

Submission
No 583

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am a midwife and have been practicing in the public system for almost 10 years.

Birth trauma is of huge concern on a social, emotional and professional level. I have encountered it in so many ways that I find myself challenged to know where to start and after reading some of the stories shared – just how desensitised one can become. Not for lack of care, more from the common thread that runs through them all. They are sadly all too familiar.

One thing I have realised is that trauma is in the eye of the beholder – you can have a traumatic birth by all professional accounts and have a woman that is not traumatised. Alternatively, you can have a so called “text book” physiological birth and suffer immensely. However, a strong theme across women who I have observed to be less at risk of trauma are those who have control over the decision making, feel heard and have felt empowered to ask questions. Alternatively, women who feel they have been forced, violated, ignored, coerced or belittled for their wishes are most at risk.

The system in which women birth today is governed in general by guidelines/policies/procedures that are aimed at decreasing the risk of litigation. Clinicians develop fear based practice, they do procedures without informed consent out of fear of an investigation into their practice and what the impact may be for their practice and reputation. There is a significantly disproportionate amount of power that sits in the medical court. This power dynamic plays out in interesting and unexpected ways. Women often lose their power to question and choose because of their desire to be “the good patient” as alternative questioners are frequently regarded as difficult or obstructive.

Giving birth is inherently violating for many women. Losing control of your body, feeling scared and out of control in strange surrounds. People you don't know asking if they can check your cervix, bright lights, invasion of your space. Then, suddenly in emergencies there is noise, chaos, adrenaline and someone you have never met before telling you if they don't cut you open your baby could get really sick or die. I have witnessed vaginal examinations been done without consent. Not as many times as I have stepped in and advocated for a womans choice to say no. But, I consider myself lucky to have the strength of character to step in as I know many who don't. I have been part of a birth where a pudendal block was attempted and unsuccessful and a woman screamed in absolute agony as her baby was pulled from her with forceps. I have had a doctor laugh at a woman who sustained a tear and was told she had given herself genital mutilation.

I have watched a manual removal of a placenta with no pain relief to stop bleeding and seen the after effects for that poor woman being beside herself with pain and terror. I have watched a baby be born completely lifeless and heard their mother howl and scream the most heartbreaking things because her baby was alive only seconds ago. 24 minutes of resuscitation did not bring that baby back. I have rushed women to theatre heart pounding, hoping and praying we make it in time. I have held many grieving parents, grandparents and their little babies. I have taken too many photos that will be the first and past.

I have watched a doctor bully midwives who supported water birth and tell women that if they have a water birth they are drowning their babies.

I have seen so much suffering as a result of not only the hardship some experience in birth but how they got there. The unwanted caesarean, the profuse bleeding, the separation from their baby, the pain. There are so many things that can go wrong. I think we are all a little traumatised from some of the things we have seen and been part of. But not in the same way women are traumatised from it happening to them, or for their partners enduring watching the trauma unfold.

When I had my own children, I was fortunate to have midwifery led group practice. I knew my midwives. I felt safe, supported and had time to ask questions. I knew who would support me in my births. I thought that's what being a midwife was – until I studied to become one. I now work in the fragmented model that doesn't empower women. It makes them random and unknown. They come in, we tell them the rules, what they can have. What we are supposed to tell them to "keep them and their babies safe". We hardly get enough time to ask them how they are let alone talk at length about their preferences, questions they might have or go through the current evidence on a particular subject. Bearing in mind we cannot even discuss that evidence if it is not part of our health service recommendations.

The work we get to do is amazing when we get to do it properly. The only evidence based method where midwives can give the gold standard of care to support women is within a continuity model. That's not to say continuity of care will eliminate trauma, it wont. But it will give a lot more in terms of capacity to listen, engage, information share, help women and their support prepare for what is to come in a balanced and objective way that honours them, their story and what is important to them. I think this is they key to restoring the power balance and effectively reducing the RISK of creating more trauma. Give people back their names, take away their numbers. Let them speak and be heard. I believe this is the best hope we have at protecting women and their partners from trauma.