Submission No 946

INQUIRY INTO BIRTH TRAUMA

Name: Dr Rakime Elmir

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Dr Rakime Elmir – Birth Trauma Inquiry submission

Thank you to the select Committee for the inquiry into birth trauma. In my submission I will focus on the impact of birth trauma on CALD women, with a primary focus on Muslim women and fathers as parenting partners.

I have been researching the impact of traumatic birth on women since 2008. My research has received interest and is highly cited in published in Journals, textbooks and broadcasted in media (radio and printed media). Birth trauma is anything the woman or man says is traumatic and may include the interactions and actions of health professionals, interventions used at birth and where women's and men's expectations are not met (See publications attached to this submission). I mention men in my definition because men can also be impacted negatively by being present and witnessing the birth of their baby.

There are times where compounding factors such as spiritual beliefs to have heightened the trauma experienced for women and this is certainly the case for some Muslim women. The trauma of pregnancy and birth experienced by some Muslim women is heightened and compounded with research suggesting that religion has a profound influence on women's choices, such as timing of when to have children, size of family, decision-making on contraceptives, fertility treatments and other reproductive issues. It has become increasingly important to understand the impact of faith and major spiritual events in pregnancy to ensure a woman-centred approach of care.

In Islam pregnancy is viewed as a major life event, with risks to the baby and mother. Therefore, women are strongly encouraged to offer prayer and recite Quran (from the holy book) for a smooth pregnancy, labour, birth and postpartum period. For women who wear the Hijab, it can be a time of apprehension as they enter the birthing room. They face additional concerns around modesty, maintaining Hijab where practicable and often prefer a female care provider. However, anecdotal and research evidence suggests women do not feel comfortable to practise their Islamic beliefs. They are ridiculed for openly practising their Islamic beliefs, stereotyped, and discriminated, creating unanticipated trauma. This trauma has a ripple effect and filters through the entire community. Some women then fear pregnancy and the thought of having to return to the same facility where they experienced the trauma. Other women, who have a choice, opt for a midwifery continuity of care model for their subsequent pregnancy where their Islamic beliefs are embraced. This suggests a general lack of understanding of the needs

of religious and ethnic communities among academics, policymakers and clinicians, as without an understanding of these needs, they are in no position to address them. Improving the healthcare experiences of populations from disadvantaged minority ethnic groups requires policymakers and healthcare practitioners to understand when cultural context makes a difference and when it does not (Hassan et al. 2019). However, change to practice can only occur when maternity care providers are culturally competent and sensitive to the needs of culturally diverse women and women of Islamic faith.

Unexpected birth events such as still births, and neonatal deaths require a culturally sensitive approach whereby the woman and her partners requests around burial are respected. However, there is often lack of clarity around Hospital policies, creating confusion and prolonged grief for many families. Due to Islamic beliefs surrounding death, time is of essence, a Muslim chaplain needs to be arranged as a matter of urgency and burial needs to take place as soon practical. It is important counselling, debriefing and follow up midwifery care at home is offered and encouraged. However, many women are leaving the Hospital with little to no follow up – this needs to change.

Support for women extends beyond the maternity unit. Women need male partners who are ready to support them, but who is supporting fathers? My research into fathers' support needs and the impact of witnessing birth highlights the exclusion and lack of support for fathers when entering the maternity system. They often find it difficult in their transition to fatherhood because they are unaware of what is involved with the role of a father. Culturally and linguistically diverse fathers' face additional challenges such as financial and socio-cultural demands. Men are not well prepared the birth and the unexpected events that may occur. Men like women, need to be screened antenatally and postnatally for perinatal mental health (Elmir et al. 2016; Elmir et al. 2022). 1 in 10 men experience postnatal depression. Yet, we do not hear about postnatal depression in fathers. Greater awareness and education on how to best support fathers is urgently needed.

<u>Recommendations</u>

- Continuity of care models are great, but they need to be publicly funded
  Holistic and family centred.
- More culturally diverse midwives caring for our CALD women.
- Clear cultural and religious processes/guidelines in place to support Muslim women's perinatal journey and in times of adverse events

- A maternity system that is father inclusive, we need to screen fathers for perinatal mental health and have male parent educators teaching parent education to fathers.
- Annual cultural competence training mandated across NSW for maternity care providers

Kind regards,

D Rakime Elmir

Senior Lecturer,

School of Nursing and Midwifery, Western Sydney University