**Submission No 906**

# INQUIRY INTO BIRTH TRAUMA

**Name:** Mrs Annalee Atia

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Dear Committee,

I am writing to you in several capacities today. Firstly as a mother of two children, the eldest of five siblings and as a person deeply embedded in family and community life. I am the former NSW State President and former National President of Maternity Choices Australia (MCA) where I have also been a dedicated maternity consumer representative and advocate for over a decade in my local community, as well as across Australia. I am also a director and co-founder of the nonprofit community media and journalism organisation PBB Media Incorporated, PBB standing for Pregnancy, Birth and Beyond. Recent experience of 10 months of flood relief work in NSW through our nonprofit, working directly with birthing families and families with children in the first 2000 days of life, also form part of my current perspective on Birth Trauma.

Drawing you back to my own birth experiences, I have had two wonderful, trauma-free childbirth experiences in NSW in 2009 and 2012. Those experiences are a big part of why I got into maternity advocacy to begin with. After my own births, I kept hearing from friends and family of their terrible and sometimes horrific childbirth experiences and I simply could not accept that this needs to be the case. I started doing my research, attending and supporting mothers' support groups and went back to study. During those early months I was also asked by MCA's local faction leader to support local consumer advocacy in the area and to join the local live radio program Pregnancy, Birth & Beyond on .

Over the years through my work, I have heard directly from hundreds of women, men, family members, care providers, researchers and academics, LHD administrators and CEO's, other government body representatives and pretty much every stake-holder when it comes to Maternity Care. I have spent hundreds of hours listening to Childbirth and Birth Trauma stories from the women who have experienced them. It deeply disturbs and pains me to say that the overwhelming majority of these stories were not positive and so many of them, traumatic.

My experience is primarily in Australia though I have a solid grasp of maternity care around the world and have interviewed and worked with some of the leading researchers and care providers globally. My aim has always been to ensure mothers, babies, fathers/partners, families and communities (including the healthcare community), overall, have *well* experiences when it comes to childbirth and maternity care and specifically, that no unnecessary trauma is incurred during these critical developmental years. I use the word *well* over the word good/better, intentionally.

It is my firm statement here and for the purposes of this submission that the amount of harm incurred through accessing maternity care services in Australia and birth trauma I have directly heard about, are totally unacceptable and need to be addressed, absolutely immediately.

I have also witnessed directly some very difficult situations in the birth room with friends and community who have asked for my support at their births. These too have left their marks.

Every baby born is part of a unique dyad with its direct carer (almost always the mother) and that baby goes on to become a member of our society. The health and wellbeing of a person in their first 2000 days of life (approx from conception to the age of 5), impacts them for their remainder. Their health is intricately interwoven with that of their mother, their early experiences in the womb and first few years of life and any ACEs incurred during these times. We believe that the critical maternity care phase is one of the most important ones in the care of an individual and that childbirth itself, sets a significant tone to the capacity and outcomes of both mother and baby and consequently to all those around them. Much like the beginning of a marathon. If you start a marathon with an injury or complex mental health issues your chances of a *well* journey are significantly diminished. With 1 in 3 mothers experiencing trauma during a critical phase of her parenting and 1 in 10 mothers estimated having PTSD similar in nature to those coming back from war, what are we to make of the prospects of our whole communities?

How much of that early trauma impacts each of us today? But more importantly and perhaps most importantly, how can we avoid the unnecessary trauma to begin with?

There is so much to discuss when it comes to birth trauma, from my experience these four are the keys to enduring better outcomes, as well as experiences, for mothers, babies and families:

1. **Meaningful feedback** loops for families to share their birth experiences
2. **Reducing intervention rates** and addressing over-medicalisation and overdiagnosis
3. Significantly increasing Continuity of Carer models, specifically **Midwifery Continuity**
4. Addressing the **entrenched culture** (beliefs and attitudes) existing in maternity care

After over a decade of consumer engagement in the NSW healthcare system and Federal healthcare, I can tell unequivocally that NSW Health and Federal Health simply do not understand what families are going through when they access Maternity care. Mothers who go home with trauma almost never come back to the care provider to give negative feedback, even when asked and even after filling out forms. There are many reasons for this which I will not go into here as it requires an in-depth conversation of its own but the key issues are the very fact that they are traumatised and attending to a newborn which then turns into a baby, toddler etc.

With regards to reducing intervention rates. Dr Neet T. Shah, a distinguished Harvard assistant Professor and one of the world's leading physicians and researchers has explicitly stated that a woman's outcomes in childbirth are directly linked to her place of birth rather than her clinical situation. In other words it's the culture in a particular maternity care unit that affects women and babies most, not their medical indication or research and evidence. Another two of his most excellent quotes state: "The most common major surgery performed on human beings is the c-section. It's also true that the decision to do a c-section is the most common surgical error." and "if your c-section (rate) is high that means that you're not supporting people in labour, that's just a fact". Both these are from an interview I conducted with him, published in January 2019. Australia's c-section rate as of this year is sitting at 38% with a clear climbing trend that's been ongoing for over 20 years.

In Australia we are not reducing our intervention rates. In fact, every time the Mother and Babies report comes out, we see increases across the board for almost every category of intervention. Not to mention that until recently we were not collecting the relevant information to give us a full picture of women's and families experiences. There is still, in my professional opinion, a long way to go until we understand the real picture of the impact of this area of study.
Alarmingly, with all the funding and inquiries and research, our rates of intervention are climbing. The WHO clearly states that a c-section of 10-15% is considered necessary and anything above this rate should be examined closely. Many will have you believe that our high Australian rates of interventions in Childbirth are necessary for medical indications, but the current available, quality research and evidence simply states otherwise.

Models of care in Maternity. Most women in Australia can only access fragmented maternity care. This alone is a solid reason for trauma potential. While not every person accessing fragmented maternity care will leave traumatised, lower rates of trauma and higher rates of satisfaction and better outcomes are only seen in continuity models of care and specifically when quality Midwifery continuity models of care are available to families.

Even in our area of the , where it is widely considered to have some of the best outcomes and a variety of services available to the consumer such as a publicly funded homebirth program, MGP and some effort within the LHD to reform programs and deliver more continuity, we still see the majority of women accessing fragmented care and the so called coveted services only available to a narrow portion of our community, those deemed by the healthcare service as Low Risk. This label and the consequences of carrying it are a cause of great distress among the women of our community.

Maternity Care is complex and as I mentioned above, the delivery of meaningful supportive and effective programs for the Australian Healthcare Consumer that will reduce the rates of birth trauma is not just about the above critical four aspects but an ongoing commitment to meaningful reform in the sector overall.

We as an advocacy community, are heartened by the inquiry into birth trauma, whilst long overdue, it is certainly received with positivity. We urge you to make every effort to make this inquiry a meaningful one - one that affects meaningful change. Over the last few decades there have been several attempts at correcting the course of maternity care and many many warnings from our communities. Most of these attempts have resulted in small positive gains, gains that have been felt primarily by privileged women who have been able to access relevant information and engage more meaningfully in their care and by doing so, creating better outcomes for themselves and children. The overwhelming majority however, belong in a different category. They are subject to fragmented care and the capabilities, capacities and unfortunately the whims of those on roster on the day and at the place a woman gives birth.

I would like to bring to your attention the following relevant and very important facts about mothers and birth trauma:

1. Mothers find it incredibly **difficult to discuss their birth trauma**, especially so with any party that might have been involved with or perceived to be involved with, their traumatic experience/s. One of the worst prospects for people who have experienced trauma is to be asked to share it meaningfully and then, to not be received meaningfully. The privilege of hearing about trauma is reserved for those who will truly listen and when sharing stories with people in charge of or capable of changing systems this privilege turns into a responsibility for taking action, for the person sharing their experience. Therefore please be mindful.

2. The amount of **time** you have offered for families and especially mothers to submit their experiences is very very short. It takes time and women need support to come to the table with their stories. So do their partners and our care providers. I would highly recommend you offer at least another three months of submission time, if you want to achieve a minimally meaningful result to your inquiry.

3. **How** mothers share their stories is critical to them sharing it. It is my direct experience that mothers and families find it very difficult to sit down and reflect upon their traumatic experiences and it is excruciating to then sit down and write about these experiences. An informal chat in an informal setting is one of the most, if not the most, effective and easiest way for parents to share their experiences when it comes to birth trauma. I realise that your website is not this informal place and cannot be, but please take this point into account when reflecting on how many submissions you have received and who might have shared these experiences with you (i.e. you are likely missing a significant portion of families who are not resilient enough to sit down and write a letter to a government inquiry, no matter how important they may think it is). Please also be very mindful with how you plan on discussing women's and families experiences with them, if and when you do.

I am more than happy to speak with the committee on the hundred of birth trauma stories I have heard directly from mothers and fathers and care providers, in general terms of course, and to touch on what I have witnessed and understand to be the most pressing issues in maternity care today when it comes to improving outcomes for mothers and babies and their families.

Overview of Relevant Experience

- Mother of two children born in NSW
- Former NSW State President, Maternity Choices Australia
- Former National State President, Maternity Choices Australia
- Active NSW local Maternity Consumer Representative since 2013 to date
- Director at PBB Media Incorporated, a non profit working toward improving outcomes and the journey into parenthood through storytelling, collating research and cross-pollinating information between relevant stakeholders.
- Producer and presenter on the Pregnancy, Birth and Beyond live radio and podcast program. This program has created over 600 individual shows in the past 13 years many of which cover childbirth with a wide range of experts and a diversity of Australian parents and is widely celebrated by academics as well as families
- Deeply committed community member of NSW

Thank you again for your time and commitment to the women and families of NSW and all those that care for them. I look forward to hearing from you and to hearing about the commissions work.

Sincerely,

Annalee Atia
Maternity Consumer Representative