

**Submission
No 878**

INQUIRY INTO BIRTH TRAUMA

Organisation: Australian Association of Social Workers (AASW)

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AASW

Australian Association
of Social Workers

NSW Inquiry into Birth Trauma

Select Committee on Birth Trauma

August 2023

About the Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the national professional body representing more than 17,000 social workers throughout Australia. The AASW works to promote the profession of social work including setting the benchmark for professional education and practice in social work, while also advocating on matters of human rights to advance social justice.

Acknowledgements

This submission has been developed in consultation with our members who are working in hospitals across New south Wales in senior social work roles. Together, they bring decades of experience supporting women and families who have experienced birth related trauma.

For further information or questions relating to this submission, please contact:

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Executive Summary

Social workers report a high degree of variation in the way the health system responds to women who have experienced birth-related trauma, and their partners. While some AASW members can cite instances of effective practice, many social workers have reported shortcomings in these services. The AASW believes that all women in NSW should have equal access to the highest quality of peri-natal care and follow up services, and that the state's health services should lead the reforms needed to make this possible.

Recommendations

The AASW recommends:

- That all psycho-social screening of pregnant women be conducted by staff who are trained to identify risk factors in a woman's mental health.
- That all hospitals and health services assist women who have experienced birth trauma to develop peri-natal care plans, which should be shared with all relevant medical staff.
- Restructuring services to ensure that all women have the opportunity to form relationships with a small group of professionals.
- That all staff who convene post trauma debriefing meetings have specialist training in mediation and conflict management.
- That the NSW government develop a follow up survey for all users of birthing services on their experiences and their level of satisfaction to enable statewide comparisons and drive improved practice.
- That the NSW government establish methods of sharing exemplary practice throughout all NSW health services, so that all NSW women have equal access to the best level of care currently available.

Context for this submission

This submission commences from the position that everyone in Australia has a positive right to the highest level of services that are necessary for health. This extends to timely and appropriate health interventions, as well as access to health-related information.

The AASW endorses the principle that people should have opportunities to exercise informed choice over the services that they will receive. Empowering people to exercise control in their lives is consistent with social work's rights-based approach to human wellbeing and promotes the principle of self-determination that social work has long upheld. Nevertheless, we understand that medical emergencies necessitate interventions that are not consistent with patient preferences. In those circumstances patients and clients may need follow up services to assist them understand and accept the events, to protect against continuing negative consequences for their mental health. The AASW believes that social workers can play a central role in the provision of those subsequent services.

Responses to the Terms of Reference

(c) the physical, emotional, psychological and economic impacts of birth trauma

Social workers in hospitals and other parts of the health system meet many women whose experiences of trauma related to pregnancy and childbirth were not adequately addressed at the time. This means that their unresolved emotional and philosophical issues re-surface during other episodes of healthcare. Most commonly this is during a subsequent pregnancy. This places importance on the role of screening processes for all pregnant women and their partners, regardless of whether or not this is a first pregnancy.

Social workers report that it is very important that initial screenings concerning women's and their partners' psycho-social wellbeing are conducted by staff who are trained to identify indicators that a woman or a couple are experiencing the effects of previous traumatic incidents related to pregnancy and birth. From there it is important that informed referrals are made to mental health professionals who can assist the family process their previous experience and prepare for the approaching one.

One hospital social work team has developed and introduced peri natal care plans in consultation with women and their partners who have experienced previous trauma in which they specify the care and back up support they would like in the case of further difficulties. These plans supply information about extended family members and other existing support networks as well as social and cultural factors that medical staff should include in their consideration. In this hospital, the social work team have ensured that these plans are available to all staff who will be working with that family.

Recommendation

- That all psycho-social screening of pregnant women be conducted by staff who are trained to identify risk factors in a woman's mental health.
- That all hospitals and health services assist women who have experienced birth trauma to develop peri-natal care plans to be shared with all medical staff who will see them.

(d) exacerbating factors ...:

Members have reported that hospitals' procedures to assist women who have had traumatic experiences do not always adequately fulfill this function. Measures such as debriefing meetings and 'open disclosure' meetings are highly dependent on the skills and approach of the staff member who is chairing them. Social workers have observed:

- differences in what is identified as being traumatic by medical staff in comparison with what women and their partners experience as traumatic;
- medical staff who do not always listen with sufficient empathy nor check that patients fully understand their communication;
- women who had previously been unaware of their ability to choose, discovering that entitlement during the actual meeting;
- hospital management avoiding responsibility for decisions and actions of hospital staff.

Recommendations

- That hospitals ensure that all staff who will be convening these meetings should have specialist training in mediation and conflict management.

(e) the role and importance of informed choice in maternity care

Social workers have been concerned to observe that some women appear to have been unaware of their right to make an informed choice in advance of interventions and procedures. There have been women who have not sought information nor communicated an active choice before experiencing events which have left them dissatisfied.

In many cases these are women who have not had extensive experience with our health system through barriers related to language, culture or social isolation. Although there is widespread awareness of the need to ensure that people using peri-natal services understand English, social workers still observe instances where medical staff do not make sure that this is accompanied by information about the health system and what women and their partners will encounter.

(f) barriers to the provision of continuity of care in maternity care

For many women, the structure of pregnancy care services in the public health system presents an obstacle to continuity or cohesion. It is possible for public outpatients to see a different member of staff for each ante-natal appointment, throughout delivery and for all their post-natal care. In these circumstances it becomes impossible for a woman or her partner to build the relationships on which continuity depends.

By contrast, some hospitals offer pregnancy support through smaller groups of midwives in a Midwifery Group Practice model which ensures that staff are drawn from a limited pool, maximizing the contact each woman has with a smaller group of staff. The AASW believes that all women should have access to this level of personalization in their care.

As well as continuity within each episode of perinatal care, social workers observe the importance of continuity in the aftermath of the traumatic event. This is significant in ensuring that the consequences do not persist into the continuing relationship between the mother and infant, or between the adult partners. Members point to the important role of Maternal and Child Health staff in this respect. They highlight the importance of ensuring that electronic medical records contain sufficient information to enable Maternal and Child Health nurses to support new parents who have experienced traumatic births, to bond with their babies.

Recommendations

- That pregnancy and peri-natal services be structured in such a way that all women have the opportunity to form relationships with a small group of professionals.

(j) any related matter

In preparation of this submission, the AASW observed wide variations in practice across NSW. As a matter of equity, the AASW believes that all women and their partners should have access to the most effective practice currently available to some women.

Recommendations:

- That the NSW government develop a follow up surveys for all users of birthing services on their experiences and their level of satisfaction to enable statewide comparisons and drive improved practice.
- That the NSW government establish methods of sharing exemplary practice throughout all NSW health services, so that all NSW women have equal access to the best level of care currently available.

Conclusion

Although it is not currently available to all women in NSW, effective, patient centered care is well established in NSW. The AASW is confident that the structures and policies exist with the current health system to disseminate effective practice throughout the health system, and will be happy to assist in this task in any way that this inquiry recommends.

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