

**Submission  
No 673**

## **INQUIRY INTO BIRTH TRAUMA**

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When I heard about this enquiry and making submissions about birth trauma, I froze. Memories of my three-year Bachelor of Midwifery degree came flooding back to me. How could I possibly make a submission? Would I talk about the Sudanese refugee woman I saw injected with pethidine in labour without her consent? Or maybe the umbilical cord that I saw pulled off a placenta still attached to the woman's uterine lining, as the obstetrician neglected to respect the procedure for a physiological third stage of labour, as per the birthing woman's request? Those were two of the more egregious cases, but what is actually much worse is the fact that these are simply part of patterns in the maternity system: not listening to women or respecting their wishes or even asking for their preferences.

I also froze because I know how broken the maternity system is, and I wondered what my submission (or anyone's submission for that matter) would do to actually change anything. We already know from research that at least 1 in 3 women in Australia have experienced birth trauma. We also already know from research that the single most successful way of reducing the incidence of maternal and perinatal morbidity and mortality is simply to have continuity of care from a known midwife. From my three years of being a full-time student midwife, I would say that 1 in 3 women with birth trauma is an understatement. I would also say that far and away the best birth outcomes (ie. low intervention and high levels of respect) came from women birthing with continuity of care midwives.

The fact that the research exists stating that 1 in 3 women experience birth trauma in Australia, and yet still our tax dollars are being wasted on an inquiry like this also infuriates me. We already know birth trauma is an issue, why do we need to retraumatise women by asking them to send in their submission detailing their trauma? And will this committee even receive "enough" submissions to "validate" any further action? Will enough women have heard about this? Will enough women feel like they can share their story, instead of freezing and feeling retraumatized by it all? Why is the onus on the traumatised women to talk about this again, when the research already exists?

From what I have seen, nearly the entire maternity system is complicit in the rates of birth trauma. However, what managed to help me get through my freeze state in order to make a submission was remembering those few continuity of care midwives I worked with (especially in the hospital homebirth programs). How was it that they had such better outcomes? And how was it that these programs in general had so much better outcomes? These midwives don't get extra training, how did things change so dramatically from having a known midwife? And I realised (and I suppose the research will back this up) that it's the relationship. Giving birth is so intimate, it requires privacy, a feeling of safety, and the perception of not being observed in order for the birthing hormones. Meeting caregiver after caregiver whilst in labour in a foreign environment is physiologically the last thing the human organism is expecting, and it leads to the inhibition of the exact hormones that are essential for birth to proceed. So, when a woman is attended by a known midwife, who knows her story, who knows her preferences, things seem to be more straightforward. And when things don't go well, the woman can be attended by someone she knows, and can debrief with someone she knows.

I was on placement numerous times at a particular hospital where the continuity of care program was relatively large and included a homebirth option. I would attend antenatal clinics, and when a woman came in for her initial appointment, she was meant to be offered all the birthing options for the hospital, but interestingly, only a handful of midwives in the clinics ever mentioned that a woman could join the continuity of care program. And more interestingly, every single woman who learned about this program immediately registered her interest for the program. She was invariably added to the lengthy waiting list, but it was a very clear indication to me that when women are offered the chance to have their own midwife, they would say yes. Who wouldn't?

I never practised as a midwife. I never applied for a grad year. I simply finished my degree and left. I came in to my midwifery degree with a huge passion and respect for physiological birth. This passion was if not destroyed, then at least vastly diminished by my three-year degree. I could never understand how midwives with a similar passion could also exist in the maternity system, but from the reports in the news recently, along with research, has shown that these midwives are not surviving long. One particular piece of research I read was about how midwives were leaving precisely because there were no opportunities for continuity of care models, that they wanted relationships in their work. This entire profession is based on the concept of helping new lives into this world. It is fundamentally an act of relationship, of being there when a woman becomes a mother for the first time, when a baby takes their first breath, when a parent holds their child for the first time.

Women want change. Midwives need change, or the entire maternity system will collapse. If this enquiry has been set up, and if women have been asked to share their voices of trauma, please respect their efforts. Do not let this be in vain.