

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 20 July 2023

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Partially  
Confidential

As a midwife that has now worked in 2 level 6 maternity hospitals, I believe wholeheartedly that I have seen as much obstetric violence as I have hands off physiological births. I have seen the full spectrum, from women being mocked for their birth plan or for attempting a homebirth and “failing” (they absolutely never failed, there was always a medical indication for transfer), all the way to a consultant inserted her entire forearm into a woman’s vagina and then saying “I’m just going to do a vaginal examination”. This particular woman was an extremely highly educated woman who wanted a low intervention twins vaginal birth. She had 6 doctors stand over her bed and give her no choice in getting an epidural, she had birthed 3 babies vaginally already yet for this birth the consultant put her in stirrups and created a sterile environment, after the birth of the first twin she immediately clamped the cord, a room full of 5 doctors 2 midwives and myself (student midwife at the time) and I was the only person to say “but she wanted delayed cord clamping”, to which the obstetrician replied “oh it’s too late now, there’s actually no evidence for it anyway”. It was clear what the woman wanted was irrelevant when another doctor said to me later that day “that’s just not how dr x does her births”.

I have witnessed a doctor complete a non consensual episiotomy, the woman directly said “no let me tear”, an episiotomy was cut and vacuum attempted, the epis was then extended to convert to forceps and then the woman was TOLD she had an episiotomy. She then suffered a 3rd degree tear with only local anaesthetic to the perineum.

The consent process for an episiotomy or an instrumental birth is 95% of the time “your baby is in distress I am applying a vacuum/ forceps/ doing an episiotomy”.

One woman I looked after postnatally was a victim of sexual assault in her adult life. When suturing her episiotomy she said it was painful, the doctor said it was okay, she said “please stop that feels like a fish hook in my vagina, is there no anaesthetic you can use?” The doctor stated that it wouldn’t help, rolled her eyes injected the anaesthetic and the woman felt nothing from then on but felt completely dehumanised. This particular doctor had somewhere between 15-20 wound breakdowns between February 2022-June 2022, no action was taken.

I even as a midwife have been coerced into conducting vaginal examinations. I was caring for a woman who was sexually assaulted less than 12 months prior who was getting induced, I advocated for her cervidil to stay in for 24 hours to avoid a Cooks catheter due to the invasive nature of this procedure. The plan with the woman and obstetric team was to leave it in until 9am (currently 1am at time of plan) to allow her to get some sleep, at that time check her cervix and potentially rupture her membranes or else wait 6 hours and go ahead with prostin. The registrar stated they wanted to do a vaginal exam, I advocated and said it wasn’t needed right now because we are leaving it in for another 8 hours, she stated if the cervix was “favourable” we can take it out, but the doctor was adamant I was not allowed to check the cervix only the doctor could (not policy), the woman asked for me to do it because we had built rapport. With consent I checked the cervix and left the cervidil in, the registrar stated to take it out because she was not favourable (despite plan to remain in until 9am). I argued that I had just completed an unnecessary exam that I was led into conducting under false pretences. To say I, as a survivor of sexual assault myself, to say that I cried was an under statement. While doing the exam the woman layed there saying nothing and completely still, with tears streaming down her face. When I finished she rolled into her partners arms and sobbed. Obstetric violence doesn’t just traumatise the women, it traumatises the ones trying to advocate for women.

I have been accused of coercing women out of inductions. I sat with a woman looking at the evidence of inductions for large babies, we went through the Cochrane review together (highest level of evidence). Induction for a “large baby “ without suspicion of macrosomia or any diabetes is not indicated. The woman decided she didn’t want to get induced anymore. The registrar stated “well that’s fine as long as the decision is coming from the woman and not from the midwife...women can’t give informed consent if they are being pushed only in one direction”.

The same doctor with the wound breakdowns was known to make the documentation of an event look a particular way. One birth in particular she recommended forceps to a woman to which she

replied "I want to keep pushing", she stated "your baby isn't distressed yet but I don't want your baby to become distressed if we don't get her out". The documentation stated "offered instrument vs to continue pushing, x opted for instrumental delivery". She too ended up with a severe perineal wound infection requiring readmission, antibiotics and a trip to theatre to wash out the wound.

Every week I have women come to the hospital and say "I am here because I HAVE TO get induced". The amount of things wrong with women feeling like this is hard to quantify. One particular woman came for an ultrasound and ended up on the ward getting induced after the doctor (who is very well known to have a cesarean rate >90%) said to her "you can get induced today (Friday) or next Wednesday, but if I were you I would get induced today". The woman had no idea why she was getting induced and not getting a scan until midnight when I sat with her and the doctors and had an open discussion about all her options including the scan, she opted for the induction and was clearly much calmer and happy about her choice being given options. I was reprimanded for the induction process only starting at 1am.

The amount of coercion I have seen in my very short time in this career is horrifying. I am the odd one out when I question things that aren't evidence based, I give the woman other options even if it is not what I would do myself, I never ever tell my personal opinion and will happily support a woman to make a choice that I may think is stupid as long as I know she is aware of the risks. At the end of the day, it is not my body, it is not my baby. Women can handle bad outcomes as long as there is choice made available to them. Being told what to do like a naughty child is traumatic. Having your body taken away from you is traumatic. The vicarious trauma from this job is real, but I will never stop throwing myself in front of the bullet for women to ensure they know they have a choice. The biggest thing I tell women is "coming into hospital isn't sitting down for a set menu at a restaurant, it's hiring your own private chef who will cook what you want, but will always tell you what may taste better and why". As well as "you don't sit at the hairdresser and allow them to do as they wish with your hair, you tell them what you want and work as a team to achieve it. Give your vagina that respect". They always giggle and say "wow I didn't know you could ask/ choose".