

Submission  
No 348

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I completed my midwifery training in 2016 and have worked in a \_\_\_\_\_ as well as publicly funded MGP. And sadly, not a day has gone by that I don't see it myself or hear clients and colleagues talk about medical coercion, fear mongering or bullying (often all in one) that they have experienced or seen happen.

It's so normal for someone to say "oh well they said I need this because it's policy" but have no idea why it's policy and only have half the information. I've had doctors and senior level midwifery staff tell me that "it's policy, so that's what we are doing" without any real regard to a families preferences or history. I've been told "they can deal with it in therapy later". Which is a devastating way to think.

When I have been a part of medical consultations, and asked questions to get more information for the family so they can make an informed decision, I've been told by the doctors too many times to count that "they don't know the stats, but it's the policy so they have to be reasonable" how is it legal to provide inadequate education and not know the information you are advising on? I hear all the time from women that they are confused, sad, overwhelmed and feel like they have to do something because the doctors have made them feel guilty for considering otherwise but not actually provided them with the information they have asked for.

Never have I witnessed a doctor recommend induction but explain the risks that induction can carry. It's inappropriate counselling and doesn't allow for families to give informed consent, it's a type of medical coercion that people don't bat an eyelid at.

Every time (EVERY TIME!) a family has declined an intervention that is recommended by medical staff (at the tertiary facility) they go and get a more senior doctor to come in and re counsel and it is continued often until the consultant comes in, just to "make sure they actually understand and don't make a poor choice". 4 medical consults with same information but increasingly foreboding tones and seniority is bullying and coercion disguised as a relevant consult. And the feedback from women and families is again "I had too, once the 3rd doctor came in they clearly were worried and I must've missed something because they kept pushing it" they feel their control was taken away. And it can be things as little as declining a CTG because they are 41+ weeks in spontaneous labour, but the policy says CTGs for post dates.

I have spoken up before (and will continue to) about poor medical consults, inaccurate information provided and poor bedside manner and have subsequently been pulled into the managers office to discuss why I have questioned medical or senior midwifery staff and that isn't appropriate for me to do so and they have "strongly encouraged" me not to speak up in the future, because women can advocate for themselves if they want to. I've tried speaking up coming from a learners perspective asking for more information so I better understand the topic and still get in trouble for questioning because the doctor/s couldn't answer and it made them look silly in front of patients. I've asked doctors/senior midwifery staff if we can speak privately to provide constructive feedback on the way they've handled a consult, and

the next day spoken to someone else who says “ooh I heard you had a chat with xyz and they are not happy!”. It doesn’t feel safe as a staff member who doesn’t just nod and say yes. And I can only imagine how that feels to a family who don’t have the information I have a registered midwife.

I am lucky that I now work in MGP caseload, I’ve been able to see such a big difference in levels of birth trauma, while I still hear and see these things happen, I have the ability to provide more information and answer questions and provide tailored physical and emotional support to a family that can help reduce rates of trauma and poor outcomes. I recently had a client tell me that she “walked into her most realistic worst outcome giddy” (a GA E0 CS) and that she feels so good about her birth. When I asked why she felt that way, she said she was prepared, informed and confident in her own knowledge and her team. You can experience a suboptimal outcome without trauma if you are educated and have a good relationship with your care providers, not to trust blindly, but to not be worried about asking questions or that your decisions won’t be respected.

Unfortunately, you ask more than 90% of midwives and we’d be able to each write a book on the things we have witnessed that come under the banners of coercion, bullying, fear mongering, disrespectful care, discriminatory care, obstetric violence and provision of false or misleading information. Which is why something desperately needs to change.

How can we improve physical and emotional outcomes for families? By providing CHOICE, by providing equitable access to midwifery led continuity of care, access to publicly funded home births, birthing on country and birth centres, access to unbiased information, access to time for appointments, not restricted to 20min in and out. By having legislation on informed consent, mandatory trauma-informed training for care providers and more funding across the board so safer staffing levels can be achieved and families receive one on one care.