

Submission
No 1058

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 15 August 2023

Partially
Confidential

Hello I am working within a regional NSW Health Public Hospital as a rotational midwife. I commenced my career as a midwife excited to be supporting people along the way to becoming parents. When I was studying to become a midwife & was employed by NSW health within the capacity as a student midwife. This is significant to note as my entry into this profession was one from the start riddled with unsafe and unrealistic expectations. As an inexperienced clinician students are counted in the numbers to make up the ever growing short falls within the profession. Women's experiences were not valued enough to have sufficient support & expertise caring for them. From the beginning of my transition into midwifery I quickly understood this career was rampant with entrenched mistreatment of women.

I witnessed women have fragmented & contradictory care which did not account for the unique individual self. Women were treated as another number to get through the system rather than taking note of their background, beliefs and wishes. Women within the hospital system are not encouraged to think for themselves, ask questions or understand the long lasting implications of the potential or real recommendations. The system is not designed for women's bodily autonomy.

- Antenatal: - fragmentation of care, no trust or understanding of the women's health literacy needs, consideration on how we share information as adult learners & introduce shared decision making into common practice.
- Intrapartum: Paternalistic prescriptive care rather than considering the birthing person as an individual & explaining interventions accordingly. I have seen women cry out in distress from interventions such as instrumental delivery without their consent. I have witnessed a doctor do VE's without informing the woman or asking for consent. I have listened to women beg for the baby to be cut out of them rather than enduring anymore fear of unknown interventions. Obstetric violence has grown from an inability to respect & understand women's right to bodily autonomy. I've buried memories of women crying out in distress after being told their baby will die if they don't go for a cesarean.
- Postnatal: Women are then moved onto an overworked & busy maternity ward where they are lucky to see a midwife for 10 mins a shift, for mother crafting support between medications, vital observations, medical rounds and coordinating discharges. The medical rounds often include documentation that women have been formally debriefed on the interventions within their birth, however this is a false rhetoric. The medical teams understanding of debriefing is rationalising of the interventions needed for the birth of the child. This is not emotionally intelligent, trauma informed care.
- Unfortunately home support & follow up is non-existent for many women. Only those who discharge early before 48 hours get follow-up from the hospital. In my experience in their own home women are able to process what has happened & only then can safely begin to ask questions about what might have transpired. I have sat with women in their homes in tears trying to wrap their heads around what has happened whilst also trying to transition to parenthood.

Proposed Reforms:

- Expansion and access to an on call midwife for early pregnancy care through EPAS (for the provision of early support for pregnancy loss)
- Funding for standardized well written guidelines for professional practice across NSW Health similar to QLD Health Guidelines NOT health area wide as these are significantly swayed by personal bias rather than evidenced based practice
- Expansion of funding for continuity of care within a model such as team midwifery or MGP with revised workloads for midwives - 26- 30 births a year & care to extend to 6 weeks of life
- Revision of MAPS models & midwifery led care to ensure postnatal follow up is present.
- To mitigate birth trauma we need highly skilled midwives able to debrief individuals on their experiences & also incorporating trauma informed care to all midwifery practice.
- Mandatory clinical supervision for all clinicians involved in maternity care, similar to psychologists