Submission No 343

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Working in the public health maternity services for 20 years has meant that I have not only witnessed obstetric violence but have debriefed countless women who have experienced obstetric trauma and violence.

When I completed my midwifery degree, we told told repeatedly that we were the future of midwifery, the driving force for change. There is so much evidence to support continuity of midwifery care models as crucial to change the rising intervention rates, Caesarean rates and obstetric violence and trauma, yet there is so increase in the availability of these models of care to women, and rurally, we are losing maternity services at a rapid rate.

I have worked with First Nations families as an AMIHS midwife, where the service delivery model was a continuity of midwifery care to increase engagement with these families (known midwife) and to improve maternal and infant outcomes. As a small rural service the outcomes were vastly improved as they trusted their team, and yet I still witnessed obstetric violence/trauma on these women by doctors and midwives and was constantly going into battle advocating for these women. I have written formal complaints about staff, and encouraged women to write formal complaints about their experiences, yet the violence/trauma persists.

I have witnessed and/or debriefed women experiencing :

*physical violence (assault) on birthing women, with no consent obtained for vaginal examination/episiotomy .

*countless experiences of women being coerced into procedures/ interventions they don't want

*pressure to abide by hospital policies, many of which are so outdated in their evidentiary support

*false information provided about a procedure in order to coerce consent

*i have seen staffing levels so chronically poor it is genuinely dangerous for women and their babies' safety

*every time there is an RCA after a bad outcome, the recommendations almost always are more documentation/paperwork without allocation of extra time for same and this takes midwives away from the women in their care.

Recommendations:

*accountability for all obstetric practices and their outcomes (this includes private hospitals/ private obstetricians)

*continuity midwifery models of care as standard (individualised care in the mutually trusting professional relationship)

*re-opening of rural/remote Maternity services (midwifery models of care can facilitate this)

*regular mandatory training for all clinicians on trauma/obstetric violence

*legislation on informed consent

*improved staffing levels

*more publicly funded support services for all childbearing women but especially those who have experienced obstetric trauma/violence

Conclusion:

It is well documented that women who have positive birth experiences also are less of a financial burden in the health care system, needing less support. The same can be said of the increasing intervention/caesarean rates; these procedures are at great cost to the health system, and if you add to that the impact physiologically and psychologically and the subsequent ongoing cost of counselling PLUS the intergenerational impact on families this trauma has.

What women want to be heard, to have a voice and to have autonomy over their own bodies, I have heard this from every single woman who shared their trauma/violence experiences with me. Women need an equal voice, they clearly are still not being heard!

This is a huge political issue and I plead with you to take action now.