Submission No 256

INQUIRY INTO BIRTH TRAUMA

Name: Mrs Jane Collings

Date Received: 9 August 2023

I have tried several times to submit files in this forem and they have been rejected. So, I will put it all here, 4 files in a row.

09.08.2023

Thank you for the opportunity to submit my words to this inquiry.

I write to you as an individual, and I also write to you as a professional and a leader, and a former registered homebirth midwife in Sydney and regional NSW.

I also write as a grandmother, a mother, a teacher and someone who is on the front-line hearing women's birth trauma stories, all the time. I give workshops for preparation for birth, and so many women come to try to understand their previous traumatic births and how to prepare for a healing birth. And I give menopause workshops and so many women are still affected by their birth trauma, decades later.

Birth trauma is nothing new , I have been in the Birth world for 40 years, Birth Trauma has always been happening, and it's getting worse and more common. And it is under reported and shamed.

The main message I would like to give you is about the 70% of the birth trauma that is iatrogenic, which, as you know means it's caused by the midwives and the doctors. It's what they say, how they say it, what they do, how they do it and with or without consent, over and over, every day, every birth.

Whilst this is bad news, it also good news. If 70% of the birth trauma is caused by the service providers that can be fixed.

We don't need to do any more studies or research, it already exists and is all there, and it's consistent. All the studies say the same thing - women are traumatised if they feel unheard, unseen, treated unkindly and with no respect, violated and disregarded in decision-making… And this is happening a lot every day.

The birth professionals causing 70% of birth trauma - the midwives and doctors are so stressed and traumatised, and no doubt a lot of the trauma they cause is due to the way they behave when they are stressed, and their nervous system is in fight of flight because they are retraumatized themselves. Trauma begets trauma, we know that.

In the recent trauma informed perinatal care workshop, many of the midwives said nobody ever ask them how they feel. This workshop was the first time they got to tell their stories of trauma. Clearly, this is a problem that can easily be remedied. Doctors receive zero training around trauma informed maternity care.

There have been a lot of developments in the world of trauma and these need to be applied to birth trauma. We need trauma informed perinatal care. We already know how to do this.

We need to: educate about, prevent, treat and heal birth trauma.

And we know how to do this, it's already happening, but most women and people are missing out.

And we need to be doing everything we can to reduce birth trauma.

Birth trauma ruins people's lives, the mothers, the babies, the fathers, the families and the birth professionals.

I want to give you a snapshot of what happened during Birth Trauma Awareness Week, so that you can see what's going on about this critical issue.

in collaboration with local obstetrician created a series of events in the to raise awareness about birth trauma.

These events included:

A free public event about birth trauma with a panel of speakers. 500 people showed up.

A trauma informed perinatal care workshop for Birth professionals at .

We organise these events before we even knew that the New South Wales Parliamentary Inquiry into birth trauma was happening. Hopefully many people will be inspired to send in their stories. However, as you may have already realised, so many of these women and fathers and birth professionals are too traumatised to tell their stories, and so many traumatised mothers are only just coping with their babies, and many are not.

Also, in the at hospital that week, the local group, held a birth trauma awareness week event. Emma Hurst was present at this event and as well as many things she said that when she has spoken to other parliamentarians about birth trauma, they all say they don't know anything about it. I wonder about the births they have had or been the partner of, because one in three women experience, birth trauma.

The maternity care system in New South Wales needs to be updated so that it provides excellent trauma informed perinatal care, and nothing less. Mothers need to understand the predisposing factors to birth trauma and do the due diligence with that information. And birth professionals need to be supported in all ways.

I have attached some documents with some more words to express my perspective about birth trauma that I really want to get across to this Parliamentary Inquiry.

Thank you

Jane Hardwicke Collings

Birth Trauma Week Panel

Thank you to… …

for sharing your experience, I give thanks for your healing.

I hear you and I honour you for your courage to tell your stories.

Thank you for listening and hearing,
and doing something about birth trauma.

Thank you and for pulling today together.
Thank you all for coming.

Thank you to PBB for the media support and promotion.

My contribution to this panel
is to put childbirth and birth trauma in context,
with a big picture perspective,
to see where Childbirth and Birth trauma
fits in a woman or individuals' life.
This perspective also shows us the depth of the impact of birth trauma,
and how the culture of fear around birth exists in the first place
and how it is reinforced over over.
This perspective also teaches us
how best to help heal and prevent birth trauma.

And, here we are in Birth Trauma Awareness Week.
At a community gathering to raise awareness about birth trauma,
with 500 people showing up!
What a statement.

We know that 1:3 women, individuals, experience birth trauma.
And as said – this is a public health issue.
Step 1 with a public health issue –
Raise awareness – in the community and in the health care system.

Raising awareness around health issues is often the first step,
a common tactic to validate it, learn about it,
and do what is possible to prevent and treat it.

Think endometriosis, due to some political muscle behind it,
this is now something the community has much more awareness around
and the government has dedicated money toward it
to help the individuals who experience it.
The same thing is currently happening with menopause,
now it needs to happen with Birth trauma.
What is birth trauma?
How does it happen?
What can we do about it?

Birth trauma is subjective and varies from person to person.
It is not a formal diagnosis, but rather a personal experience.
No one can determine or invalidate another person's trauma.
The process of childbirth and birth trauma are not isolated incidents,
but rather occur within the context of an individual's life experiences up to that point.

How does it happen? And what can we do about it?
This is what I want to talk about…
The conditions that can lead to birth trauma,
And how we can prepare for childbirth knowing that.

To start with, in the main,
our culture sees Birth as risky and dangerous,
and negatively judges women and people
who challenge this dominant perspective.
So the first thing we need to do,
is to reframe birth,
and to see birth from a Salutogenic perspective,
which is from a wellness perspective rather than pathogenic,
which is a disease perspective.
A Salutogenic perspective would seek
to support the physiological process of birth,
and to seek medical assistance when necessary,

as opposed to manage it and control it.

But, childbirth isn't the first time that a woman or individual experiences
Her/their bodily functions as needing control and management
rather than support.

This approach to women's/female bodies is very familiar
and starts at the beginning of her fertility with her menstrual cycle,
and then carries on through contraception, conception, pregnancy
and childbirth, and then culminates
with menopause management and control.

So, we could say that we are groomed from puberty
to not trust our body's natural processes,
and today we're talking about how that shows up in childbirth
as birth trauma.

But, imagine for a moment,
a world where women didn't think that their bodies betrayed them,
and didn't think that their cycles were an inconvenience,
and didn't think that natural birth is impossible for most women, people,
and who greeted menopause with reverence rather than horror.

This world I'm imagining needs to be created, seeded,
long before conception, pregnancy and childbirth.
We need to prepare for childbirth and beyond
at menarche and through our menstrual cycle.
Currently, that doesn't happen, maybe in some small pockets,
but in the main, at a girl's first period,
as well as being initiated into womanhood,
she is initiated into menstrual shame.
In our culture, young women, and everyone who menstruates
are encouraged to reject their menstrual cycle, to hide it,
to pretend it's not happening,

and to carry on, business as usual, not showing any weakness,
and are living with the constant fear of leaking through their clothes,
so the blood would be visible, shameful.

If we reject our menstrual cycle, we reject our body,
if we reject our body, we are lost to ourselves.
The menstrual cycle is our compass,
our fifth vital sign.
The menstrual cycle runs our life,
and everybody who lives under the same roof as us,
if you don't believe that just ask them.

When we reject an aspect of ourselves,
it does whatever it can to get our attention.
Menstrual pathology continues to rise
and of course this is also influenced by the oestrogen pollution in the environment.

, a women's health practitioner in Queensland,
says menstrual shame is one of the organising principles
of the patriarchy to maintain the oppression of women.
And in her PhD about how menstrual shame affects childbirth,
she says
menstrual shame engenders the perception of female physiology – womanhood, as inherently flawed.
That, Menstrual shame is a key factor that predisposes women
to approach Birth feeling fearful, disempowered
and vulnerable to intervention….
And I will add therefore vulnerable to birth trauma.

She also found through her research that
re-designating menstruation as a spiritual phenomena,
enabled women to dismantle their menstrual shame,
connect with their female spirituality
and give birth fearlessly and powerfully.

And for some the profound spirituality of birth,
transformed their understanding of menstruation.

My point being, birth trauma has many precursors,
predisposing factors.
Everything is connected and as such,
it's much easier to address than one might think.

So childbirth in context
Childbirth is a rite of passage.
A time of great change, transformation,
we are changed never to return to our original form.

Rites of passage create the future.
Whatever happens at a rite of passage,
teaches the person going through it
how their culture values the next role they're going into,
and so how to behave to be accepted by the culture.
At menarche , the new role is womanhood – fertility
At childbirth the new role, each time, is motherhood
At menopause, the new role is wise woman.

Rites of passage, create and reinforce culture –
on the inside by the mindset – the beliefs, attitudes, and fears that the experience creates,
and on the outside by everybody having similar experiences
and conforming to the same beliefs, attitudes and fears.

And rites of passage are how we hack the culture, change the future.
Currently, the childbirth rite of passage in our modern western world,
is teaching most people that Birth is dangerous
and needs to be managed in facilities set up to manage it
with experts managing it.
What this looks like is:
1:3 induction of labour
42% epidurals

1:3 caesarean section
And 1:3 women have birth trauma – and that's reported birth trauma –
1:10 of those with birth trauma have PTSD.
70% of birth trauma is iatrogenic genic,
which means caused by the midwives and doctors delivering the service.

But there's a lot more that happens long before childbirth
that leads to birth trauma,
for both the women and the birth workers.

Some of those factors are:
our inherited female generational trauma,
our attachment style which is created from our own birth,
and newborn experience,
the childhood trauma we experienced,
and our previous rites of passage, especially menarche as I've said.
And also our experience of our menstrual cycle,
and the attitudes to our body that this created,
plus any sexual trauma we have experienced,
including abuse, rape, and domestic violence.
And all previous pregnancies,
if we have had any,
including early pregnancy loss or miscarriage and terminations of pregnancy or abortions,
all previous pregnancies, impact the next one.

Trauma begets trauma, we know that now.

So each individual woman's, or person's experience
of everything before their experience of childbirth
all adds up to create our beliefs, attitudes and fears,
and behaviour.
Which of course, influence the decisions, and choices,
we make around pregnancy and birth and mothering and parenting,
all of which add up to create the outcome.

Of course, there is no judgement for any of this,
there are so many influencing factors that lead to any individual's experience of giving birth
and whether they experience trauma or not.
And these factors give us lots of clues for what to do to help.

We need to educate and prepare for birth by doing our own inner work, which includes bringing awareness to, and healing
our female generational trauma,
and our wounded inner child.

This goes for service providers as well –
the midwives, doulas, doctors,
need to do the same inner work,
because we know that if an individual's previous trauma is reactivated,
it clouds their ability to think straight and act accordingly.
We know this.

So, in preparation for childbirth,
we need to develop a new healed relationship with our body, especially around our menstrual cycle,
and remove the veil of fear that menstrual shame creates
around our bodies and birth and menopause.

Trauma is much more accepted these days,
even to the point that we can all expect that it's what happens, someway, or other to everyone.
It can be something that happens to you,
or to someone that greatly affects you,
e.g. if your mother has postnatal depression from birth trauma.
It can be an accident, and illness, or abuse, or even the lack of something like love, attention or support.
And according to Dr ,
who is one of the people leading the world
in educating everyone about trauma…
The current cutting-edge perspective of trauma –
Trauma is not the event that happens,
trauma is what happens in the individual as a result of the external event.

It happens on the body level and the level of the psyche.
It is subjective – therefore not defined by anybody other than the individual who experienced it.

So, with birth,
it may not be intervention and the resulting cascade of intervention
that causes birth trauma if the woman, the person,
is treated with respect, gentleness, and kindness,
and if she/they are afforded rightful autonomy and sovereignty.

The same birth experience may result in trauma for one woman, person,
and not in another.

Birth trauma can happen to somebody even when from the outside,
it looks like the ideal birth, but for her, it reactivated previous trauma.

So basically, every woman/ person who is preparing to give birth
will have various issues in her past, or her family
that predispose her to experiencing trauma at birth,
same for the birth workers,
and we know the previous trauma can be reactivated
when we feel unsafe, unheard and uncared for
– these are the dominant complaints that women speak of that result in birth trauma.

So as service providers and as communities and villages, holding families,
we need to work together
to make sure that the services, support and styles of care that women want are provided for,
and that these are all practised using evidence based,
women centred care.

There are many psychological theories we can use
to help us reduce trauma,

and they are simple, and so is the process.
Basically, we need to make sure that women feel
autonomy and certainty,
and that they are treated with kindness and respect,
nothing less.
If these basic things are not upheld,
then the likelihood of her, them, being triggered is high,
and once triggered, we go into fight or flight or freeze,
and that's trauma.

So the past forward is quite simple –
*provide the styles of care that women want.
*Meet their needs and be kind and gentle.
*support their autonomy in their decision-making and respect that. *Support their inner work in preparation for childbirth, addressing their predisposing factors for birth trauma.

I've been involved in the birth world for 40 years now.
As a midwife, as a mother,
as a grandmother, as an educator, and as an activist.
And things are not improving, theyre are getting worse.
Intervention increases
choices decrease
and postnatal depression, and postnatal anxiety increase.
Today, here , us doing this,
is one of the most promising things I've seen happen.

We have long known that us and them doesn't work,
we have long known we must all work together,
midwives, Doulas, doctors and hospitals,
with women and their families.
We have long known
that the changes required, this revolution
needs to be led by the women,
the mothers, the people,
those for whom the services are meant to serve.

So, I encourage us all to work together and
participate in ushering in the much needed change.

Step 1 – send in your story to the Parliamentary Inquiry on birth trauma.

Step 2 - write letters to your local hospital, asking for the services you want – birth centres, homebirth programs, continuity of care,

Midwife group practices, private midwife visiting rights, etc

Step 3 - give feedback about any birth trauma you've experienced or witnessed to the HCCC.

And, as a representative of , our mission
is to do all we can to help in this area.

Our focus is on how we can best support, midwives, doulas, Families, doctors, everyone, to reduce the likelihood of birth trauma.

I hope I have been able to introduce some concepts and connections
that some of you may not have seen,
basically - one thing leads to the next…

Paraphrasing, what the Buddha said –
if you want to understand why you are where you are,
look where you come from,
and if you don't know where we've come from,
I suggest you read my little book called herstory,
which is about the effects of the patriarchy on women and the feminine.

If you were going to do one community minded thing in your whole life,
then working with others to heal Birth, would be a good thing.
As my teacher said
we need to heal the earth one Birth at a time.

Thank you for your attention.
We can do this, this is our job,
this is our role, this is what community looks like,
this is what the village it takes to raise a child has to do,
this is one of the important missions of our time.

PBB PODCAST
Friday July 7, 0830 30 mins

Q. What is the definition of safe birth for you

The person birth needs to feel safe for is the mother,
and that will likely involve a summary of decisions she will make
about her caregivers, the place of birth, and the style of care.
And those decisions will be made based on what she knows about Birth,
which maybe a lot or not much.

A safe birth is what feels safe to the Mother
and that will look like different places and styles of care for Birth
for different women.
Some will want to Birth in a birth centre,
some at home, with, or without midwives,
some by current obstetric care models.
And we need to ensure safe birth by providing all of these options,
to all women, for free,
with no judgement of anyone's choice, just support,
which will make each of the choices as safe as possible.
And then, within each of those practice models,
there are elements required to ensure
that Harriet Hartigan's quote prevails – birth is a safe as life gets.

It is of course necessary to put safety in context,
and as I quote in my book 10 moons,
we are very much more likely to die in a car crash,
than giving birth or being born.
Birth is one of the least likely causes of death

Q. Why now for this birth trauma event

Well, you know what they say – Chinese proverb –
the best time to plant a tree is 100 years ago, the next best time is today.
Basically, for this event to happen, a lot of things needed to align,
and they have.
And trauma is very much being talked about in the mainstream,
so birth trauma is part of that, and now getting a voice.
It's not that long ago that – all that matters is a healthy baby –
was the dominant narrative.
Now we know more,
and now the people who can make changes have heard, and are listening.
So why now?
because and are on a mission
with the support of ,
actually, we all have the same mission
and that is to stop birth trauma
and ensure gentle and respectful Births for all mothers and babies,
no matter what.
Why?
Because Birth creates the future
and we can hack the culture and change the future
by mothers and babies experiencing gentle, kind, respectful Birth

Q. How do you see your skills and experience and world view / view of birth fitting in with others here you're collaborating with e.g. some might see your school as very different to the world of obstetrics. How would you say we can compliment each other in the field of birth ?

I'm so excited about this collaboration,
and especially because of the spectrum of worldview
and experience that we span, especially from each other.

We have long known, that us and them doesn't work,
and the stars have aligned, so to speak
for another push in the direction of revolutionising maternity care services.

We need a re-frame and that can only happen in collaboration.

There must be no enemies in the Birth world.

Just one team of caregivers across all the models of care.

We already are one team providing maternity care services to the community – the team, including doulas, midwives, private midwives,

childbirth educators, hospital midwives,

community midwives, obstetricians,

paediatricians, and other specialty, doctors – we are all the same team,

but currently are not working together,

which is actually a common situation in a field of practice in the patriarchy.

It is our absolute responsibility to do all we can

to provide women with their safe birth option – whatever they want.

So this collaboration, so exciting, is about bloody time, overdue,

and thank goodness is happening.

Q. What are a few steps you see as imperative to lowering the rates of birth trauma we see currently ?

A Salutogenic approach to Birth .

That would be to see Birth as a process that requires support, not fixing or controlling.

A Salutogenic approach would be to ask how can we best support physiological birth – not manage potential risks as a focus.

To provide women with the kind of care, they want – homebirth, Birth Centre, hospital, continuity of care, community support, education, resources, and community.

And care for birth workers – midwives, doctors , doulas.

Support … How? Let's ask them.

My guess would be ways to help them thrive.

Q. What are the top three things you recommend women preparing to give birth?

1. Bring awareness to what you are bringing to the birth, consciously, subconsciously, and unconsciously.

This will include your own birth imprint, your rites of passage so far and their influence on this next birth – one rite of passage leads to the next.

The influence of your menarche, your first sexual experience and all your previous pregnancies and births – what are the teachings from these because they will influence your next birth.

And bring awareness to your relationship you have with your body which will be revealed by how you navigated your menstrual cycle.

Bring awareness to your red thread or female generational trauma that you have inherited – how do the women in your family give birth? what stories have you been raised with.

And the teachings from all your previous births, especially when intervention happened last time, ask what would you need this time.

2. Acknowledge your fears and update your belief system, understand how to work with the pain in childbirth if you have any.

3. Connect with your baby, you already are connected with your baby, but do it consciously via visiting your baby in your womb, either by a self guided meditation or a drum journey. And make friends with your cervix and ask how you can best work together to open in labour.

Q. Do you make different recommendations to women birthing in the system as opposed to out of the system?

No, all of what I've already said, goes the same for hospitals or homebirths or birth centres or freebirths. You want to know what the policies, protocols and routines are for all styles of care so you know what to expect. For example – for homebirth – what are your transfer rates and why. For both/all places of birth and styles of care – what happens at 41 weeks, 42 weeks? Etc. what if my membranes rupture what's the time frame put on that?

What length of labour do you support? Pushing time? Placenta birth time? What postnatal support do you provide. For freebirths, decide ahead of time who's going to do what if necessary eg if the mother needs support if bleeding or the baby needs support to breath etc.

The 2020 Mothers and Babies Report: an inconvenient truth.

Trigger warning for those who have had an induction of labour, an augmentation of labour (labour sped up) and/or a controlled/forced third stage (placenta birth).

I was reviewing the most recent birth statistics from the Australian Institute of Health and Welfare, and I went down a rabbit hole.

Pulling together the threads of the current rates of birth intervention in Australia (and these trends are across many countries) with the serious, and seriously under-researched and inadequately understood impact – both in the short and long term – these unnecessary interventions have on mothers and babies, makes for alarming reading.

And what seems to be missing is any compelling reason for these spiralling rates of intervention.

We are messing with a process we don't even fully understand and one we haven't even bothered to investigate.

Experimenting with mother's and baby's lives for the sake of...time.

2020 was the rst year of the Covid pandemic, and so as well as this intervention increase, many of these women will have been in lockdown in their homes prior to their birth, and many would have been denied a support person for their hospital induction.

This isolation will have negatively contributed to their birth experience.

I was particularly alarmed at the increased induction rate:

"more than 1 in 3 (35%) had induced labour in 2020."

The overall rate of induction of labour has increased from 21.3% in 2012 to 30.9% in 2017

...to 35% in 2020.

And, then there's augmentation – the speeding up of labour using the same drugs and techniques as an induction.

Syntocin is a synthetic hormone that replicates some of the effects of oxytocin, or "the love hormone" which is released during labour and birth. Oxytocin assists with managing intensity of pain, aids in breastmilk production and in creating the bond between mother and baby. While Syntocinon – articial oxytocin – is used for induction of labour and augmentation, simulating the effect of natural oxytocin by contracting the uterus, it does not do all those other benecial things.

"Once labour starts, it may be necessary to intervene to speed up or augment the labour. Labour was augmented for 16% of mothers in 2020 (29% of mothers with spontaneous onset of labour). The augmentation rate was higher among rst-time mothers, at 41% of those with spontaneous labour onset, compared with 21% of mothers who had given birth previously. "

So that's an intravenous syntocinon administration rate of 35% for induction of labour plus 16% augmentation of labour = 51%

More than half the mothers giving birth in 2020 had their labours and births (and actually, as we will see, who knows what else) overridden by synthetic hormones...

And I've been reading in a new book written by zoologist called Bitch – a revolutionary guide to sex, evolution and the female animal, about oxytocin at birth and its role in mammals, and I got to thinking about the things we do that affect the oxytocin levels for mothers and babies at birth and I was thinking about inductions and controlled third stage and the long-term effects of that, that no one talks about and I found this.....

Beyond Labor: The Role Of Natural And Synthetic Oxytocin In The Transition To Motherhood

"Downstream molecular effects of synthetic oxytocin have rarely been investigated in the context of human birth care."

In other words...we don't know how the use of articial oxytocin – syntocinin/pitocin – in labour impacts anything/everything else to do with the transition to motherhood for the woman, and life for the baby – but it will.

"The role of natural oxytocin includes molecular pathways in the transition to motherhood, such as buffering stress reactivity, supporting positive mood and regulating healthy mothering behaviours."

Synthetic oxytocin does not do any of that and its use means those things won't happen.

"Given the action of natural oxytocin on various endocrine pathways, we anticipate that any effects of intrapartum synthetic oxytocin would be dose- dependent and inuenced by individual context and maternal history."

We don't know how much synthetic oxytocin affects other hormonal pathways in individual women, but we know it does.

With the ubiquitous use of synthetic oxytocin in modern birth care, research questions abound regarding long-term implications of manipulating the oxytocin system during labour – a complex transitional window of development for both mother and infant.

No one knows what the long-term implications of manipulating the oxytocin system during labour are, and we should be researching this: synthetic oxytocin is one of the most widely used drugs in labour and birth and we don't know its effects.

and at the bottom of the rabbit hole I found this...

...we suggest that birth practitioners may benet from an appreciation of the molecular, developmental and behavioural consequences of one of the most widely used drugs in obstetric practice.

Given the lack of clarity and denitive research on the effects of oxytocin beyond labour, the dedication of health care professionals to minimal-interference in biologically-regulated and evolutionarily-conserved processes is warranted.

Doctors prescribing synthetic oxytocin need to understand that it has further reaching effects than labour and birth and we don't even know what they are – no research has been done even though this is the most widely used drug in labour and birth.

So, only use it if absolutely necessary. The current practice of induction and augmentation of labour with synthetic oxytocin is an experiment, and the unknowing participants in this experiment are the mothers and babies.

And, then, in reading new book

Apple – Sex, drugs, motherhood, and the recovery of the feminine, an extraordinary book that tracks developing culture with obstetric practices over the years and generations, she herself, an unwitting participant in this synthetic oxytocin experiment, had this to say:

"I wasn't told that synthetic oxytocin causes jaundice in newborns, reduces oxygen supply to the foetal brain, and is associated with lower Apgar scores. The rst is no small matter; if the level of bilirubin, which measures bile in blood, climbs too high, neurological damage – cerebral palsy, convulsions, deafness, mental retardation and other issues – can occur."

"In addition, far from triggering the profound mother/ baby attachment associated with natural oxytocin, synthetic oxytocin administered to a mother

during the peripartum period (before, during and immediately after birth) is associated with a higher risk of her being diagnosed with postpartum depression or anxiety disorders:

36 % higher in women with a history of depression or anxiety, and

32 % in women with no such history"

"I wasn't told that the administration of synthetic oxytocin is also linked to uterine hyperstimulation, a serious complication that can impair blood ow to the placenta, resulting in

foetal brain damage, eye problems, heart damage, heart rate abnormalities, and respiratory distress, among other serious and potentially life-threatening complications. “

“I wasn’t told that the administration of synthetic oxytocin to the mother is associated with psychomotor issues in the child. Variables had no impact in the studies: the resulting delays on ne and gross motor development were clear.”

“I did not know that natural oxytocin oods the undrugged brain’s uid during labour, combating anxiety and stress and lowering the awareness of pain.

Unlike natural oxytocin, synthetic oxytocin fails to penetrate the mother’s blood-

brain barrier. This means that there is no ‘cushioning’ of pain awareness, amplifying the mother’s stress. Stress, of course, slows and stops effective labouring. During labour, mental stress experienced by mothers has been found to dominate the physical, meaning that, in terms of ensuring a safe delivery with the best results for mother and baby, the mother’s feelings – her desires, her fears – need to be addressed not only in the lead-up to birth, but throughout her pregnancy.”

“At no point did it occur to me that women are designed to cope with the pain of childbirth. Oxytocin is naturally released in peak quantities during labour to buoy mothers through delivery. Its release can be triggered by the partner’s

tender stimulation of the clitoris and nipples, or by massage-like stroking in the lead-up to, and during, birth. The repeated massaging of a pregnant woman over a fortnight before birth increases her pain threshold through the intricate interplay between her oxytocin system and opioid neurons, Beta-endorphins, triggered by her comfort, also play a pivotal role in reducing pain awareness. “

And, no doubt, these – “I wasn’t told...” and “I did not know...” are all too common, we know they are.....

If induction is required – for reasons that are specically to do with the individual, not for reasons of policy or generalised evaluation of risk factors – then other ways must be considered; rather than a total disruption of a nely tuned sequence of evolutionarily evolved birth and mothering hormonal release and response designed for the purpose of safe birth and maternal and infant attachment and bonding.

As well as a greater appreciation of preparing mothers for labour and natural ways to help.

If a mother’s labour slows down, that is a sign that she doesn’t feel safe, and so there are many other things to do to help her feel safe so her labour will start up again, which are clearly better than ignoring and overriding her fears and worries and forcing her womb to contract.

The other time almost every woman gets her nely tuned hormonal sequence to transform into motherhood messed with, is with the injection of Syntocinon or Pitocin, synthetic oxytocin, to speed up the delivery of the placenta.

Many have speculated that the ‘day three blues’ are the result of oxytocin withdrawal due to depleted endogenous oxytocin backup due to the bolus dose of a synthetic substitute that overrode the normal production of the hormone responsible for attachment and bonding, and so many more things.

Physiological third stage should be the norm, could be the norm – and controlled third stage could be used only when medically necessary.

So many things affect mother and baby bonding and it is our responsibility to protect this precious process and ensure that we do no harm.

At the very least we must eliminate unnecessary intervention.

Stopping or reducing inductions of labour, stopping the speeding up of labour and stopping the unnecessary controlled (forced) birth of the placenta (third stage) should be a priority when thinking about improving outcomes and decreasing – among many things – postnatal depression and the psychological effects on the babies of the disconnection they experience from their mother when she is depressed.

We can eliminate the risk of this for so many mothers and babies by only doing inductions when necessary (and being very clear about when that might be), helping women feel safe when in labour and encouraging physiological third stage, or the natural birth of the placenta.

This would change the future.

We are messing with a process we don't even understand and one we haven't even bothered to investigate.

Experimenting with mother's and baby's lives for the sake of...time.

This is not responsible caretaking, this is promoting and prioritising other things like time efciency and staff levels over the precarious imperative of mother and baby bonding that has so many far-reaching effects, forever.

If we slow down, help labouring women feel safe – in the hospital environment or provide them with safe birth spaces outside hospitals – birth centre and home birth, and do the research so we can see what we are causing through this negligent practice that prioritises the system; not the mother and baby – then we will see it's not worth it.

Sad, at, exhausted, depressed mothers and the effects of that on their newborns is never worth it. And then there are all the things we don't even know.

And all is not lost, we can continue to bond with our babies after birth through all the other ways we know we generate oxytocin together – the hormone of love. Skin to skin, breastfeeding, eye gazing, baby wearing, sharing food, singing, massage and touch.

I have a dream. Perhaps birthing women, once they understand the situation, could refuse synthetic oxytocin to induce their labours, refuse synthetic oxytocin to speed their labour up and refuse synthetic oxytocin to speed up the birth of the placenta unless absolutely necessary.

As I said, this would change the future.