Submission No 477

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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I am a Registered Nurse & Midwife.

I was inspired to become a Midwife by the love & care I received from one MGP midwife in my last 2 pregnancies. I had 2 beautiful, undisturbed VBACs then breastfed my babies for >14 months - My experiences are proof of exactly how continuity of midwifery care is the gold standard & helps to improve maternal and infant health outcomes.

This is where the lovey dovey gushing ends for my story. Prior to my VBACs, I was coerced into a LSCS for a breech birth back in 2007 as a naive, uneducated 20 year old. I say coerced because I was denied referral to [redacted]. They said I was "out of area." There was no choice, no collaboration. After being admonished by the older male obstetrician for even daring to ask about vaginal breech birth (who also later asked me where my wedding ring was), the midwife who gave me the written handout on preparing for a LSCS told me "They don't hand out gold medals for vaginal births anyway."

I trained in a Sydney Level [redacted] maternity service in 2020 & attempted to hand in my resignation after day one, my first shift on the overrun, understaffed 34 bedded maternity ward.

My rotations through postnatal on the above ward were fraught with poor skill mix, high acuity & unsafe workloads (As a SM/RN, I would usually have a minimum of 6 beds so 6 women & often 6 babies). You could hit the ground running, barely stopping for breaks or to use the bathroom and STILL go home feeling like you didn't do enough & let your women down. We were immune to the sound of the buzzer ringing because it just constantly rang. Most breastfed babies were topped with formula because if the woman wasn't already an experienced breastfeeder, there wasn't time to meaningfully help her learn to feed her baby. Some days the ward felt like a surgical ward with added babies (that naturally aren't counted in the patient numbers despite increasingly more & more care of their own.) The art of postnatal midwifery has been snuffed out by this medicalised model of care wholly centred on nursing cares.

I am still utterly traumatised by my experiences in birthing. I always thought that would be home for me as a midwife. I have not accouchered a birth since December 2021 & still, when I walk into a birthing space, a stifling anxiety takes hold. What will go wrong? Will I pick up on it? Will I let this woman down?

I have accouchered 2 spontaneous normal vaginal births as a midwife. Out of at 50 (yes, I used to record my stats I was so enthusiastic!) that is one whole percent. I have never been able to use intermittent auscultation on a woman in labour because everything is labelled as risk & therefore requires continuous monitoring as per NSW Health policy.

The vast majority of the births I have attended have been inductions. There is a distinct lack of woman centred, individualised care in obstetrics. It makes you wonder, does the one size fits all approach make it easier to run the obstetric process line in our hospitals? Is that it's purpose? It's certainly not for improving morbidity & mortality, the evidence shows us this. In any case, I digress. It was my experience that many IOLs, especially for primips, progressed to emergency caesareans. Some, instrumentals in OT.

Then there was IOLs that progressed to vaginal births followed by severe primary PPHs - I can still hear the sound of the first splash of blood hitting the lino floor of the birthing rooms as we realise the woman's uterus can't contract because it's been just completely pummeled by Syntocinon. Don't forget all of the times when you & the 2nd midwife have to ask a bewildered women if you can throw both her legs up over her head because you suspect there's a shoulder dystocia. She can't move because she's on her back, numb from the epidural she's cried for after trying to best brave her way through the brutality of Syntocinon-fuelled contractions. Very rarely could I convince a woman attached to a CTG or an IV (be that for IOL or fluid) to be upright & mobile. I think this is often because it's disruptive & downright annoying to have someone in your space trying to adjust & titrate lines, straps, monitors.

The absolute worst though? Being at the bedside of a woman who has a disclosed a history of sexual assault or CSA, who is being subjected to vaginal examinations against her wishes. Who asks for the clinician to stop but is met with a "Just another minute, keep breathing." Who is lectured about the jeopardising the safety of her baby if she doesn't submit. As a Mental Health Nurse who has previously debriefed with women about sexual-based traumas, I was horrified that such obstetric practices are considered the norm & women are not offered any meaningful support or debrief after the fact.

I work for an AMIHS now in a rural area. Our women are labelled risky the minute they walk through the door simply because they identify as an Aboriginal or Torres Strait Islander. We can thank the "Safer" Baby Bundle for that, I guess. Our women are now expected to pay for GP Obstetricians, serial growth ultrasounds & transport to the bigger facilities they have to birth in. Our women are often induced because if we haven't found a medical indication then we can offer a social one, citing geographical distance. Pray tell how we're Closing the Gap by continually putting up barriers to safe, individualised care.

I would also like to mention the "care" I received for an early incompletely miscarriage earlier this year. I was referred to the EPAS at our closest Level 4 facility for management. I was afforded brief, hurried weekly calls with a midwife who only cared about my hCG levels. It was not holistic or woman-centred. There was no compassion, no consideration for any of my needs beyond what was happening inside my uterus. The day I dissolved into tears on the phone, the midwife couldn't get off the phone fast enough. I was denied an O+G consult. I was denied a D+C. I was denied choice. Expectant management was forced upon me & I endured 6 weeks of bleeding & absolute distress. It impacted on my mood, my sleep, my ability to work, it impacted on my family, and seriously impacted my Hb & Fe!

The finale to the whole experience was requiring a VE by a generalist male GP in the small rural ED where I live to retrieve the palm sized clots I had begun to pass at 6 week mark. The RNs in ED were sweet enough to immediately move me to a quiet room after triage & I will always be grateful for that. I can still remember crying in the darkened room - guttural, body racking sobs when I'd realised I had bled through my pad, through my pants & onto the sheets. As a midwife, I understood the physiology of a miscarriage. I understood the Health System too, it's been my home away from home for nearly a decade & yet as a patient within it, I felt disempowered & disrespected.

NSW Health can dress up their new "Connecting, Listening, Responding" policy with all the fluffy language & hot catchphrases they like. Women are not stupid; We know damn well that the "Towards Normal Birth" policy was rescinded because NSW Health cannot & will not support normal birth. Actions speak so much louder than words.