Submission No 951

INQUIRY INTO BIRTH TRAUMA

Name: Miss Dianne Webb

Date Received: 14 August 2023

Thank you for the opportunity to have my say on this important issue.

I have been a midwife for 45 years, for the last 23 of these I have work at [redacted] Hospital. I go to work to do my best for all mothers and babies in our care and despite the negative representation of midwifery services in the local, and national for that matter, press surrounding Birth Trauma, I'm still proud to say in public that I'm a midwife at [redacted]

Whilst the public have already been able to have their say on this matter, we, as clinicians employed by NSW Health are bound by confidentiality and a Code of Conduct that does not permit public rebuttal of any claim. The fact that social media has taken this issue and ran with has distressed me and my fellow midwives greatly. We do not go to work to bully, inflict harm or traumatise any woman in our care. Neither do we go to work to be bullied, assaulted and traumatised by the people we are caring for.

[redacted] Hospital provides the highest level of Maternity care within our local health district. Women presenting in the antenatal period come with a multitude of complications, be they medical, obstetric or psychological. It takes time and skill to "unpack" and develop a plan to support a woman through what is for some a challenging and stressful period of their life.

The antenatal period is paramount in preparing women for birth. Not only is a multidisciplinary approach required it requires time, a lot of time. Clinics require staff that can support all women, especially those marginalised, so women come to birth relaxed, engaged, educated and prepared realistically with having the need to source the internet for a birth plan that doesn't suit their particular physical or mental health needs.

Over the years our antenatal 'High Risk' clinic has developed specialized clinics supporting women with Gestational Diabetes and women wishing for a Vaginal Birth after Caesarean Section. As well our support for adolescents during pregnancy is exceptional. Some of the changes within the clinic system has come from women who have birthed with us previously, showing we do listen and take all feedback seriously.

Debriefing postnatally is a crucial part of any birth, especially when things don't go to plan. This should happen prior to discharge and all issues openly discussed. As a result of post-natal feedback, we have developed a system where every woman who births with us receives a follow-up phone call within 6 weeks of discharge.

A point of not about "Birth Plans" is warranted here. I, a long time ago was pregnant. Those days being pregnant in your late 30's was a rarity, unlike these days and I had a birth plan that my husband had to remember verbatim. Having witnessed several very traumatic in the truest sense of the word I was not going to risk my very precious baby's head being torn or worse. If I couldn't voice it myself, he had to recite if told that I required a Vacuum to be used "No Mum wife doesn't want a vacuum, she wants a section". Happily, no interventions were required for either of my children.

A birth plan can be a wonderful guide and a great introduction of yourself to your midwife but, that beautiful water birth is not going to happen if at 36 weeks you have been assaulted,

your placenta is abrupting, you're bleeding so much that your baby and you stand a good chance of dying.

Within our hospital we have and excellent home visiting programme for discharged mothers and babies and

Regrettably, we only offer a hospital-based model of care. The development of Midwifery Group Practises, Birth Centres and availability of publicly funded homebirth programmes may decrease the perception of birth trauma they do cost money and do require qualified staff.

Not only am I concerned with the impact that the negativity surrounding the need for this inquiry is having on the local midwifery and obstetric community, many senior, highly qualified midwives have voiced concerns about continuing in the profession in such a toxic public environment, I worry about the impact it will have going forward on young people wanting to go down this professional path. Do they have second thoughts because they don't want to be publicly vilified when things don't go to plan.

Having been through the Garling Inquiry back in 2008 I do hope that something constructive comes out of this current inquiry. Not only for the women experiencing trauma but, for the clinicians but also for the wider midwifery and obstetric community in general.

It is tragic, that some women still feel despair 20 years following a birth that they experienced trauma and I hope that in the future resolution of such incidents will be dealt with in a timelier manner.

I make this statement of my own free will. I give consent for it to be used within the inquiry.