

Submission
No 352

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Working as a midwife in the public hospital system in NSW I have contributed to birth trauma to women and their partners. This is due to hospital policies that are non evidenced based, with many that go against the evidence and also bullying from other staff.

I have found this very distressing and traumatising and it is the reason I no longer work within the hospital system. Just a few of the reasons the system fails women that I have been complicit in:

- Inducing women when there is no medical reason to do so
- Speeding up inductions with increasing amounts of syntocinon to make the baby "declare itself", ie put the baby into distress so a caesarean is required
- vaginal examinations done unnecessarily
- sending women home when they are in early labour instead of supporting them in birthing unit and then they are traumatised by travelling in strong active labour and needing interventions to augment labour instead of supporting labour physiology when a women is looking for a safe space to labour in
- failure to wait when labour is progressing normally
- suggesting interventions as it may be the lesser of 2 evils but neither are actually needed
- not being able to keep staff out of a labouring woman's room when there is no need for anyone to be there
- ARM done to start labour when the evidence shows it does not do that at all and is a risk to the baby and mother
- not getting full informed consent
- not stopping atrocious behaviour and/or language from an obstetrician
- too busy to assist women breastfeeding
- too busy to be a midwife "with women" in labour
- not working to my full scope of practice
- not being a better advocate for women in a broken system
- providing poor postnatal care due to busyness and staff shortages
- not shutting down the language of fear that is used with women on a daily basis to coerce women to do what the hospital wants
- non evidenced based care
- no providing culturally appropriate care
- not providing appropriate care for sexual assault survivors
- antenatally preparing women for the inevitable interventions
- antenatally being too busy to provide appropriate education
- antenatal care being fragmented and time poor
- being an obstetric nurse rather than a midwife
- not including support people better so they can step into their role with confidence

I will never forget these and many more instances and I feel ashamed, distressed, angry and very sad that the maternity system fails women so much and that 1 in 3 women are traumatised by birth.

The majority of births should be low risk, supported by a known midwife with no obstetric intervention with policies that are evidenced based and support the birth physiology.

It is wonderful to have obstetric support and it can be live saving when needed and/or necessary. However this should be for a minority of births not the majority.

Our obstetric, hospital fear based maternity system fails women, midwives and obstetricians. It is set up for the maternity system and not the women. I now work in a midwifery continuity of care model that is evidenced based and can support women individually.