

Submission
No 665

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

In 2014 I commenced my training as a midwifery student. Previously to that, I had only seen one hospital birth. It was positive where the midwife kindly and respectfully cared for my sister who was birthing.

I lasted 2 years as a student midwife during a bachelor of midwifery but discontinued my studies due to feeling under resourced as a student in a negative systemic medical culture that perpetuated what I saw as either trauma or the environment for trauma to happen. As a student midwife, we would have periodic debrief sessions where we would debrief the births we had been at and during these sessions, more often than not there were tears and distress due to the conflict between what we were learning (new research and woman centred care) and what we were seeing being practiced (lack of woman vented care, under resources staff and inappropriate one size fits all legislative fear based hospital policy). The debrief sessions would more often than not become like a counselling session for the student midwives to stay on the thread they were hanging by and just “get through”.

The majority if not all midwifery students I encountered had a deep yearning and deep calling to care for pregnancy, birth, and postpartum. This calling became like a struggle (see above the “get through” attitude) when being asked to get used to placement environments. In our first year we were told the statistics of how many midwifery students graduate. I don’t believe this is because the course work and the placement demands were too arduous but because of the trauma rich environments and silenced or ignored experiences of women we were witnessing or looking after and as mentioned the gap or conflict between what we were learning and what we were experiencing in our placement.

Two experiences as a student stand out for me and took me a long time to be able to talk about without crying / having an emotional response. These two experiences I believe informed my decision to discontinue my midwifery studies. I remember coming home from those shifts and as someone who doesn’t really drink or take drugs, I felt like I needed a beer or a herbal calming cigarette to deal with the stress of those experiences.

The first one was a young couple pregnant with twins who were admitted to hospital with PROM at maybe 24-28 weeks. They were low socio economic and were obviously stressed at having premature twins. When the midwives left the room I asked if they were ok because they were speaking quietly about something. They said that the year before they’d had a stillborn in the exact room we were in and felt very uncomfortable being there. I spoke to the midwives on the ward and managed to get them moved to another room. The obstetrician that came in after that to do an ultrasound was very rough with the machinery and very casually said “oh you were the couple that had a stillbirth last year !” As if speaking about something very casual or chirpy. They were clearly upset and uncomfortable but didn’t say anything. I felt very uncomfortable at this manner. They were told they’d be transferred in an ambulance to . They expressed stress that the father didn’t have a license and asked if he could ride in the ambulance. They said no and when everyone left the room, I counselled them to what their options could be. They expressed distress of being separated especially after what happened last year with their stillborn. The staff did not act with any compassion, empathy or care nor did they help the father to find a way he could go with her / get to the hospital. In the end, through my encouragement they made an exception and found a way he could ride with her in the ambulance. The obstetricians manner, comments, and lack of sensitivity around their previous stillbirth while roughly practising an ultrasound on premature twins on a woman that could be going into labour stayed with me as terrible practice that could have impacted this couple and their experience very negatively. I didn’t witness the midwifery staff act sensitively or kind to this couple either and it felt like it was my under experienced responsibility to have care and kindness for this stressed couple. From my point of view, it felt wrong that I was the only one advocating for them or with a sense of their needs or even a sense or impulse to ask them how they were.

The second experience was on the 23rd of December at . The woman I was looking after was 18 years old, Asperger’s and as per her handover information, addicted to THC. She had DOCS case workers because of this substance reliance and because she’s experienced trauma via a gang rape the year before (not related to this pregnancy). Her mother and sweet loving boyfriend / father of her child was there. For a young woman with a complex case and history, she was doing an amazing job managing labour.

A few hours in, the midwife I was under said that her DOCS case workers were coming into see her. I was very surprised and questioned why her DOCS case workers would be coming in to see her while she was in labour.

The midwife said it's because it was nearly Christmas and this was the only time they could come in before holidays. This felt very wrong to me. When I relayed this information to the young birthing woman, she expressed a fear that her baby would be taken away. I reported this back to her midwife and expressed objection that the DOCS workers would be allowed to come in while she was in labour. I asked the midwife "isn't it our job to protect the birth space of birthing woman against fear or perceived negativity, especially if we know what could be potentially triggering?" She said there was nothing she could do. She also seemed annoyed I was questioning protocol. This was not a new response from a midwife when I was learning as a student and felt the need to advocate for a woman of family.

When the DOCS workers arrived, they came into the handover room. The midwife I was working under kindly asked me to express to the DOCS workers what I'd expressed to her. I told them that this young woman was afraid her baby would be taken by them and that fear was very real for her and their presence there represented that and would be potentially harmful for her labour and experience of birthing. They said "of course we aren't going to take her baby" and failed to recognise the perceived threat of their presence to this young woman with complex needs. They said "we just need to tell her a few things".

When they were in the room, I felt so enraged like they should not have been allowed in. I didn't want to be associated with them so I stood next to her shoulder as she was labouring in bed. These two women stood above her at the foot of her bed and proceeded to lecture this young woman about how after she birthed she would have to stay in the hospital for a week to ten days to learn appropriate mother care. After that, if it was deemed she was judged a good mother, she'd be discharged. The way they spoke to her was highly disrespectful and patronising. Whenever she has a contraction I'd have to ask them to stop talking and give her a minute. They were insensitive to her needs. After they'd finished talking, the young woman said "my nan is very old and it might be her last Christmas. Am I going to be allowed out for Christmas so I can have the last Christmas with my nan?" They said she could leave for one day only at Christmas but the baby would have to stay in the NICU while she was gone. They left abruptly with maybe some token words of encouragement.

My shift finished shortly after but before I left the young woman asked me if her baby would be safe or if it could possibly be stolen from the hospital if she chose to leave it there while she went to Christmas with her family. I reassured her the best I could before leaving but I understood this fear was very real for her as was the fear the DOCS workers would take her baby. She was young and on the spectrum with a history of trauma and I felt we had not protected her birth space by allowing the DOCS workers to visit her. I thought it was abhorrent they were allowed in her birth suite while she was labouring. I understand they were following orders but I am so sure there was a better way to have dealt with this visit and for this woman to be better cared for and protected by her midwife, her DOCS case workers, and all the systems that uphold these positions. Again, I, as a student midwife was left questioning why I was the only one advocating for this woman during her birth.

I walked out of that shift thinking "I cannot work in places like this where this is allowed to happen". The answer to this and repeating situations like this was "I cannot be a midwife".