

Submission  
No 439

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I am making this submission as a woman who has not yet given birth, but plans to give birth in the next few years, and I want to share the fear and distrust that I hold for the system that I will one day birth in, as a result of the many stories of birth trauma that I have heard from my women friends who have told me about their own birth experiences, and from my midwife friends who have told me about their own trauma as care givers.

It is my hope that this inquiry creates change in the system for the women who birth in the future, including me.

Of my 4 midwife friends, 3 have left midwifery practice due to the traumatic conditions of the current system, and lack of support to enact positive change. The fourth is currently on extended stress leave from the role. I wish to birth in a system where the birth workers are well and supported. Please listen to the stories of the midwives who can no longer work in such a system - they are great insight for where change can happen.

From the countless experiences that I've heard first-hand from my birthing friends, the things that I am most fearful of, and distrusting about the system, are:

- Not allowing women to have their support people present during the Covid-19 pandemic. Please don't let that happen again.

- Placing time pressure and timelines on the birth process. I understand that these time pressures help on a practical level for the hospital system itself, but in a significant number of cases it is not necessary from a safety perspective and creates unnecessary intervention in the first place, leading to the cascade of intervention. Please update the system to allow healthy safe birth to happen in it's own natural time, which will be different for everyone, NOT forcing a woman to birth to the timeframe of the hospital. I do not want to face the pressure that my friends have had, of being made to have an induction because the birth has not started 'soon enough' or is taking too long (when realistically it was perfectly safe to give them the time they needed).

- Being pressured into interventions. Not being able to trust what I am told about needing an intervention - do I really? Or is it because of an over-cautious approach that fears the consequences of non-intervention more than the consequences of intervention? Why do we have such a high rate of intervention in NSW and in Australia, compared to the safety profile of birth? To what extent are interventions driven to reduce risk of litigation, or because of the fear of the birth worker, as opposed to a true safety risk for the mother/baby? The research I have seen is that the rate of intervention exceeds the level of risk. Many of the birth trauma stories I have been told first hand have been due to pressure or coercion to accept intervention. When it comes time for me to birth, I want to be given clear and unbiased options NOT told generically that I will 'put my baby at risk if I don't do this'. How much risk? vs how much risk of accepting the intervention? Unfortunately many of my friends have

stories of being pressured into a decision that they did not feel was right for them, but they did not feel they had the power, insight or ability to say no at the time.

Please provide support to all birth workers to deal with their own fears and traumas around childbirth so that they're not bringing that into the birthing suite.

From the stories of my friends, they have been treated as if birth was a high-risk, clinical process, rather than being supported to drop into the deeply spiritual rite of passage that it is. Vs many many stories of women who were supported so well and so beautifully on a spiritual level as well as physical. So I have seen the difference it makes to the woman starting her motherhood from these two different types of experience.

Please provide support and training and mentoring to birth workers to be able to meet the woman where she is at, and support the woman on a spiritual and emotional level as well as a clinical one.

- Having birth attendants enter the birth suite and start working on the birthing woman without properly introducing themselves or gaining consent before doing an examination. Dignity, self-sovereignty, and respect should be maintained for the woman at all times. I want to have choice and control over who is with me during my birthing, and what they are doing to me.

Thank you for considering this submission, and for your work in creating better births.