

Submission  
No 470

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 11 August 2023

---

Partially  
Confidential

I'm a final-year student midwife at a large tertiary hospital in NSW. When I began my studies, my lecturers informed me I would see so much beauty and magic and 'woman-centred care' when I finally saw birth on placement. Little did I know I would be rocked to my absolute core. I have witnessed OBs & a few midwives create and exacerbate significant trauma in the birthing and postnatal environment and undertake several non-consensual procedures, some without fully providing all the information, some without providing ANY information.

The first birth I saw was peaceful and beautifully supported by the midwife I was assigned to. She laid such a helpful blueprint for me to follow when supporting women and I'm so grateful I was guided by her. The second birth I saw was vastly different. The woman had had an "extended" second stage because as a multip, she was given the arbitrary 30-minute pushing time. What wasn't taken into account by the obstetric team was this woman's first birth was premature and ended in a caesarean so she couldn't and shouldn't have been considered a classic multip. The woman disclosed that her first birth was filled with trauma as she was separated from her baby, wasn't given information about her baby's condition or a proper debrief and she had ended up with an infection and extended stay in hospital. She disclosed a fear of doctors and asked that they not come into her room during their rounds earlier that day which we had passed on. They ignored this directive and went in anyway when myself and the midwife were away from the room.

At some point during pushing around the 35 minute mark, the baby's heart rate became tachycardic which wasn't resolving and the attending OB assessed the situation and advised an instrumental delivery. The woman declined and the OB responded with 'fine but I'm staying in the room for the birth'. The OB decided he was going to catch the baby, even though the woman wanted to catch her own baby, and brought in a team of JMOs & a med student to watch the birth. The woman became so distressed suddenly being surrounded by strangers and as the baby was crowning, the OB unceremoniously and without a single word, cut an episiotomy. The woman had an epidural on board and so she didn't feel it but I felt like I had never seen anything so violent in my life. An episiotomy is hard to watch when a woman has given the most informed consent possible. Without any discussion or consent whatsoever, it is criminal abuse. No one batted an eye at this, and when the woman did give consent to have her perineum checked after the placenta was out and was told 'a small labial tear and we just need to repair the small cut I made to get the baby out' she was absolutely horrified. The OBs all left the room and the woman stared at myself and the midwife in absolute shock asking what happened and why. The midwife asked me to go get the suture trolley and after bringing it back to the room, I excused myself to go to the bathroom and cried for about 20 minutes. That was nearly 3 years ago and I think of this often. I wish I was able to go back and say something, or have a more thorough discussion with the woman and midwife but I was overwhelmed with the violence of what I had witnessed.

I have also seen an MGP midwife - someone who I thought would be at the very centre of woman-centred care, conduct several non-consual vaginal examinations when a woman had a far too effective epidural onboard so she could see the baby's head a little better as the woman was pushing. The procedure ultimately provided no assistance in the birth of this baby, so even with consent would be pointless and just a great way to increase the woman's infection risk.

I've seen women's breastfeeding concerns dismissed, heard disdainful and racist remarks about non-white childbearing women, and seen far too many birth complications that could have easily been avoided.

Through discussion with my fellow students about their experiences in their hospitals, I have discovered that they all have similar stories. These are not the only stories I have and every time I enter the hospital I feel anxious that I'm about to witness or be somehow complicit in abuse. I will be registered next year and I'm worried I will leave the profession early due to what I have seen and may see in the future. Women deserve better than this.