Supplementary Submission No 24a

INQUIRY INTO BIRTH TRAUMA

Name: Ms Fiona Reid

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This is my second submission. My first submission spoke about women and birth trauma. This submission is about vicarious birth trauma, the second victims, the clinicians, and the 'silent scream' that is unheard in the room but felt in the bones of clinicians early in their career when they are exposed repeatedly to traumatic clinical incidents.

I have worked among health professionals for 40 years. In my role as a midwife across all areas of practice and in diverse settings and in my role as a Clinical Midwifery Consultant I have attended hundreds of maternity emergencies. In my experience I have never worked in a facility or area of maternity care where clinicians were debriefed adequately after clinical incidents or poor maternal or infant outcomes following care. The accumulative effect on clinicians after being exposed to and involved in traumatic maternity care is becoming better recognised but there is a deficit in care for clinicians in this aspect of service provision. Clinicians experience the same hippocampic amygdalian stimulation when exposed to trauma that the victims of trauma experience. The clinicians in attendance during traumatic incidents undergo the repeated stimulation of the sympathetic nervous system resulting in a flight/ fight/ freeze response similar to that of the person experiencing the birth trauma directly. When clinicians are present during, or responsible for, or complicit in, care and management that results in trauma they need to process that experience to prevent psychological harm to themselves. This process takes time and clinicians need support to enable reflection without personal or professional judgement, debilitating guilt, remorse, shame, psychological suffering, prolonged anxiety and a change in practice that might cause harm to people in their care rather than mitigate it. This is a complex process of emotional and psychological review and repair. Historically and currently few hospitals have in place systems for clinical incident debriefing that are multidisciplinary, compassionate, performed close to the incident (hot) or some time after (cold) or with Trauma Informed Care principles and training. Even though the literature supports this, most hospitals providing maternity care have not implemented adequate clinical debriefing. As a result clinicians are working in settings where unexpected traumatic incidents occur regularly and the clinicians themselves are experiencing the unrelieved effects of their own accumulative trauma response. These clinicians are performing patient care and management with an unrelieved, overburdened sympathetic nervous system that is unable to respond from a place of compassion due to emotional fatigue and unable to relate to the woman in their care with human dignity due to the psychological distress of screaming silently while they assist in care and management that is made more traumatic for the woman (& baby) because the clinician has emotionally and psychologically withdrawn to enable them to keep turning up to work and to do their job. Other side effects of an unrelieved sympathetic nervous system response is over eating, heavy use of alcohol, high levels of relational conflict, episodes of rage, insomnia, excessive exercise, poly drug use, excessive shopping with associated debt and relationship breakdown. These stress responses to exposure to trauma make life harder but clinicians normalise these responses in order to keep going to work. Supports such as clinical supervision, EAP, authentic engagement from management and psychological help are not part of a clinicians regular work life and the inevitable emotional and psychological withdrawal that results over time from a clinician 'silently screaming' is, I believe, reflected in the many stories of women's experiences of inadequate, discompassionate, rough and abusive care. To change the clinical environment we need to change the environment we are providing for clinicians. I want to encourage the Enquiry to consider a thorough review of the clinical setting and procedures that need to be implemented within the clinical environment to protect early career clinicians

from the damaging effect of repeated, accumulated unmitigated trauma response and to recover those clinicians already affected.