

**Submission
No 182**

INQUIRY INTO BIRTH TRAUMA

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First of all, thank you for acknowledging that birth trauma needs an inquiry.

I wasn't one of the 1 in 3 women to suffer birth trauma, but as a doula I have witnessed it time after time. Sometimes physical trauma, sometimes psychological.

In my pregnancies I have attended the hospital for monitoring after a change in movements from bub. I was told on one of these occasions that as long as baby is moving 10 times an hour then it was fine. I volunteer with an organisation who work in the Stillbirth space, so I knew that was incorrect, but I shouldn't in that moment, be educating a Dr on latest evidence, outdated myths etc.

It should be mandatory that all clinicians attend workshops annually on stillbirth.

Clinicians should not get to avoid further educating themselves, they should have to keep up to date with evidence as it emerges from studies, research and they should have to make sure they aren't 10 years behind latest research findings. Women shouldn't be forced into caesarean sections (major surgery) because clinicians aren't comfortable or skilled to deliver breech babies vaginally. It takes away choice.

I have witnessed women be coerced into csection, inductions, episiotomies, birthing laying on their back despite them saying they don't want to be there, told that the Vaginal Exam isn't over and they need to just wait a bit longer for the clinician to keep going.

I watched, shocked and a bit frozen, as a midwife pulled on the umbilical cord, pulling out a clients placenta, causing a hemorrhage and then telling the woman she's having a PPH, but accepting no responsibility for having created it.

I watched as a midwife clamped and cut an umbilical cord way too early and a baby needed extra care because they had literally severed her connection to oxygen and blood flow. Babies should be given extra care while the cord is in tact, not cutting off their inbuilt, physiological resuscitation system.

I have witnessed women say no to exams or interventions, only for a Dr to come into the room and say they HAVE to do the thing or their baby might die. There is no evidence to suggest that VE's improve outcomes, but also, this is not informed consent.

A midwife said to one of my clients "Us breaking your waters isn't an intervention, because that happens in labour anyway". That is a lie.

With my first birth, I birthed my daughter in a bath, into my arms and the midwife gave me an injection in my leg. I had no idea what it was, why I needed it and what it was for. That is not informed consent. It wasn't until my next pregnancies and births that I realised what that injection was and that I had a choice.

I have sat with couples as they tell me about their first birth and how the partner was traumatised by the situation and how they had to choose between going with their baby to NICU, or leaving their partner alone, unsupported by a familiar face. Partners who were shoved to the side, no explanation, while staff rushed around looking panicked.

I have been in a birth room and watched as a midwife has stood awkwardly while a Dr has a coercive conversation with a labouring mum and her partner, the Dr then leaves then room and myself and the midwife have to inform the parents of ALL the information and remind them that they can make the decision, no one else.

People who work in the birth space, need to be way more mindful of their language. They need to understand that they are only there to make suggestions or recommendations, but that the decisions rest solely with the mum or birthing person. Saying "hey you don't need to do anything, these are suggestions or recommendations, but you don't have to do anything, you get to take a moment and make the choice"

Maternity care needs an overhaul. It needs to be women/birthing people centered. Decisions need to be made, by the woman or birthing person, with informed consent, evidence, understanding of physiology and gold-standard care. Continuity of care with a known midwife accessible for those who are seeking it.

Women, birthing people, babies, families all deserve better. We are sending people out into parenthood traumatised, in a state of fight or flight, unsupported and expecting them to transition to parenthood well and flourish. It is not good enough and we need to see change.

I employed a private practising, independent midwife for my baby 2 and baby 3. We paid thousands to have continuity of care with a known midwife, to birth at home and to have continuity of care post birth for 6 weeks. She knew my medical history, we could make plans around care for various issues that arose and I felt so cared for supported the entire time. Private practising midwives undergo so much training and are so knowledgeable, but are often under so much scrutiny and criticism, particularly from hospital OB's. They can be reported to AHPRA and investigated for any minor complaint, sometimes without any truth, often putting their businesses and livelihoods at risk. More needs to be done to protect those who are in this industry.

I know that programs like publicly funded midwifery group practice can make a huge difference to reducing trauma risks, we need to make these more available for ALL women, having a low-risk model and a high-risk model, rather than risking women out and leaving them flailing in a fragmented care system.