Submission No 309

INQUIRY INTO BIRTH TRAUMA

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I work as a registered midwife in the birthsuite of a large tertiary hospital. Due to this we have a range of women who we care for that range from very low risk pregnancies to complex high risk pregnancies and babies. From my experience, due to the doctors caring for such complex women and seeing awful outcomes, they are so scared of making incorrect decisions that can lead to adverse outcomes. This results in normal women being over medicalised and experiencing trauma due to bad outcomes. Our policies take away from normal and no longer let clinicians think critically instead having a one size fits all approach to women and babies which is not realistic and it's not working. We are also constantly stretched so thin with staffing that women cannot labour naturally because sometimes it "takes too long" so we introduce Oxytocin and make the labour abnormal to speed up a natural process. Drs are constantly telling midwives to push the synto meaning to turn it up as much as possible especially if the woman has an epidural to speed the process along. There is definitely a time and place for oxytocin but it should not be the first solution or thing that clinicians think of as it increases the woman's risk of a range of adverse outcomes such as post partum haemorrhage, shoulder dystocia, third and fourth degree tears and the list goes on. These are all things that women and clinicians find traumatic. Women aren't able to progress through labour naturally and this is more painful and frightening for them leading to increased rates of birth trauma. Due to time constraints women are also not well educated on their choices and feel as though when we recommend anything as per the policy they do not realise that it's not their only option/ that they can say no to our recommendations and feel they have a choice in their own health care. Further more when drs don't agree with women's choices they will scare them into changing their mind by telling them their risk of having a fetal demise significiantly increases. In some cases this is true but for one instance a completely normal low risk woman broke her waters spontaneously and had to stay the night for an induction as she had almost reached 48 hours with no labour. The drs woke her up in the middle of the night and told her she had to have antibiotics if she didn't want to have a sick baby. She had already made the decision that she didn't want antibiotics and this approach is completely in appropriate. This took the woman's choice and autonomy away from her and she was really unhappy to have the cannula and antibiotics. A Dr once told me that they sacrifice the outcomes of the 95% that would be normal and have a normal birth with a normal outcome to protect the 5% where a mother or baby dies. The system needs to change so that we are not traumatising 95% of women as our still birth etc rates have not decreased irregardless of the massive increase in intervention. Every single woman needs continuity of care as it leads to improved outcomes for mother and baby. This is a non negotiable.