

**Submission
No 245**

INQUIRY INTO BIRTH TRAUMA

Organisation: The Australian Association of Psychologists Inc

Date Received: 15 August 2023

Australian Association of Psychologists incorporated (AAPi)



Australian Association of Psychologists Inc – Submission to the Traumatic Birth Inquiry NSW

Dear Select Committee on Birth Trauma,

The Australian Association of Psychologists incorporated (AAPi) appreciates the opportunity to provide recommendations to the Committee on Birth Trauma from the perspectives of psychologists who work with individuals and families who have a lived experience of such. We have responded directly to the terms of reference of most relevance. We have also attached our recent press release and letter to Health Minister Butler regarding the state of perinatal mental health services in Australia. This should provide some background to the current inquiry about the broader issues in Australia at present regarding the inadequate support available currently that also impacts those who experience birth trauma.

We particularly emphasise the importance of psychologists in the recovery of individuals and families who have experienced birth trauma. We are in an unfortunate position where the mental health needs of these individuals are not adequately supported through Medicare or other health services. Limiting funding for psychology services is inappropriate and will increase the burden of birth trauma on individuals, families, and communities. We urge the inquiry to address the lack of funding for clinical treatment services to support mental health and recovery and consider our recommendations for addressing this and the inequities in the provision of what funded services are available.

Sincerely,

Amanda Curran

Chief Services Officer

Australian Association of Psychologists Inc

Website www.aapi.org.au

Terms of Reference

(a) the experience and prevalence of birth trauma (including, but not limited to, as a result of inappropriate, disrespectful or abusive treatment before, during and after birth, also referred to as "obstetric violence")

AAPi are very concerned with the rates of traumatic births in New South Wales. Trauma experienced during birth by women can include, and not be limited to:

- Instances of inappropriate treatment before, during and after birth (obstetric violence).
- Insufficient communication
- Physical and mental health complications before, during, and after birth.

The mental health impacts of these experiences are far-reaching, and women, their children, and their families require high levels of care and support during this critical period. Approximately 3-5% of women¹ have reported experiencing physical and emotional distress due to poor treatment during childbirth. Experiencing this can lead to long-lasting psychological impacts, affecting both patients and their families. The prevalence of birth trauma has raised concerns about the evaluation of current practices in obstetric care.

(b) (iii) the availability of, and systemic barriers to, trauma-informed care being provided during pregnancy, during birth and following birth.

People in regional, rural, and remote New South Wales face challenges in accessing timely and comprehensive maternity care due to geographical barriers and limited healthcare facilities. First Nations people often experience disparities in healthcare access and culturally appropriate services, leading to higher risks of traumatic birth experiences. Similarly, people from culturally and linguistically diverse backgrounds may encounter language barriers, cultural insensitivity, and a lack of understanding of their unique needs. LGBTQIA+ individuals may face discrimination and misunderstanding within the healthcare system, affecting their birth experiences. Young parents may encounter age-related biases and lack of support during their pregnancy and childbirth, adding to their vulnerability.

¹ Ketley, R., Darwin, Z., Masterson, C., & McGowan, L. (2022). Women's experience of post-traumatic growth following a traumatic birth: an interpretive phenomenological analysis. *Journal of Reproductive and Infant Psychology*, 1-12.

Women with pre-existing mental conditions, a history of sexual trauma, fear of childbirth, low perceived support system also face an increased risk of perceiving their birth as a traumatic experience. Post Traumatic Stress Disorder (PTSD), breastfeeding and mother-infant interaction difficulties, as well as fear of subsequent childbirth have also been found to be further risk factors in experiencing a traumatic birth. Primary care providers are key professionals in screening the population at risk of perceiving their childbirth as traumatic, as well as identifying and providing early interventions to women with childbirth trauma to minimise the potential short and long-term consequences for the mothers, babies, and families².

The number of Medicare rebates for mental health care are restricted to 10, which is grossly inadequate to support those who have experience birth trauma or challenges to their psychological health during and after pregnancy and birth. The limitation of Medicare rebates mean that care is often not affordable or does not last long enough to see them through the perinatal and postnatal period. Mental health issues of the parents will also have an impact on the infant, increasing their distress and disturbing attachment and development.

(c) the physical, emotional, psychological, and economic impacts of birth trauma, including both short and long term impacts on patients and their families and health workers

Traumatic birth experiences can have severe consequences for patients and their families. In the short term, physical injuries sustained during childbirth may require extensive medical intervention and affect postnatal recovery. This can be costly, and inaccessible depending on factors such as; income, health professionals in the area that women can access, time, and women's support network. Emotionally, women may experience feelings of fear, anxiety, or depression, impacting their ability to bond with their newborn and cope with the challenges of parenting. In the long term, birth trauma has been associated with post-traumatic stress disorder (PTSD), which can significantly impair the individual's mental health and quality of life. The financial burden of birth trauma extends beyond healthcare costs, as individuals may face difficulties in returning to work or require ongoing support and therapy which again, can be very costly making it inaccessible for many. Healthcare workers involved in traumatic birth experiences may also suffer from burnout and stress, highlighting the need for better support and resources within the healthcare system.

² Merat-Fournier, A. (2022). Promoting perinatal healthcare by raising awareness of the multidimensional impacts of birth trauma: recommendations for family nurse practitioners.

According to Birth Trauma Awareness Week³, some of the mental health effects of birth trauma include:

- Post-Traumatic Stress Disorder
- Anxiety and Depression
- Panic Attacks
- Dissociation
- Feelings of isolation and loneliness
- Impaired bonding with the baby
- Intrusive thoughts
- Impact on partner and family

Couples and co-parents described care providers' actions as a major contributing factor to trauma experiences. Care provider's actions are impacted by under-resourced wards and included the perception that women were treated as a means to an end, only there to create life. Women and men both described feeling fearful, distressed and devalued from obstetric violence⁴.

d. Several factors contribute to the occurrence of birth trauma in Australia, and this issue is particularly evident for vulnerable populations, including individuals in regional, rural, and remote New South Wales, First Nations people, those from culturally and linguistically diverse backgrounds, LGBTQIA+ individuals, and young parents.

Addressing the unique needs and circumstances of these groups is essential in reducing birth trauma rates and improving overall maternity care.

Resource constraints and workforce shortages in psychology can impact the availability of continuous care, particularly in regional and rural areas. Addressing these barriers and implementing models that prioritise continuity of care could significantly improve birth experiences and outcomes.

Pregnant individuals receive information through their healthcare providers, antenatal classes, and online resources such as PANDA and Birth Trauma Awareness week. However, the comprehensiveness and quality of this information can be inconsistent. Some patients may receive thorough explanations of different birthing choices and associated risks, while others might have limited access to such information. Enhancing the

³ Birth Trauma Awareness Week. Birth Trauma. (2023). <https://birthtrauma.org.au/birth-trauma-awareness-week/>

⁴ Gregory, E. M., & Maddern, R. (2023). The psychosocial experience of traumatic birth in couples: an interpretative phenomenological study. *Journal of Reproductive and Infant Psychology*, 1-15.

accessibility and standardisation of educational materials about maternity care options could empower patients to make informed decisions that align with their preferences and values. Additionally, ensuring that information is available in multiple languages and formats would better serve individuals from diverse cultural backgrounds.

Establishing clear guidelines on respectful and patient-centred care during childbirth, as well as addressing obstetric violence, is essential to safeguarding patients' rights and promoting a positive birth culture. Strengthening the Medicare system and allowing all psychologists to bulk bill at a higher rate would allow women to see a psychologist of their choice to receive mental health support without facing further financial penalties. Strengthening accountability mechanisms and promoting transparency in the reporting of adverse events related to childbirth can help identify areas for improvement in obstetric care practices.

Additionally, continuous training for healthcare providers on trauma-informed care and respectful communication is vital to create a safer and more supportive birthing experience for all.

Early intervention and access to appropriate mental health services are vital to prevent the long-term consequences of birth trauma on the individual's mental well-being and overall quality of life.

i) any legislative, policy or other reforms likely to prevent birth trauma, and any other related matter.

AAPi provides the following recommendations to support the mental health of individuals and families who have experienced birth trauma.

- 1 We recommend that the government reverses the cuts to Medicare-subsidised psychology sessions to support women who have experienced traumatic births to access the services they need. Limiting access to a maximum of subsidised sessions per year equates to fewer than one session per month, which is not enough to support women who have experienced birth trauma. An allowance of up to 40 rebated sessions is more in line with evidence based practice related to perinatal mental health care and trauma treatment.
- 2 We also advocate for provisional psychologists to provide services under Medicare to create a larger pool of qualified mental health professionals that the community can affordably access. Provisional psychologists have, at a minimum, undertaken four to five years of university education and are embarking on a final period of supervised practice which is overseen and mentored by a qualified psychologist. They have studied each of the competencies required

for registration and are gaining relevant experience and supervision to meet full registration requirements.

Given the increasing demand for psychology services and increasing waiting lists to access psychologists, we believe the deployment of provisional psychologists is an ideal solution to improve the availability of much-needed mental health care support birthing people in NSW who have experienced trauma. Creating a provisional psychologist Medicare rebate will provide an assured funding stream to allow for more placement opportunities, reducing the current bottleneck in advancing students into fully qualified psychologists.

- 3 End the two-tier Medicare rebate system for psychologists and implement a single Medicare rebate of \$150 per client per session. Under the current Medicare Benefits Schedule bulk billing system, clients of Australian psychologists are rebated at two significantly different rates depending on the classification of the psychologist as either clinical endorsement or all other psychologists, including those with endorsement in other areas of psychology. This is despite their education and training being the same or similar, and the fact that all psychologists provide the same service to the same standards, and to the same population group. Psychologists with clinical endorsement only account for 24% of all psychologists in Australia. Clients of registered psychologists are rebated \$92 for a 50-minute session, while clients of clinical psychologists are rebated at \$136– over \$40 more for the same kind of service.
- 4 It is also essential that the government offer incentives to rural and regional mental health practitioners. This would entice practitioners to service more regional areas and alleviate the build-up of demand currently faced by regional practitioners. This would further improve the quality of life for those who have experienced traumatic birth, reduce the risk of occurrence and re-occurrence of birth trauma⁵, and provide much needed referral pathways and educational opportunities for allied health workers in NSW.
- 5 Most importantly, to be trauma-informed, health workers require leadership at all levels, access to relevant resources, relevant and accessible training, support for staff, resolution of wider systems issues, and clarification of the concept and actions of trauma informed care⁶ (Isobel, Wilson, Gill, Schelling, & Howe, 2020).

⁵ Childbirth trauma and recovery. PANDA. (2023). <https://panda.org.au/articles/childbirth-trauma-and-recovery/>

⁶ Isobel, S., Wilson, A., Gill, K., Schelling, K., & Howe, D.J. (2020). What is needed for Trauma Informed Mental Health Services in Australia? Perspectives of clinicians and managers. *International journal of mental health nursing*.