have witnessed.

Midwives voices are being silenced alongside the women they care for.

I listened to a very progressive Clinical Midwifery Consultant speak at a Birth Trauma Awareness event today and I think that she may have made the only suggestion that truly makes sense. The lead care provider in low risk pregnancies needs to be a Midwife. Midwives are competent and knowledgeable and can refer to a Specialist when required. Women's voices need to be heard. We need to stop over medicalising normal birth.