

**Submission
No 888**

INQUIRY INTO BIRTH TRAUMA

Organisation: Community Project - Newcastle Birth Movement

Date Received: 7 August 2023

My name is Natalie Joy Meade, I am an experienced Private Birth Educator (Hypnobirthing and EmbodyBirth Birth Education Styles).

I currently am the main volunteer coordinator for our local Birth Community Project - Newcastle Birth Movement. One of our main offerings is to give free birth debriefs to women in our local area who have had trauma or are afraid to birth again.

I have worked with pregnant women and their families for over 13 years. I have also birthed two of my own children. I have also experienced miscarriage and care in the medical system for numerous reasons during my own personal journey. This submission is about my professional capacity where I have counselled/debriefed with approximately 300-400 women who have experienced birth trauma/negative birth experiences.

In my professional experience, birth trauma impacts a very large proportion of women having their babies in Hospitals. Some of the statistics mention 1 in 3, but I believe this to be underestimated. For instance many women do not even interpret that what happened to them was damaging. And the damage sets in - but unconsciously. They blame themselves for being broken. For example, there is a culture from generations past, that birth is supposed to be brutal, scary, fearful, panicked, tough, injurious and that a woman should be glad she has a "healthy baby" and shut up about it.

As a community organisation devoted to filling the emotional gap between hospital care and women seeking private counsellors/psychologists, we frequently do debriefings of women and families after traumatic events. As a birth educator I also frequently work with women who experienced trauma do a hypnobirthing course for their second or third birth, to work hard to have what is commonly called a "healing birth". In general, these women have been left severely affected by fear, depression and anxiety years after the event. They are scared of birthing again in a hospital. Many women I work with declare they will NOT birth again at all and end up limited to one single birth that was traumatic. Many want to freebirth and many do - at high risk. Babies have lost their lives in our area due to women birthing from fear, fear of the medical system and hospitals.

Mainly, I work hard to help women and partners to know their rights and gain confidence around speaking up for themselves and having a different, more positive hospital birth the second or third time. But sadly, this is still often not enough (depending on how much time I get to work with them, and how receptive they are able to be to such learnings and concepts) and women can still get traumatised again. Or they have a better birth, but not the healing birth and loving birth that nature and a good care system could provide them.

Most of the complaints I hear are related to:

- women feeling like they were railroaded into a birth they didn't want, eg inductions, interventions, baby separations, needles
- women devastated to be refused the care they desire eg wanting homebirth program, or midwife group practise but being refused due to risk factors
- women devastated emotionally to be kicked out of programs eg after a GD test
- Feelings of not being respected into their body autonomy
- Not feeling heard during a rushed, overwhelming birth environment where fear and anxiety prevails over their actual instinctual desires

- Fear tactics pressuring them into invasive procedures, surgeries and any type of medical management of pregnancy/birth
- Medical staff being bossy, judgemental, rude, over directive
- Lack of trauma informed care training for medical professionals.
- women not trusting the government services (especially after covid lockdowns and other covid management)

I strongly believe that the following measures would improve care for women and women's experiences

- Midwifery group practise (MGP) that can accommodate the majority of the pregnant women (this should be the standard care, not the rare care)
- Continuity of care needs that involves birth (there are approved plans in NSW to provide continuity of care pre and postnatal leaving birth care out of the equation)
- ALL RISK MGP teams: women with risk factors are not to be left out of continuity of care programs, in fact they are the ones needing it most.
- Home birth supported programs: women and families have a much more rewarding experience when in the privacy of their homes. A triage by risk factors is usually done in the beginning of pregnancy to identify those candidates that would need to birth in a hospital setting. This is a model implemented in many other countries, and it's proven to dramatically decrease health expense and cascade of interventions. Midwives participating into this care, need to be able to transfer patient to higher level of care and continue providing care for them.
- Birth centres as the norm
- Debriefing funding for women to debrief OUTSIDE of the system that traumatised them
- Advocacy for medical Colleges to include Trauma informed care as part of general training, and as part of Continuous Professional Development for Obstetricians & Gynaecologists.

Kind

Regards,

Natalie Meade

Birth Doula, Counsellor, Private Birth Educator.