

Submission  
No 351

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I was 3 days into my training to become a midwife when I was called in overnight to 'witness a birth'. To meet registration requirements students must witness 5 births before being allowed to provide 'active, hands-on care'. The woman was pushing on the bed, on her back, in lithotomy to allow the midwife in seeing that descent of the baby's head was occurring, and after some time the midwife decided she needed an episiotomy. It may have been clinically indicated. I don't remember. I only remember the senior midwife saying you need an episiotomy and handing me the scissors. I said 'no, I am not comfortable and it's only my third shift'. I remember her mumbling 'useless' and then proceeding to take them herself to the bedside. I do not remember her providing education. I do not remember her gaining consent. I remember the woman crying. I remember her saying no. I remember the midwife demanding she stay still. I do not remember any local anaesthetic provided. I remember the sound the scissors made and although there were cries before and after I remember how that noise cut through everything else. I remember her partner covering his head with his hands and the woman searching his face for comfort. I remember feeling like I wanted to vomit, cry and run away. The baby was born. Alive. The mother was alive. The Dr was called, and the episiotomy repaired. No complaints made. No questioning of practice from the people that were in power. Just a mother, a baby and a traumatised dad. I will never forget that woman. I will never forget that midwife. I will never forget that sound.

I remember having a woman brought into hospital by ambulance following a homebirth and subsequent PPH at home. She almost died. She chose not to come to hospital after meeting with our maternity team and deciding she was safer at home given the hostile, judgemental, disempowering care she was offered. A rigid system that demanded 'you must' rather than 'how about...'. I remember hugging her husband as he 'whole body cried' in my arms with a tiny baby he was scared he would raise alone. I hate that I am part of a system that does not support women to make safe, informed, and empowered choices. I am saddened to think any mother walks away from available maternity services because she has felt so let down by them.

A woman I was caring for in antenatal clinic disclosed a history of sexual assault and that pregnancy had brought up some trauma related to this. I spent 15 minutes extra providing her with education and resources for follow up. My manager told me I should have reminded her that appointments go for 20 minutes, and she would require a longer appt next time if she needed to cry.

I cared for a woman who lost her baby at 37 weeks. Her labour was induced, and she birthed her baby girl surrounded by her sister, husband, my lovely colleague and me. I can't begin to describe how birth normally feels so life giving and miraculous. Although I knew the baby was already deceased, the process of labour and birth itself almost convinces you that if you just hold your breath a bit longer, they will take their first one. But she didn't. And as the mother cried and said 'I can't do this', her husband cried with her and said 'Iv got you, Iv got you, Iv got you. And when it was all over and the mother lay crying with her baby in arms, the long list of paperwork begun to conclude the formal side of birth. At 1515 when we had finished all we could, my senior colleague said, 'come on, let's have an early mark and go and get a coffee and a walk together'. We hadn't had morning tea. We hadn't had lunch. We hadn't

had a toilet break. We hadn't stopped. My manager came past and all but said, like hell. She handed us a card for a NSW health counselling service and advised she could dock our pay for leaving early. My colleague just laughed at her and said 'ok, bye' and took me by the hand. I still remember looking back and watching her watch me walk down the hall, with one hand on her hip, as I left, 15 minutes early from my shift. Nothing more was said about that day to me. No debrief. No follow up. No care. And all I can think, years later is, I hope he's still 'got her' because we didn't. And how many other dads and sisters hold the broken women we provide 'care' for because we don't have the capacity to offer anything more. Our 20-minute time slots are full. Our 8 hours is up and now you've got a new team to 'take over your care'. And yes, its another new face, another stranger you do not know.

I had my own baby in the same hospital, 4 years after graduating as a midwife. I was scared. I felt judged every step of the way. For every decision I made. When I declined a 'routine ultrasound' at 36 weeks to check if my baby was head down, my colleagues called me 'hippie', however not one of them laid hands on me to palpate the position of my baby. When I declined the GBS swab as I did not want to be pressured into having an induction if I was positive (as is 'standard cultural practice' of the maternity unit I work in), my colleagues said they 'thought I was smarter than that' and advised I was 'putting my baby at harm'. However, that's a better outcome than the women who I have reported that they were threatened to have a report made to the department of community services for 'neglect' if they chose not to screen during pregnancy. I had every intention of monitoring my baby for signs of sepsis post birth and would have acted promptly with medical intervention should he have presented with any signs that suggested this was necessary. But no one even asked. I laboured at home and performed my own internal exam before going to the hospital because I was scared and embarrassed about how my colleagues would treat me if I was not in established labour. Because we all know they are too tired to bother with those 'long latent phase types'. I arrived at the hospital fully dilated, birthed within the hour and left 6 hours later. How many women feel that way? How many women delay calling for help because they are worried about the response they will get or the care they will be offered? I know of too many to count.

My second and third boys were born at home. I engaged with a wonderful private midwifery service. It was empowering, compassionate and safe care. I realised during transition with my second child that I had 3 registered midwives in the room who were safe, proficient in practice and who knew me. Not just my blood group and where my placenta was but me. They knew and respected my wishes, and they trusted the process of birth. Through the continuity of care that was provided my intentions were discussed and respected throughout the continuum of pregnancy. I realise that I received a higher level of care than most the women I have cared for. In a rural unit, sometimes there is only one of us. We may have never met the woman, or her partner and we may never see them again throughout their pregnancy journey. We need to start fresh every time, our ability to form sound therapeutic relationships is limited to the short interactions we have.

I was visited at home for 6 weeks postpartum. The EPDS occurred over a cup of tea in my lounge room, in the presence of a trusted, known midwife who knew what my 'normal' looked like. There were multiple discussions about birth and the space for telling and retelling and

unpacking my own birth story. There was no trauma. There was no fear. There was no rush. There was care. There was best practice. There was empowerment.

When my sister was pregnant with my niece the decision was made for an emergency caesarean section. I remember her looking at me, with questioning eyes. Unlike my colleagues, who had not asked her about birth preferences at any point during pregnancy or labour, I knew her. I knew where her baby was lying. I knew what she wanted during labour, birth and postpartum. Because I know her, and because we had discussed her intentions, when she looked at me, I realised she trusted me in the information I gave surrounding decisions related to her care. I also realise that many women I have cared for have looked at me and my colleagues in that same trusting way.

We are in an incredibly powerful position as midwives. The women who come into our care may not know us. They are largely scared, vulnerable and guided by the care we provide. The education we give and the language we choose has the potential to influence the decisions they make that govern their care with both short- and long-term effects. I have seen women give trust to a system that fails them. I have seen intervention occur without consent. I hear women retelling their 'traumatic births' and I question did I play a part in that? What can I do better next time? Will they be emotionally well enough to choose a next time?

I have been bullied. I have watched woman be coerced and lied to. I have experienced deep sadness and disappointment in my role as a midwife. But I have also seen the most wonderful empowering births. I believe that women are wildly capable. There is certainly a place for medical intervention. But wouldn't it be nice if instead of hearing 'I delivered your baby for you' that women were recognised and celebrated throughout that journey. The power of birth needs to be handed back to the woman who is birthing. Continuity of care is fundamental to change. Consent always matters- there is always time! Education is paramount. Midwives are human. Women need to be empowered by knowing their options and respected to have choice, and there needs to be safety in that for the care providers who support them.