Submission No 270

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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I am , a midwife and a mother living in NSW and working at Hospital as a clinical midwife in Birthing Services.

I have had the fortune of being able to access midwifery continuity of care through the local publicly funded homebirth program for my youngest child. My pregnancy and birth experiences were incredibly positive and empowering and I believe this is largely because I had continuity of midwifery care with my primary midwife who I trusted and felt safe with. It saddens me that most women do not have access to this incredible, evidence-based model of care. I believe that this model of care facilitated complete physical and psychological safety for me.

Unfortunately, in the medicalised, hospital-based mainstream maternity care system where most women birth, women have fragmented care which does not set women up to feel safe and empowered.

My first 'mothers group' of 8 women was formed from the attendees of a set of antenatal classes run by our local public hospital. Most of us birthed in January-April that year and we kept in close contact as we navigated motherhood with our first babies. All 8 of us had hospital births (most with mainstream hospital maternity care and I had my care through the public 'high-risk' team). At the end of that year, we had a Christmas party, and organised for the midwife who did our antenatal classes to come too. One of our group members (who had an emergency Caesarean section) burst into tears at the sight of our educator and later expressed how seeing our educator made her so sad because it reminded her of a time when she 'had hope' for her labour and birth. She has continued to feel so traumatised by her birth that she is not sure she wants to extend her family. Of the other 7 women, all of us who have gone on to have our second babies chose a different model of care to mainstream hospital maternity for our second pregnancies. One woman engaged a private midwife to be able to have a homebirth as she was 'risked out' of the publicly funded homebirth service. Three other women (myself included) accessed the local publicly funded homebirth service, and all had homebirths which have been described to me as extremely healing by the other 2 women), one woman accessed the other local midwifery group practice and one woman accessed midwifery group practice in another country due to relocating. Second time around, we all sought the relationship based care with a known primary midwife, mostly because our first experiences in mainstream maternity services presented us with varying cascades of intervention and associated fear and birth trauma.

In a fragmented system, interventions become 'the norm' and incredibly invasive practices such as vaginal examinations, artificial rupture of membranes, induction of labour, episiotomy, instrumental birth and emergency caesarean are administered frequently. Without relationship based care, women are somewhat depersonalised and interventions are administered with less thought for the impact on that individual woman.

Furthermore, in this environment, midwives see less and less of the physiological birth we were trained to facilitate. Consequently, midwives are leaving the profession because they themselves are traumatised by the relentless intervention they see every day.

There is so much evidence globally that women have better experiences and outcomes from continuity of care with a known midwife. From my own experiences as a birthing woman and as a midwife, the benefits of continuity of care for women and their families cannot be underestimated. Investment in supporting midwives to work in continuity of care models (especially increased funding to increase the number of and expand the capacity of existing continuity of midwifery care models; and engaging more midwives to work in such models of care by increasing flexibility to work part-time, job share etc) would be the single most effective intervention to address rising rates of unnecessary intervention and birth trauma.

The system needs an overhaul so that accessing continuity of midwifery care is not just for the lucky minority, but for all women who want it. Expanding relationship-based continuity of midwifery care builds trust between a woman and her midwife and builds strong foundations for women to feel psychologically and physically safe in their pregnancy, labour, birth and postpartum. When a woman feels safe, her experience is one of power and strength rather than fear and trauma.