

Submission
No 661

INQUIRY INTO BIRTH TRAUMA

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Date Received: 15 August 2023

Partially
Confidential

My name is Nancy McLean, I live in _____, I'm 39 years old. I have been a birth doula since 2017 and have experience supporting families birthing in homes and in hospitals from _____ down to _____; though predominantly _____.

I have witnessed widespread obstetric violence, systemic disregard for evidence-based care in favour of hospital policy, coercion resulting in harm and also the physical, emotional and psychological effects of the above both on birthing families and on health workers.

I could go on for days but here are a few simple examples:

* A woman was repeatedly told by the midwife that she was 'not allowed' to birth in the bathroom of the private hospital. The woman continued to labour there. The midwife repeatedly bullied her to move onto the bed, threatening that the doctor would withdraw care. The mother complied when she was ready to push, climbed onto the bed on hands and knees and asked if she could push. The midwife laughed and belittled the woman. Doppler monitoring was in use and the midwife voiced no concern. The woman gave 1 push and the baby crowned to full aperture just as the OB walked in. The OB panicked, grabbed a towel and pushed on the baby. The mother screamed "Stop! You're hurting me! Stop pushing on the head!" and the OB lied and said he wasn't. Meanwhile he's holding the baby in with one hand at a time whilst the midwife puts gloves on each of his hands. That contraction finished. The doctor removed the towel, asked if there was another contraction coming. The mother said "not yet" and the doctor proceeded to pull the baby out violently. There was never a concern voiced about the baby that would warrant such violence.

* A woman was being supported by her MGP midwife with attentiveness and care. However MGP care at that hospital was not 24 hour care so when that midwife had worked her maximum amount of hours, she was made to leave by the OB Consultant and her known midwife was replaced by 2 unknown midwives and 1 OB in the room; they came in and completely changed the room/atmosphere from one of care to one of medicalisation. They moved the woman from a mat on the floor to the bed, placed CTG monitoring, talked to the woman rudely, belittled their colleague and the care she had been providing and caused my client significant distress. She reluctantly consented to an instrumental delivery due to concerns about fetal distress. The mother was devastated. The Consultant told the assisting registrar to get the episiotomy tool ready, having not discussed with the mother yet. The registrar looked questioningly at the Consultant when it came time to do the episiotomy. I don't recall - and possibly couldn't hear - whether the registrar commented to the Consultant about gaining consent but the question was clear in their face and hesitation. They were told to go ahead and cut. I spoke up. I put a hand out in the 'stop' gesture and, quickly asked the woman "Do you consent to an episiotomy?" In my experience women keep their babies and themselves safe in labour and in life, usually in that order. Women are capable of making good choices, and deserve the opportunity to say "yes". It takes seconds to gain consent, but not gaining consent lasts a lifetime. Instead of giving information to the woman or allowing her to speak, the Consultant accused me of being to blame if the baby ended up being born brain damaged. I was personally anxiety-ridden after this birth and had nightmares about being dragged into court.

* I witnessed a woman have a significant PPH because the midwives changed just after the birth and the new midwife had taken offence to a comment about her cigarette smoke smell. She refused to listen to the woman asking to be checked because she could feel blood coming out. Noticing the woman becoming symptomatic, I asked if I could have a look under the sheets and seeing much more blood than usual the mother pushed the button she was told to push for help and I ran straight out to the desk begging for help. I was literally pleading for someone to come and check her bleeding, saying that I think she's having a PPH but was brushed off. Told that her midwife wasn't around right now. I had to practically drag someone to the room to help and then the emergency button was pushed and the room soon flooded with people.

* Regularly my clients are told antenatally that they 'have to' schedule their induction date. That the midwife/doctor will 'get in trouble' if they haven't got a date in the system. Sometimes this is at the 40 week appointment but sometimes it is as early as 37 weeks. I have witnessed the effect of having an induction date looming as being stressful for the family and counterproductive to increasing the hormones required to spontaneously labour. Is this policy of booking an induction date so early contributing to women not spontaneously labouring 'in time'?

* Regularly my clients are told antenatally and intrapartum that they are 'not allowed' to do things (e.g. have doppler monitoring instead of CTG, use the bath, leave their room, decline vaginal exams, decline tests/vaccinations). They are on the receiving end of emotional blackmail when midwives or junior doctors use

“I’ll get in trouble” as a way of coercing them into compliance. Hospital policy is touted as if it’s the law and women have no other rights or choices over their own body or their decisions.

* I often witness care providers take partners aside during the labour and deliberately install fear, attempting to get the partner to convince the mother to accept CTG monitoring or an epidural against her will, stating that she may harm or kill the baby with her negligence. This happens both when there may be questions about the labour but even when mother and baby are reportedly fine however the labour has been deemed ‘slow’.

* I regularly assist families in labour in pulling up RANZCOG guidelines to help them negotiate for better care. It seems that hospital policies are not always up to date with evidence nor national/international guidelines/standards.

* I have had many conversations with midwives who work in hospital systems/cultures where they describe being bullied into providing midwifery care that they feel guilty and ashamed of.

Personally, my eldest son was born beautifully through the MGP program at RHW. I received regular 1 hour long appointments, compassionate women-centred care, had 1 midwife continuously in the room with me during labour but sat off to the side, only coming close to monitor with the doppler and fully trusting in me, my husband and my doula. I felt respected and came out of that birth elated. Unfortunately my son died when he was 1 week old to a rare genetic condition. Living through the death of a child gives me a rare and poignant perspective and respect for newborn life and the decisions we make in this time. I am not averse to medical care. I am not the type of doula that encourages you to decline. I believe that you have the right to make your own decisions and then you have to live with the responsibility of the outcome. I believe women deserve better information and better communication from the people they are putting their trust in to help them navigate maternity care.

Because what I see a lot of, is mistrust in the maternity system. The system we are supposed to trust to keep us safe. This is dangerous because these women know don’t know what to trust, so they trust nothing. They attempt to do all of their own research because they don’t believe what they will be told in the moment. This has the potential to impair decision-making and significantly increase perinatal anxiety/depression and set this family up to fail before it’s started.

I don’t lay blame at the feet of the midwives and doctors. I believe that fear-based decision making is rife, overwork is rampant and it breeds a general lack of apathy.

For context, my husband is a junior doctor. Everyday I live with the effects of a system that doesn’t support its doctors. Junior doctor suicide rates in Australia are unbearable and so how are these humans supposed to have the capacity to care for others?

Within a year of becoming a busy birth doula, I was already traumatised by what I had witnessed in hospital birth settings. I became pregnant with my 2nd child and had seen so much obstetric violence, disrespect and unnecessary intervention that I was terrified to birth in a hospital. I wanted a home birth (to keep me safe) but my husband did not agree and I conceded to his fear. I did everything I could think of to plan an undisturbed birth in the birth centre at RHW. I had a caseload midwife who I trusted deeply. I met with the hospital social worker who implemented trauma-informed processes internally. I met with the Head of Obstetrics who put a note in my file advising any doctor who wanted to walk in my room for any reason to call him on his mobile first, day or night. I’d had a perfect, easy birth there the first time. But I was still frightened. I gave birth at home on my bathroom floor unassisted by a medical professional. This was not my plan but I believe my fear of the hospital was so strong that I had to birth where I felt safest.

The issues:

- Misrepresentation by clinicians of the evidence, the guidelines and even the hospital policies
- Communication that is not accurate, appropriate, timely, respectful nor collaborative
- Threats and fear-mongering used as tools to coerce families into complying with clinician decisions

- Misrepresentation of what support is provided for women during labour and postnatally; women believe the care will be so much more than what it is. I often hear women exclaim how naive they were as primips (once again blaming themselves, not the system that has failed them).
- A lack of respect to a woman's autonomy, agency and ability to make good decisions with good information. A lack of respect for her decisions if they don't align with the clinicians.
- Resulting in a lack of trust.

Suggestions:

- Address the culture normalising the 'care' described above
- Greater access to continuity of care from a known midwife(s)
- Expansion of MGP models of care that support both the mothers and the midwives needs
- Expansion of publicly-funded home birth programs
- Government and AMA support for home birth and private practicing midwives
- Government investment into antenatal and perinatal services including quality birth education normalising normal birth, greatly improved postnatal care and lactation support for mothers and access to doulas
- GP's are the gatekeepers of the information right at the start of a woman's journey into her first pregnancy and carry the heavy burden of influencing her model of care. However women are reporting that their GP had nothing more to offer than 'book in at your local hospital'. Access to Specialist Perinatal GPs who are passionate and non-biased, able to provide relevant local information on all the maternity care options available (including home birth without fear of the AMA's position) would make a big difference to women's ability to make informed decisions.
- Opportunities for birth debriefing with a non-biased clinician at every hospital, for every birth.

Thank you.