

Submission
No 423

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am a midwifery student working in a metropolitan hospital in Sydney. I witnessed birth trauma on three occasions.

The first occasion, I was in the delivery room with the woman and the midwife. Unfortunately due to hospital policy, after pushing for two hours the first time mother couldn't continue to labour in the bath. The midwife explained to the woman why we need to get the woman out of the bath, however it was the events that proceeded without consent that lead me to believe something wasn't quite right. The woman trusted the midwife and the doctor and so she listened to them and did what she was told. When the Dr told her the baby was getting tired. She said she understood. The Dr said she would need to help the woman birth her baby and use a vaccum device and also make a cut (episiotomy) to make more room for the baby to come out. The woman understood what needed to happen, however I felt this wasn't adequately explained to her. The Dr explained the risks of using the vaccum to the baby but not to the women which could lead to perineal/ vaginal trauma. The Dr used local anaesthetic before she cut the episiotomy, however as the Dr manoeuvred the baby down with the vaccum, the scream of the woman was a high pitch scream of pathological pain not labour pain. The Dr didn't stop moving the baby out and continued despite the woman screaming in pain. Everyone knows birth causes pain, but this scream didn't sound like that kind of pain. After the birth the woman cried and I felt very uncomfortable as I watched. I felt the Dr could have given her some more local anaesthetic to help, but as a student I didn't feel confident to speak up. After the birth when they checked her perineum, the woman had received a 3rd degree tear which involved tearing into her rectus (anal) muscle which needed repair in theatre. I felt this woman may have received birth trauma from that event, especially when she and her baby were then separated due to her having to go to theatre.

The second occasion where I observed birth trauma was in the birth unit again. A women required a vaginal examination to assess and see if she was in labour. The midwife did the vaginal examination with consent, however before the examination, she stated I may be 'rougher' than the student midwife, she is too gentle.

She told the woman before if she needed her to stop she would. As the midwife performed the examination, she checked her cervix. The woman seemed uncomfortable but didn't say anything. Then after the examination the midwife told the woman how many centimetres she was and told her she also performed a stretch and sweep while she was there. A stretch and sweep is an intervention which requires consent. The woman did not consent to this stretch and sweep which can also be uncomfortable. This is a form of obstetric violence.

The final situation I would like to discuss would be the pressure I received from a midwife to perform a vaginal examination during the pushing phase of birth. A woman was labouring well, the midwife had just asked the woman if she could examine to see the position of babies head moving down into the birth canal. As the woman pushed the midwife then said to me, 'why don't you put your hand in to see how the baby is doing?' I said I would wait until I could ask for consent. The midwife said to me, it's okay just do it. I felt so uncomfortable but I held my ground and said to her. I will only do it if I get consent from the women. Also I was happy not to perform the examination as the midwife already has performed it. I didn't want the woman to feel uncomfortable. This as a student midwife made me so upset. I felt that if I listened to that midwife I could have caused that woman birth trauma.