

Submission
No 546

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I have worked as a midwife for 9 years working across hospitals in Vic, NT and NSW. For the last 4 years I have worked in a small rural hospital in NSW initially as a Registered Midwife and then as the Midwifery Unit Manager. Throughout my time as a midwife, I have witnessed countless numbers of women being coerced, lied to, or only given part of the information so that they will do what it is the doctor/system wants them to do ie. Consent to an induction. The hospital policies are not evidence based (or they are based on evidence from 10-20yrs ago) and there is a belief that because this is the recommendation that women MUST do this. Women do not know they have a choice to decline unless they are receiving care from a midwife who is brave enough to stand up against the system. The policies are invasive and do not allow women any chance of true physiological birth. For some of my time working in the [REDACTED] I worked in the homebirth MGP team at [REDACTED] Hospital. Women were forced to consent to multiple screening tests/procedures/ultrasounds (eg. Diabetes test, morphology scan) so they would be 'allowed' to birth at home.

It is abhorrent that women are not given autonomy over their bodies and being allowed to choose what is right for them and their family. I have realised even as a Midwifery Unit Manager I have no voice for the women and ultimately their only chance of having true meaningful pregnancy care in which they are supported to make their own decisions is outside the hospital system through private midwifery. As a result of the multitudes of birth trauma / distressing events I have witnessed over my career when I fell pregnant 2 years ago I was absolutely petrified of birthing in hospital. Even in the hospital I worked in and knew the staff well. I chose to have a homebirth with a private midwife because I did not want what happened to other women in hospital to happen to me. I went on to experience a beautiful homebirth with a posterior labour and a long second stage, my baby was born healthy and I experienced no tearing or excessive bleeding. I know that if I was in the hospital setting I would have ended up having a caesarean or a lot of intervention which would have been extremely traumatic for me. I experienced a really tough time postpartum with an unsettled baby who had a multitude of issues and my private midwife visited me at home until I was 6 weeks post birth. I needed every one of those visits and honestly I could have used more.

It is hard enough becoming a mother and having to look after a newborn who demands 110% of your time and energy when your birth goes well and you are left feeling empowered and proud of yourself. I can't imagine what women must feel like when they are going through birth trauma and such negative birth experiences and then being required to care for this baby too. No wonder our rates of postnatal depression and maternal suicide are far too high...

We need meaningful change. The evidence shows that women are best supported through their pregnancies when they are in a continuity of care model – a MGP model not just MAPS or other models being touted as 'continuity' when that is not truly what they are. Women in rural communities are suffering the most – these women often see a GP/Ob for their entire pregnancy – these are short appointments which can not even begin to touch on how a mother is feeling emotionally let alone give the education and support needed to prepare women for birth and caring for a newborn. Not only do they not have access to a midwife but they are being charged a significant amount of money per visit to access pregnancy care which

should be free!! And we wonder why women who are financially restrained do not access antenatal care as they should.

Women need access to continuity of care models which are free and accessible close to home. We need private midwifery to be more supported so that more midwives can go into private business and provide this service, and it needs to be cheaper for women to access so it is an affordable option for all women not just a luxury for those who can financially afford it.

Most importantly how we do business in the hospital setting needs to change. We need more midwives to provide 1:1 care to women in labour, we need ratios for postnatal wards so midwives can actually support breastfeeding and care for mothers and babies. We need policies to change – we need to stop being so risk averse that women aren't being allowed to decline interventions happening to their own bodies. The way we talk about risk needs to change as well, there is so much fear mongering and I have watched countless times doctors pull the dead baby card when they want women to have an induction – we should only be talking about absolute risk and true statistics. And we need to stop pretending interventions do not have consequences. Many mothers after experiencing a traumatic birth have said if they had known that might have happened to them they would never have consented in the first place... AUSTRALIA NEEDS TO DO BETTER BY OUR MOTHERS. AFTER ALL THEY ARE RAISING THE NEXT GENERATION.