

**Submission
No 681**

INQUIRY INTO BIRTH TRAUMA

Name: Ms Helen Young

Date Received: 15 August 2023

I am a Midwife of 12 years currently working in Private Practice attending all care including birth at home. I have a background of 30 years of Nursing in many different capacities prior to Midwifery, including Emergency Nursing. It was trauma to one woman in Emergency department that saw me train as a Midwife. I have since attended my Masters in Midwifery. I spent 9 years in MGP before Covid changed the model and I witnessed a decline in satisfaction from women now in group care, and the outcomes for birth declined as we then birthed in a regional public hospital instead of our birth centre. The change in statistics speak volumes. I have had 4 children, 2 born at home in New Zealand and 2 in a Birth Centre in Australia. Midwifery care protects women and provides highly satisfying and safe results. Birth is a natural physiological process that has been destroyed by the current system of maternity 'care'.

*A young girl came into Emergency in good labour. Within 20 minutes she had 3 vaginal examinations by 3 different health professionals. It turns out she had sexual assault history. Her labour stalled and she ended up being taken for a Cesarean section. I believe this was unnecessary.

*I witnessed one of my women suffer a 3rd degree tear from forceps applied by a junior registrar under guidance from a Consultant Obstetrician. This was unnecessary as she already had a head on view and just required further encouragement to continue and changes of position (I had expended all my hours but stayed as support)

*I noted huge differences between birth at the large public hospital and birth in the Birth Centre. Women cared for by Birth Centre MGP haemorrhaged less and were quieter during birth - they didn't scream in labour, possibly because they were better educated about the process and therefore less fearful.

*I witnessed a woman's legs being forced open when the head was birthing - even though naturally her instinct was to bring her knees together (this actually opens the pelvis at the right place for the head to come out). I found this quite traumatic and unbelievable.

These are just a couple of examples...the list is long.

*Satisfaction within our MGP model was high and at one time the best in NSW. Why then did they close the birth centre never to see it reopened after Covid?

*I left my position at MGP disheartened by the disregard for women's wellbeing. The job became one that was juggling many women at once, often birthing and answering other women's calls for care. I had chosen MGP to work with one woman at a time as this was far more satisfying. The role was gradually depleted of education days, team meetings, case reviews....it just became a victim of the already fractured system.

*Since starting birth at home in 2020, I have a 100% vaginal birth rate following previous cesarean section. We do mitigate risk factors in the community but stand by women's decision-making. We are not supported by anyone yet have statistics to prove this works and

that women are satisfied with their care. Medicare doesn't even provide rebates for their birth, yet we are saving the government thousands in health care dollars.

*I believe if women realised what 'care' means in the hospital system they would choose a different model. Many of my women ask for care following their reports of highly traumatic births. They were unaware of any other options. GP's also fail to fulfil their duty of care by only offering two models of care - Public Hospital or Private Obstetrician. They are unaware of the amazing statistics offered by MGP and Private Midwifery.

*The constraints of Risk management and Policies dictate care within the institutions. No longer are doctors there for the 'best care for women, babies and families'.

*I believe that a 40% induction rate for first time Mums which often leads to trauma and surgery for many is totally unnecessary.

*I believe that a 38% cesarean rate at our local regional hospital is intolerable and too high according to the World Health Organisation.

*I have witnessed an Obstetric Registrar shout at a woman "You want your baby to die!" when declining antibiotic use when her waters had broken. A healthy baby was born some hours later who never required antibiotics.

*I have witnessed many women being told limited information about risk factors, leading to choices that end with further intervention and poorer outcomes for women and babies.

*Lastly where has the importance of mental wellbeing gone within our systems? Women who are traumatised cannot care for their families well. It is more than just 'a healthy baby'...where is the place for natural instinct, spirituality and empowerment?

I am happy to be involved in any way that helps this system change. Midwives are trained to provide a woman-centred approach, but then are discouraged from practising this. Please use my name and details and ask me to assist in any way I can.