

Submission
No 359

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 14 August 2023

Partially
Confidential

My name is _____ and I am both a midwife and a Mum. I write to you today in the capacity of both these important roles. I need to stay anonymous for obvious reasons though please, though I am happy for my words to be used.

Many years before I became a midwife, I became a mother. At that time, there was no word like 'birth trauma', but rather just an acceptance that the doctors knew best and that a healthy baby meant a happy mum. In hindsight, that birth was not an empowered one with proper informed consent but I knew no differently, it was a different time (early 2000's) and I hold no ill feeling about it.

Many years later, I continued to expand my family, in a small town, led by a single GP/OB. Whilst my babies are certainly 'alive' and thus I should be 'happy', I am actually angry. I am angry at that GP for his treatment of me, and I am angry at myself, an educated woman who readily encouraged others to self-advocate, for allowing him to treat me that way. I think trauma helps your brain to survive and so many of the finer details of my conversations and interactions with that man are lost, but the following are some examples:

- upon walking into my first booking appt with him for my 3rd pregnancy, 6 weeks pregnant and with 2 under 2 already, he said "what, did you slip over onto a d*ck again?!" I was actually actively bleeding and miscarrying at that very moment. His unprofessional, disrespectful comment made my devastation exquisitely more painful.

- In an effort to manipulate me into allowing a stretch and sweep, he threatened with the 'dead baby' card and said "so what am I going to tell the coroner when your baby dies then, when we could have saved it with this induction you're refusing".

- I presented him with many articles from reputable obstetric journals over the course of my two pregnancies under his care, attempting to have a conversation about the questions and concerns that I had, and I was dismissed each and every time. There was no "winning" an argument with this doctor, he is right and he acts like God.

- One of my babies was especially at risk of intrauterine growth restriction. The GPOB scanned my belly at every appointment (as his usual practice) and I would watch as he measured her head and abdo circumference, for his bedside ultrasound to then calculate an estimated fetal weight. Her measurements always came up many many weeks short of my actual gestation, but he would remeasure again (sometimes multiple times) and readjust his measurements until they matched what they 'should' be. Finally at 37+3 weeks pregnant, when my blood pressure skyrocketed, he 'diagnosed' me with IUGR and pre eclampsia and referred me over to our referral hospital. When I arrived there, they panicked because baby was so small and I was so unwell. My baby was born the next day after an urgent induction, and she was less than the 2nd centile for weight (barely even on the chart). She then spent many days in Special Care. This birth and pregnancy has caused me more distress than all my others put together, and I think it's because I KNEW in my gut that something was wrong, and I tried to tell him, but he ignored me, and then faked good numbers and growth until he couldn't avoid it any longer. He played with my baby's life and my own. I had no idea that my baby was at a much higher risk of stillbirth because of her IUGR, and I had no idea it could be linked to the pre eclampsia that I had already had in both previous pregnancies. I wasn't informed of the risks, was blatantly and repeatedly lied to and felt completely disempowered. I didn't feel like I

could complain as he has no boss or obvious accountability, and it is such a small town, and I still hadn't finished my family, and so I have been left with this feeling of being walked all over and put in danger, because I couldn't find my voice. This sense of shame and guilt has impacted my parenting and self confidence to this day, 7 years later.

Thank you for allowing me to acknowledge my own personal hurt. Whilst it is not in the realm of what I see as a midwife, it is mine to bear and to work through, and this has been a good step in that direction.

Now for the big stuff, the trauma I see every single day as a midwife. I have been a midwife now for 3 years and though it is my passion, it is a difficult one. Following is bullet points re my observations:

Shortstaffing of midwives is extreme - leading to clinicians that perhaps aren't at their best

Reliance on locum medical officers - we don't know them, and they don't know us. There is no trust in each other and so vaginal exams are often repeated unnecessarily, and interventions commenced unnecessarily.

No informed consent - this is the biggest one. Women are continually manipulated into thinking they have been given a choice but they have not. They are presented with an extremely biased version of statistics, or personal clinician experiences, with emotive language used to appeal to their protective instincts of their unborn baby. They are told "the risk is DOUBLE!" of their uterus rupturing during a VBAC... but the risk was only (for example) 0.0001% in the first place. Rarely is a woman given the truest facts, like, "yes we can induce you on X date because your babysitter is available then... but you should know that it increases your risk of an instrumental or caesarean birth by from X to Y, and the risk of your baby going to Special Care from Y to Z" or "our practice is to induce you because your blood pressure is a little unstable but no one has told you that you also have the option to try some medication first... or say no".

Inductions for no solid clinical reason - with all the risks of induction, we watch it happen and the powerlessness that we as midwives feel is indescribable.

Junior medical staff +++ allowed to practice on their own without qualifications. Much of our recent birth trauma, if we were able to quantify it from women, would be related to our incredibly junior medical staff that I would not trust with my own family. They have been reported, supervised and so on, and yet continue. Dangerous.

No continuity of care. Truly, I cannot emphasise this enough. Continuity of care by a known midwife has the EVIDENCE behind it to prevent the vast majority of trauma we see in the maternity space.

Elective ceasars like a conveyor belt. No continuity of care and it feels like, no care at all. They are just a number.

Constant arguments advocating for women and for policy, met with doctors who have poor English, poor understanding of local policy, poor bedside manner, minimal insight. We feel powerless and in fact hopeless that as midwives, we are disempowered, not working to our full scope of practice and then forced to watch as the system repeatedly chews up women and their babies and spits them out the other side broken. The moral distress as we try in vain to advocate against certain interventions is real and it is a big reason that my colleagues are leaving in droves. How long can we stand by and feel complicit in some acts that are tantamount to abuse before we ourselves crumble?

Our midwifery staff are at breaking point and burnt out by the workload, and by what we see

We cannot continue to stand by and watch women be disrespected, be coerced into interventions that are not backed by evidence, and then see the end result of those interventions being women walking away with major abdominal surgery, pelvic floor dysfunction from instrumental births, absolute shock at what has happened because they were never informed of the possible outcomes. It is pure moral distress that we work with on each and every shift. We feel culpable and complicit in acts of violence (for instance when a doctor has used emotional manipulation to convince a woman that she needs a completely unnecessary vaginal exam) that we are unable to stop. The coercion of women in the birth suite is often similar to how one might speak to a 3 year old, ie. as the adult, I know what is right, and I am just trying to find the language to convince you to do it. There is a distinct lack of WOMAN centred care. There is a timeline, like a secretary, and women are coerced into booking an induction, or scheduling a cesarean instead of attempting the VBAC that they hoped for, because of how “convenient it will be to organise the carer for your other kids” or “if you don’t take this induction slot, there’s none others free for a fortnight”. It is never about the convenience for the woman, it is about wanting to minimise the chances of her walking in in spontaneous labour and messing with their plans for all the other inductions and booked caesareans.

I have a colleague off on extended mental health leave because of the burnout and moral distress that has resulted from seeing women so disempowered, day in and day out.

I can name 10 colleagues utilising either EAP or Private counselling services to work through our moral distress at “allowing” these events to happen on our watch.

The way women are treated is a constant topic of conversation in our tearoom, with varying levels of interest because, truly, what can we do? We can try, each day, in little ways, to make it better for the women in our care, but once they’ve already “consented” (in the loosest terms imaginable) to an induction or whatever intervention has been suggested, prior to their arrival with us, the ship has sailed. Without continuity of care, and the rapport, trust and

comprehensive education and empowerment that can then be given, we can make very little difference in that woman's journey.

I have rambled, I know, as I have just returned home after another long shift with inadequate staffing and an ever increasing workload. Please help us to help these women and families. They deserve it. Thank you.