

Submission
No 314

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

To the Committee on Birth Trauma,

Thank you for taking the time to consider this incredibly important issue that is affecting the lives of many women and families across NSW.

My experience of this issue is through becoming giving birth myself for the first time in 2020, as well as supporting my sister in the aftermath of an incredibly traumatic birth in 2015.

My sister experienced birth violence in hospital to an extreme degree and it really negatively impacted her mental health in very acute ways for years. This also led to very difficult flow on effects for her husband and their baby, as well as us - their broader family and support network. There were times we feared for their lives because of the aftermath of her birthing experience. Before this experience, she was a very well balanced and healthy person with no mental health issues. (She has made a separate submission to this inquiry). Her experience of birth was that she was so undermined and not listened to and that this forced her into interventions that were unnecessary and totally undermined her sense of self worth and her confidence as a woman and a mother. It made her feel powerless and very angry. She still carries this trauma with her, and it still affects the whole family, although she has come a very long way and done a lot of personal work and therapy to get there. She chose to have her second child as a free birth, without any midwife or medical support whatsoever throughout the entire pregnancy. She did so because she was too scared the mainstream birthing care, based on her last experience. No one should have to go through that.

As a result of supporting my sister through this, I was very aware of needing to prepare myself to be very well informed and very ready to advocate for myself in my birthing experience.

When I got pregnant as a 36 year old woman in rural Australia, I was very disappointed not to have access to a continuity of care and that this was not an option for my birthing or post-birth care. I think continuity of care is really essential to the ability for a woman to feel well supported and to have the level of relationship to aid good communication and decision making in a birthing situation. It was so important to me that I decided to hire a private midwife. This cost me \$6,000. even though I am a fairly low income earner (working part time and support a partner doing a PhD at the time), I feel this was so worthwhile for me and my experience of pre, during and post birth care. Even when, due to COVID my midwife was not able to attend my birth at hospital, she was still available via phone to help us navigate decisions and understand our options.

Although we had hoped for a home birth with our private midwife, this ended up not being possible. After labouring at home for 24 hours it was clear that bub was stuck and we then went to hospital. Personally, I had a positive experience giving birth in hospital - but this is in very large part due to circumstances that I think put me in a uniquely privileged position: we (my husband and I) are well educated and could do our own (academic) research; I was well prepared for what I wanted in different situations that could arise (because we had done our own research and because we had hired a private midwife to support us through this); and my husband and I are good communicators and were able to advocate for my needs and desires. We often had to explain or justify our choices to medical staff, and while this was difficult, we generally got a good outcome. For example, I was able to negotiate to go over my

due date as long as I got a check up and an ultrasound at agreed intervals. During birth, I was not working well with one midwife - our communication just wasn't working, she just really didn't 'get' me or my desired approach - so I asked for a change over, which worked wonders. I ended up needing every intervention under the sun, including a caesarean, but for me this was ok because of the reasons above, and because we were lucky to get an obstetrician who really read and engaged with my birth plan. He talked through with me my birth plan in the case of needing a caesarean and we discussed all of the points he could do and a couple he couldn't and why. He then briefed the surgical team. This helped me to feel empowered, involved and validated in the process of what can otherwise be a very disempowering experience. They were also willing to let me try different intervention options (ramping up slowly) over 16 hours before finally going for a caesarean because bub was showing signs of fatigue.

We were lucky to (mostly) work with doctors who had woman-centred and empowering approach. However, for people who are less informed and not confident to advocate for their needs, this would not have been the case. Also, without the post care of my midwife - who visited me at home everyday for a week then at regular intervals as appropriate for the following six weeks - my recovery from the caesarean and my experience of early motherhood would have been far worse. Firstly, she came to me and I live 1 hours drive from the nearest hospital. And she knew me well, and could pick up very quickly when something was wrong - like when I had early signs of a staff mastitis infection. Everyone should have access to this type of care and support.

hospital, where I gave birth, operates under an obstetrics led model. I feel that the obstetrics-led approach to running a birth ward is inappropriate. I strongly feel that it needs to be a midwife led, woman-centred approach that seeks to empower women in their birthing choices and birth experiences. It is not enough to say 'all is well that ends well, as long as bub is healthy'. The mental and physical health of mums is just as important, and must be prioritised in the birthing process. I strongly felt (in my experience and that of my sister) that this is not currently the case in NSW. It feels very medical-led, not about encouraging natural birth. I felt very much like I was 'on the clock' and had to fit in with doctor's timelines. I feel this comes back to how midwives are trained, as well as how hospitals are run. I think the changes we need to see would enable women to feel much better supported (via continuity of care programs), to have much better informed choice (including natural options, not just medical options; help weighing up different risks; giving consideration to mum's mental and physical health, not just bub) and to have much more freedom to move and access different birthing options (at home, in birthing centres, in hospitals with birthing baths and family accommodation).

The care I got at the public hospital felt procedural and impersonal. Although the midwives were very well trained and informed, they were pressured for time and the system is not one of personalised care. Compared with the care of my private midwife, it was worlds apart. I strongly believe that continuity of care through birthing centres and a home-birthing program would greatly improve women's birthing outcomes - along with an approach of informed choice that centers around being empowering, women-led and prioritising natural birth as much as possible.

I was also shocked by how hard it has become for private midwives to operate - there seems to be very little/ no support for them, in fact the very opposite is true. This should be changed. Women should have the choice to birth at home if they wish to and have access to continuity of care if they want it.

My other sister is a midwife in Victoria. She works in a midwifery led birthing centre with a continuity of care program - this sounds like a much more positive approach.

We are raising and creating the future of our country, it deserves appropriate investment of resources. Not addressing the weaknesses in the current system is what is pushing more and more people into free birthing situations that post weighty risks for mum and bub.

Also - maybe a minor point, but my experience of being an 'older', 'geriatric' mother (at 36!) is that the language and approach taken to people in my age group is not helpful. I think it would set a lot of women up for a negative experience and to be lacking in confidence to trust themselves and their bodies. I think rather than immediately discriminate on the basis of age, care should be tailored to a woman's actual physical and mental condition. And please avoid such horrible and derogatory language as 'geriatric mother' - that's just offensive.

Good luck in your deliberations - I sincerely hope you are able to make significant change in the system and follow the lead of other countries like New Zealand that prioritise birthing centers and home births!