Submission No 705

INQUIRY INTO BIRTH TRAUMA

Name: Mrs Katelyn Commerford

Date Received: 15 August 2023

To the Members of the Select Committee,

My name is Katelyn Commerford and I am writing to you in my professional capacity as a doula, working with women to support them through pregnancy, birth, and postpartum.

I have not been in this career very long, yet I have already witnessed or heard accounts from women of more disrespectful care than I can count.

Women often engage my services because they have had prior traumatic births and want to have a better experience for their next birth, or they're first time mothers who have heard too many accounts of traumatic births from friends and family around them and want to mitigate that risk for themselves. These are usually women who have missed out on a continuity of care midwife, and are seeking to pay out of pocket for a doula to fill the void.

I value my work and what I do, but often I find myself wishing that advocacy and information sharing was not the bulk of my job. It should not be the case that women need to pay externally for a support in order to protect them from the system they are birthing in. Yet, that's what I see happening most of all.

I work a lot with women planning VBACs (vaginal birth after caesarean) who want to avoid a lot of the interventions that they feel contributed to their prior caesarean(s) in the first place, and they feel they need additional support and advocating for in hospital because the guidelines for VBACs are so disgracefully far from evidenced-based that trying to avoid interventions becomes near impossible.

I have sat in antenatal appointments with women and heard obstetricians say things that have no basis in policy or evidence. I have had women call me after appointments that I haven't been at in tears because they have been either outright or practically threatened in their antenatal appointments because they wish to decline procedures. I have seen anaesthetists, doctors and midwives speak to labouring women over contractions about risks and benefits of a procedure they're recommending, when the woman cannot possibly take in the information, I've seen them make statements that are grossly and sometimes dangerously incorrect, and I've seen them so insistent about following the procedure they have in front of them that the state of the woman is completely ignored - often as she is spiralling further into distress.

I've also had the luxury of supporting some women under the care of a known midwife who trusts birth and has a relationship with the woman and witnessed the magic that unfolds in those situations. Women who have declined vaginal exams, continuous monitoring, and other interventions, and who have easily had the more straightforward and positive births.

What I see is a hierarchy at play in a hospital setting that shouldn't exist. Doctors should not be managing midwives. Midwives and doctors have different roles, and they need to be able to collaborate more effectively for the benefit of birthing women. Midwives should be able to manage normal birth and recognise and escalate where something begins to travel outside of the norm. Doctors should be able to trust midwives to do what they have been trained to, and stop micromanaging their colleagues and wait until they are needed.

There also needs to be a major re-education for clinicians on what informed consent actually is, and I think it should begin with a change of the language. The word consent already implies that the person will be saying yes. The term "informed decision making" would be more neutral and remove the issue and stigma of "declining" to consent.

The AMA's Maternal Decision Making Statement 2013 explains that a woman has the right to make an informed decision about her care, even when that decision is at odds with the recommendation from her clinical care team, and even if that decision can or will put her or her baby at risk. It's an uncomfortable truth, but a woman has the right to a decision even if that decision will absolutely result in the death of herself or her baby. That is her legal and human right. Doctors wrongly presume that they are responsible for the birth of a live and well baby. Their responsibility lies in providing the woman with their professional recommendation and reasoning, offering alternatives, explaining the varying risks and benefits, and then referring her on to someone where they are unable to provide support if she chooses something other than their recommendation. That is the law.

All maternity clinicians need to remember that they have as much right to put their fingers in the vagina of a birthing woman as that woman does to put hers in theirs. It is NOT the case that that woman should be leaving her dignity at the door. It is NOT the case that can presume consent because she is pregnant, or in labour, or in a hospital. Telling a woman that they are 'just going to check you now' is not in any way informed consent.

It is, frankly, a damning testament to how the maternity care system feels about women that providing access to continuity of midwifery care has not already been made more of a priority because the research is so clear and has been for so long. Continuity of midwifery care is a win-win-win scenario - it saves the system money, it attracts and retains midwives, and there are better outcomes for women and babies.

What we need to see to put a stop to the epidemic of birth trauma are:

- access continuity of midwifery care expanded for all women who may want it,

- out of hospital birth options more available including homebirth and birth centres,

- bundled funding for maternity care that would give the power to the woman on how and what care she chooses for her birth, including for homebirth and potentially doula support

- robust informed decision making frameworks that make it clear to both the woman and the clinician that the woman is in charge and will not be punished or given poorer care by making a decision that is against recommendations,

- some level of accountability on the part of those who develop guidelines that they must be based in evidence at least to some degree (much of the RANZCOG guidelines are 'Consensus Based' which is simply not good enough)

- an escalation process for complaints and issues where women are not receiving respectful care that does not re-traumatise and ensures fast and effective outcomes satisfactory to the women

- more honest education for women about the realities of birthing in hospital as far as how bed management and rostering affect what recommendations are given about when to come in during labour and what happens when they do

My dream is that women who call me asking about doula support are doing so because they are wanting to birth in their full power and they want someone to be ready to hold space for that, remind them of their strength when it gets so hard they think they can't go on, and witness their transformation on that journey - not because they fear what will happen to them if they enter a hospital without a doula.

For the sake of our society, we must do better.

Thank you for your time and your sensitivity in this manner.

Sincerely,

Katelyn Commerford

Birth and Postpartum Doula