

Submission
No 402

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

The first part of my submission is as an individual and a woman.

- I live regionally and for my first pregnancy and birth, I had to drive over an hour to access continuity of care with a known midwife. Where I live, I can only access shared care with a GP (with only two appointments with a midwife) or private care with a GP/ obstetrician.

- The catchment was changed before my second pregnancy so to access continuity of care with a midwife, I lied and put down a friend's address. I was desperate to access continuity of care with a known midwife, so I knew I had to do this and continually dodge questions during my pregnancy. I do not regret my choices. Having access to continuity of care with a known midwife (and birthing in a stand alone birth centre) has had extraordinary effects on my transition into motherhood, my confidence as a woman and I truly believe led to me not experiencing interventions and avoiding birth trauma. As a midwife, I was desperate not to birth in hospital as I knew that birthing women are often "on the clock" and can be coerced into interventions.

- With this pregnancy, the hospital who oversees the birth centre, tried to force me to have an appointment with them and a doctor. I declined this as it is my right, but they kept saying I "had to attend" so they had my information which is not true. I have worked in the same clinic they were trying to get me to go to and the appointment is often chaotic, takes a minimum of 2 hours and up to 4 hours and care is becoming more medicalised through the screening they are doing (called the First trimester screening). I had an appointment with my allocated midwife in a birth centre, but I had to fight for this.

- If I choose to have another baby, I will probably lie again about my address to access continuity of care. This causes me anxiety however the thought of birthing with an unknown midwife or in a hospital gives me greater anxiety. Continuity of care with a known midwife is the gold standard of care, is evidence-based, leads to less interventions and greater satisfaction for the woman and midwife.

- In both my pregnancies, labours and births, my midwives "held space" for me, knew what I wanted and how to support me and will forever be held in the highest regard. I left both my pregnancies and births feeling empowered and "like a goddess who could do anything".

- With my knowledge as a midwife, I paid to access a private women's health physio to help with my pelvic floor post the births of my two children. This has further empowered me and helped me to return to exercise, sport and intimacy with my husband. This should be a standard for all women.

The second part of my submission is as a registered midwife in the public health care system.

- I am crying writing this as a midwife.

- I trained as a midwife in 2018 after working as a registered nurse for 5 years. I wanted to be a midwife to “hold space” for women and their families. Since training, I have worked in a large tertiary hospital. Every day I witness Bullying and coercion from doctors and midwives to women out of fear. I witness increased intervention in low-risk healthy women. I have heated discussions with doctors and midwives about women, trying to protect them from increased intervention while providing them with evidenced/-based information and informed consent. I have witnessed disrespectful care and obstetric violence to women. I feel complicit in care that harms women. I work so hard to “be with women” but then trying to care for multiple women in labour is exhausting and killing my soul.

- There is pressure to follow medicalised and out-dated policies and procedures and instructions from those in charge, even when you know it's not evidence-based, in the woman's best interests and against the woman's wishes.

- When I try to speak up, I'm often patronised in front of my colleagues for being sensitive or dramatic.

- Every day I see misleading information being presented to women and their families.

- Some of the things I have witnessed include lack of informed consent. For example, “I'm just going to do a little cut” in regards to an episiotomy. Or one woman who was saying to the doctors “Please this is traumatic” while having forceps applied to her baby's head and the doctor replying “No, it's not, it's not traumatic”. This birth in particular, I often recall and feel incredible anxiety and emotion over how this woman was cared for. After this birth, I was so concerned, I spoke to and emailed my manager as well as the primary midwife. The doctors were spoken to but our maternity system is in crisis. These poor doctors are going from trauma to trauma and are stressed and over-worked. It's an incredibly toxic environment. We need to move birth out of hospital for well, healthy women. We need continuity of care for all women, even high-risk.

- I do agree that women do have more complex needs today but often the medical system is creating more problems. Why do all women need to be screening for gestational diabetes when the evidence suggest it's inaccurate and ineffective? A women being diagnosed with gestational diabetes will often led to her losing her place with a group practice midwife, seeing only doctors in the antenatal period and receiving an induction. The induction rate is through the roof at my hospital. Every day, up to 6 women are being induced. They are terrified and so are all the doctors and midwives. They are terrified of the pain of a synthetic drip to induce contractions so they want more and more pain relief- I've had women request (and receive) epidurals before even experiencing a single contraction!

- I'm currently on maternity leave, but I do not want to return to my place of work. My dream is to work in continuity of care but this is only available at a birth centre over an hours drive away and I have two young children so cannot commit to working on call while supporting my husband and his career and our children. If I could job-share or work in a caseload model in a birth-centre, I would love this! This isn't available at my local hospital. There needs to be more funding for women to access midwife-led continuity of care models, not only for women but for midwives too. The current system is sucking the soul out of midwives and we are traumatising women and their families.

- Pregnancy and birth are becoming more and more medicalised every year. I have often considered changing careers but I love women and I love pregnancy and birth. Having had incredible experiences with both my children drives me to create change for women so that they may experience the same level of empowerment. It is truly life-changing.

The recommendations I have are:

- Access to midwife-led continuity of care models

- Access to birth options e.g. including publicly funded homebirth, birth centres, birthing on country for First nations women. First nations people need access to culturally safe care.

- Access to unbiased evidence-based information

- Legislation on informed consent

- Mandatory trauma- informed training for clinicians (particularly doctors)

- More funding for post-partum care e.g. women's health physio, social worker, lactation support. Stop giving women the baby bundle and give them the money used for this to be used for post-partum support.

- Improved support for pregnancy loss and terminations

- The 'Birth Time' documentary to be shown on national television and for all those working on this committee to watch. It demonstrates the level of trauma women are experiencing and carry around all day and offers ways to change the current system.