

Submission  
No 909

## INQUIRY INTO BIRTH TRAUMA

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Partially  
Confidential



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### **Submission to the NSW Parliamentary Inquiry**

My name is Emilia Bhat and I am the President of the Maternity Consumer Network, a not-for-profit birth advocacy organization that serves most of Australia. While the MCN has made its own submission as an organization, I am writing as an individual.

Part of my role as President means I often have to take on a lot of complaints from women Australia wide and assist them with complaints either to hospitals, regulatory authorities or call into hospitals for advocacy purposes.

The complaint process is the most demoralizing and mentally exhausting part of my job. And not because I have to read through the horrors of what some women go through, but simply for the fact I know that there will be no accountability for maternal medical abuse. I have had to make sure I have frank discussions with women that making a complaint is only good for a paper trail in case the woman wants to pursue legal action in the future after she has processed her trauma or for a paper trail to deal with child protection matters against vexatious reports. I make it abundantly clear to women that accountability won't be part of that process.

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With most complaints I have submitted to the NSW HCCC or assisted individual women with, most violence, negligence, and abuse by providers against birthing women is excused with no recommendations for training or improving practice.

I had to submit a complaint for a woman whose cervix was violently and purposely harmed by a midwife in an MGP program at the Sydney. This was witnessed by the woman's doula who provided a written statement, and the woman was receiving psychological counselling because of this assault. The response back by the HCCC was to imply the woman didn't understand what went on, excuse the assault as a 'breakdown in communication,' and blame the fact the woman used to be in a DV relationship as the reason she may not have understood the situation.

Most responses by hospitals to women's complaints often just retraumatizes women because they are used as a tool to excuse what happened to them.

A significant amount of my complaints in recent years involves post-partum abuse of new mothers using police and child protection threats and reports.

I was threatened on the phone by a neonatologist, Dr from Hospital after he lied to a CALD woman about the status of her baby so they could treat with prophylactic antibiotics. The baby was left untreated in NICU for 12 hours. When the woman realized the treatment was just precautionary and she had the right to decline, he refused to withdraw treatment (that he didn't do for 12 hours), and when she called me, he told me they would go to court and make the baby a ward of the state (that is not how child protection works nor do doctors have that statutory power). This is simply me asking him if he followed informed consent protocols from the NSW Health consent manual regarding antibiotics. The hospital refused to engage with us after this incident so we could advocate for better communication in these situations and the HCCC wrote back saying they were taking no action from this event.

Providers are all often too happy to threaten women or even go through with making false child protection reports against women who don't agree with them. This isn't for any legitimate cases where their choices would cause harm to their babies. This is despite the fact such reports are meant to be made in good faith, with truthful information and when there is reasonable belief that a child is at risk of significant harm.

At hospital, multiple staff breached privacy and confidentiality about a new mother whose baby was struggling to gain weight. The woman had made appropriate medical arrangements, but the rumors led to her doctor inappropriately contacting her after 4 months when she ceased seeing said doctor, demanding she take her baby to hospital over hearsay.

The woman refused because she had made medical arrangements and the doctor ( Dr ) made a false child protection report and after speaking about the woman's case with multiple staff, more rumors were spread. We had to contact hospital who

made all staff receive privacy and confidentiality training, but that woman was still subject to a child protection welfare check and had to take her baby into hospital for an assessment where staff who were aware of her situation, multiple times, tried to walk in on her private medical consult to listen in and catch any 'tid bits' to pass along to colleagues.

Our complaint to the NSW HCCC about the doctor's conduct had them writing back to us excusing the doctor lying to FACS, despite evidence of this from FACS documentation taken by GIPA request.

One of our worst cases was a woman who declined a cesarean section. She lived in a [redacted], but was taken off by police and a NSW FACS officer to [redacted] hospital illegally without any court orders, was locked in a room and threatened that her other children would be taken away from her if she didn't consent to surgery. The MCN contacted Safer Care Victoria about the matter who said they would follow up, or we assumed contact someone more relevant in NSW, but we found out later they did nothing.

Group complaints are often no better. The allegations about human rights abuses to women at [redacted] Hospital is one of the reasons this inquiry was made possible. Yet we found out the HCCC didn't bother to follow their usual protocol of contacting the women to get more information to look up their medical records. They wrote back to us blaming the women for not contacting them (despite evidence to the contrary) and while they made recommendations for changes, this was based on a clinical resiliency assessment the hospital underook with most of the recommendations not really related to the requests we made for changes to the hospital.

In other words they did no investigation and just sent us a letter saying it was the women's fault.

This issue with complaint processes I will add is Australian wide. My latest case was reporting to the OHO in Queensland about a doctor who had a woman held down for a lower segment ceasarian section and inserted a fetal pillow into her genitals without pain relief, despite her protests. The midwife tried to advocate for her and even documenting the assault in progress notes. The woman's partner also heard her screams from outside.

We assisted the woman in reporting the doctor to the police for sexual assault, but despite the evidence brought forth, the OHO and the hospital both wrote back to the woman justifying the rape and said her being held down was 'assisting with positioning.' Regardless Queensland Health already has guidelines on how to handle emergency situations where a woman is declining care and that is simply to give informed consent and respect her medical decisions.

Patients aren't the only victims of poor complaints processes and regulatory authorities. Many times we have had to assist midwives, mostly private midwives when they have been vexatiously reported to the HCCC or AHPRA for supporting women's medical decisions.

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When our post about the issue with [redacted] was on our socials requesting women's experiences of care there and a midwife shared it asking patients to come forward, other midwives from [redacted] Hospital teamed together to report her to the HCCC for professional misconduct.

We have assisted midwives in other states as well. Most of the time they are reported to AHPRA because they have followed the ACM policy to respect women who make medical decisions outside of clinical guidelines. It has not escaped our notice that midwives who are loyal to patients are punished for being so.

The result of these reports, abuse of women and losing access to continuity of care is an explosion of freebirthing. Freebirthing rights, advice and advocacy makes up the bulk of my phone calls from women and doulas. I fully support women's autonomy and right to freebirth, but many are freebirthing because they are afraid of the system (they should be). But this fear can become a problem when there is genuine need for transfer either for women or their baby.

Advocacy irrespective of complaints is often also futile. While I take calls from women in NSW and all over Australia who are being neglected on post-natal wards or their babies separated from them unnecessarily, many are too scared for themselves or even for me to call in for clinical reviews, ask for informed consent, withdraw consent for something or be reunited with their baby.

Though they never tell me what they are afraid of, I suspect it's because they are scared of being profiled for more neglectful and abusive treatment or being reported to child protection. They seem to know deep down, what this system is and what the repercussions are for attempting to set boundaries.

The point of writing all this is the systems we have in place are virtually useless. The women know that contacting patient liaison or requesting a clinical review or better care will simply result in more abuse for them.

They are also devastated when the regulatory authorities like the HCCC do not hold anyone accountable or make proper recommendations for changes to medical practice. What surprises me is the medical malpractice and abuse isn't even covered up like one would expect. It's actually just justified contrary to Australian case law.

My final comment in all this, is I noticed nearly all maternity healthcare staff have no idea what I am talking about when I cite various guidelines from the NSW Health website or even the NSW Health consent manual. They are very surprised these things exist let alone the recommendations in them.

I have queried some midwives about what sort of training they receive in hospitals to keep up to date on professional standards of practice and many have told me they receive repetitive training

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on things like hand washing and fire alarms, maybe a few modules on Indigenous culture, but nothing on clinical policies they are supposed to be following and be familiar with.

Many are also unaware women have bodily autonomy and fetuses in Australia have no rights and that women can make medical decisions, even if those decisions result in their death or the death of their unborn baby. I was quite surprised to learn that many clinicians be they midwives or obstetricians are of the belief they are the ultimate decision makers regarding women's bodies and may override their consent when a woman makes a decision they don't agree with without a court order.

This is shocking considering section 6.1 of the NSW Health consent manual is very clear about women's bodily autonomy and medical decision making.

What I hope to see by this inquiry

-One day the HCCC is audited and gets overhauled in how they deal with complaints

-The way the maternity systems does staff training needs a serious look at. Staff are not familiar with NSW Health Guidelines or policies.

-Clinicians need training on addressing their power and control issues and understand it is okay for women in pregnancy to make decisions that they don't like or agree with

-Clinicians should understand that women can refuse medical care in pregnancy, even if it's a choice that most would consider 'bad.' Learn to respect the word no.

-NICU and SCN need some looking into in how they respect and treat women as mothers. Very poor protocols in place for bonding or treating mothers with respect that contributes to women's trauma

-I believe this training needs to start in universities as a separate module on women's human rights in childbirth

-While many believe continuity of care is the answer, there is a problem with providers putting their agenda above individual women's preferences whether they want a natural birth or a medicalized one and this should be addressed.

Emilia Bhat



MCN President

Maternity Consumer Network