

Submission
No 416

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I've worked as a midwife across several tertiary hospitals in NSW and other states.

What I've witnessed in some births, outside of the birth space would have been considered cruel barbaric torture- something that many people would only ever consider as fictional if they saw it in a movie or read about it in a book.

I've seen manual internal procedures when clinicians are placing their whole hand into a woman to manually remove placentas- without pain relief- no gas, no epidural- nothing.

I've witnessed women screaming for clinician's to stop as they pull them almost off the bed during an assisted birth- for the clinician to turn to the support person and yell at the midwife to shut the mother up and hold her firmly on the bed.

I've seen doctors use stirrups to restrain women into a position they cannot get out of so they can "do what's necessary" without them fighting.

I've heard doctors talking down to women coercing them into decisions because "I'm hear to save you and your baby"- this doctor said to this family that it was a life of death situation if things didn't happen right now..... yet in my 13 years of clinical experience both the mother and baby were stable and it wasn't the emergency the doctor was making it out to be. The baby was born prematurely and required extra support and and extended stay because they were born at 35 weeks. The doctor was about to go on 3 weeks leave and had been known to "clear their list" before leave.

Within these situations, many of the doctors have said "but I was saving their life... that's just what needed to happen".

I've heard staff blame the women for things that were outside their control- XYZ happened because you kept going off the unit and that's why you ended up with a 3L postpartum hemorrhage

I've witnessed my colleagues become burnt out around me- turning beautiful compassionate midwives into cynical short fused snappy people.

I myself have been in a situation at the end of an 18hour shift-standing in a room as a primary midwife after night shift so exhausted that as my colleagues ran to my assistance with a PPH, I had an out of body experience just watching everything unfold while trying to clean the machines we used during labour. I was useless in the situations, just another body in the room taking up space and so exhausted that I couldn't string sentences together. I honestly would have been more productive if I was drunk.. This was the moment in my career I stopped doing extra shifts for my colleagues to help them because I finally realised how unsafe it was for the

women i was caring for, the impact it had on my critical thinking skills and even functioning skills was insane.

I would care for up to 10 mothers and they babies overnight and during the day it could be 8 on the postnatal ward.. in birthing I could have a labouring family and still be expected to care triage and care for someone that walked through the door on top of the 2 other inductions waiting because we were short staffed.... I was so run off my feet that I'd go home thanking god everyone was still alive... that was until one night someone actually didn't end the shift alive. That shattered me, yet there was no support from the management, no one checked in to see if i was okay. The only person that did was a manager at another hospital.

I had another experience where there were no available doctors and I triaged a woman with decreased fetal movements. I struggled to get a heart rate and although i found one, i requested my T/L to check.. it took her 30 min to find the time to enter my room. She also struggled but the HR was reading 130 and a manual maternal HR was 117.... So because they were different i was required to keep them on. It took over an hour for the doctors to enter the room and by the time they did an scan to confirm they found the baby had passed. If I had left the CTG off I would have been reprimanded for not keeping it on.. but the trauma I would have caused the family by keeping it on is a heavy weight to bare.

It breaks my heart to think of the families that got sub optimal care under my watch. That is not why I did postgraduate studies to become a midwife. I became a midwife to support families into their journey as parents.

I've lost colleagues due to the weight of responsibility and trauma caused to us a clinicians. The most recent one was a senior obstetrician who killed himself in the bathroom at work. This was one of the few doctors who actually cared about the women and their families. Their bedside manner was calm and non threatening and they were passionate about making birth as normal as possible. Dr [REDACTED] was one of the best mentors and educators within the midwifery space and his loss is etched into the heart of everyone he worked with.

I've since done further studies and have left my public hospital midwifery job to work in IT a month ago. I get paid more working 9-5 Mon-Fri without the weigh of responsibility and shift work. It's such an insult to the midwifery profession that is even possible. To think I got paid less as a midwifery educator in a tertiary hospital than an analyst where I have no skills blows my mind, I kick myself I didn't do it sooner. But midwifery is like a domestic violence relationship. You don't leave because you want the women to be okay, even when you have nothing left to give and are burnt out. You have a beautiful birth or a good shift and it puts the rose coloured glasses back on to start the cycle again.

I do have my own private midwifery clinic as a private endorsed midwife to care for women the way they deserve, but it's expensive for them and they should be able to get the same, if not better care from the public system.

There are so many stories I hear from women about the trauma they endure inside the system. the examples I've included are just a tiny portion of what I've witness. It's honestly a battlefield behind closed doors. Something needs to change or there will be no midwives left and our population growth will start to decline.