

**Submission  
No 964**

## **INQUIRY INTO BIRTH TRAUMA**

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## Birth Trauma of a Midwife and Mother

Firstly, thank you so much for taking the time to read the stories of so many women and their families. As a registered midwife of 10 years and a new mother I cannot express my gratitude enough. I will briefly share my experience as a midwife and also, more personally, as a mother birthing her own baby.

I witnessed women experience birth trauma and obstetric violence very early on in my career, right from the beginning in fact as a student midwife. The weight of these women's experiences only hit me years later as I gained confidence and began to question the toxic work culture in which I worked.

As a student midwife I developed huge anxiety around caring for women in labour. I was so afraid of what could go wrong and the trouble I may get in if I didn't "manage" a woman's birth appropriately. Everything I had learned about birth at university (that it is a normal physiological process, that women's bodies know what to do, that it is not intrinsically dangerous, that we should be keeping our hands off and respecting the women we were caring for) was absolutely not reflected in the practice at this particular hospital (and others I subsequently worked at). I remember sitting in a meeting with the Birthing Unit Midwife Unit Manager at the time, sobbing to her, telling her that I felt as though I was "destroying women's bodies" and begged not to return to the Birth Unit rotation of my placement.

Women were constantly booked in for inductions that had no medical indication, often based on the fact that there were limited "spots" available in the hospital at the time. This would often lead to a huge cascade of interventions and the over-medicalisation of women's labours who had otherwise experienced a fairly straight forward and low risk pregnancies.

Many of the doctors in particular had an awful approach to women. They seemed to view themselves as "all-knowing", rarely respecting what women felt or thought. Consultations and gaining consent would often look like coercing or scaring women into making a decision that suited their agenda. I often think that deep down many doctors are scared of litigation, and therefore take the approach where they feel most in control (induction of labour, episiotomies, forceps and vacuum births, and caesarean sections just to name a few). I feel for them and for my fellow midwives. In hospital setting we are so often making decisions based off fear and "what-if's". We are constantly told to document everything carefully just "in case".

Women are rushed through busy antenatal clinics and are barely given the chance to ask questions, and if the opportunity does present itself I feel as though many women are too afraid to speak up. Decisions are often made for women, rarely in consultation with them. Yes, consent is usually "gained", but there is often bias in the way information is presented to them and they don't realise they have a choice.

Almost all women I speak to about their births use the phrase "I had to". "I had to have an induction", "I had to have an episiotomy", "I had to be separated from my baby". I don't think many of them realise that they had a choice. I have worked predominantly in a

postnatal setting and would often hear doctors and midwives tell women they “can’t go home”, as if the hospital were a prison and women were completely incapable of making safe and wise choices about their bodies and their babies. I have witnessed women get threatened with a referral to the Department of Communities and Justice for simply wanting to decline what was viewed as “routine procedures” (for example, antibiotics in labour, particular monitoring etc.).

Some specific examples of obstetric violence still sit with me. On one occasion, I witnessed an Obstetric Consultant perform an episiotomy on a woman without her consent and without any pain relief. This occurred when I was a new graduate midwife and I wish I’d had the confidence to say something at the time.

This next example still makes me cry when I think about it. I was caring for a woman in labour and the decision was made for her to have a caesarean section. What often happens, particularly when it isn’t a huge emergency situation, is a woman will wait in a hospital bed in a small bay outside of the operating theatre. There are many nurses, midwives, and doctors walking in and out of this bay. I remember standing and waiting with this woman I was caring for (I was a student at the time) and I witnessed a male obstetrician perform a vaginal examination on her without her consent. What this looked like was him lifting up her bed sheets and inserting two of his fingers in her vagina to assess her cervix. She was exposed for everyone to see. Once he had finished the examination he left the bay and the woman began to cry. As an inexperienced and shy student, I did not know what to do. I later read this woman’s antenatal notes and found that she had disclosed a history of sexual abuse. As I sit and write this, I still cannot believe that I witnessed this woman get abused again right before my eyes – and I did nothing about it because I didn’t know any better.

I will briefly touch on my own birth experience. I knew for a long time before I fell pregnant that I did not want to birth my baby in hospital. I did not feel safe there and I knew many policies and decisions were not made based off good quality evidence. I knew doctors often ruled the roost and would, at times, make decisions that suited them and their bias. I had seen too many women’s experiences become over-medicalised and often felt that as I postnatal midwife I was left to pick up the pieces of broken women and families. I so desperately did not want to become one of these broken women.

I sought out the care of a private midwife and was hoping for a homebirth. The care I received during my pregnancy was incredible. I was seen in my home and was always empowered to make my own choices. One fear I had early on was that I would grow a baby too big for my body. My husband is much bigger than I am and I had experienced fellow midwives constantly telling me to “book in a caesarean now” when they would see photos of he and I together. My beautiful midwife constantly reassured me that I would grow a baby I could birth, and after a few months I had total faith in my body and my baby. I knew that my baby was the perfect size (which she was).

My waters broke before labour started (which is really not as common as people think). I, of course, was excited, but I was also extremely concerned that I would not go into labour and would have to go into hospital for an induction. I am certain that this fear impeded my body’s ability to relax and labour on its own. After a few days of labour starting and

stopping, the decision was made to go into hospital. I still have regret over this decision. I know I shouldn't, but it's hard not to when what followed truly did leave me scarred. My midwife was unable to come with me as she was caring for another woman in labour at the time.

The first doctor I came across in the assessment room looked at my husband and immediately told me that my baby's head was too big (purely based off my husband's stature and palpating my uterus). My fundal heights were tracking perfectly and there were no signs that my baby was not going to fit through my pelvis. This was the start of multiple midwives and doctors commenting on how big my baby was, almost always after looking at my husband first. It was such a stark contrast to the conversations I'd had with my midwife.

Eventually, I agreed for my labour to be augmented (like an induction). I was deemed to be progressing too "slowly", a concept which I was extremely familiar with. An Obstetric Consultant entered the room and told me "it's going to be a caesarean". What came after this comment was both one of the most empowering and frustrating conversations I've ever had. I told him no. My baby and I were both fine and healthy and there was no clinical indication for a caesarean. He then proceeded to give me completely incorrect information with absolutely no evidence to support his claims that "it's safest if we do it now rather than later". I later spoke with a midwife who had worked with this doctor before and found out this is a common occurrence for him. It was approaching 10pm and apparently this was when theatre staff would go home and the option for a caesarean at a later time became a little trickier. Basically, I am certain I was offered a caesarean for this doctors' own convenience and not at all because my baby or I were in any danger.

Although I was confident in declining the caesarean, the conversation still flustered me and I agreed to have an epidural. Again, I have such huge regret over this decision as I was managing the pain really well and felt in control. The doctor then proceeded to tell me that "if you're not fully dilated in two hours, it's a caesarean". Writing this and reliving it all again I am infuriated at the language that was used. As if he had any right to make a decision over my body. There was never any discussion, never any other options provided, no evidence, not statistics, no pros, no cons. Just "this is the way it will be". Again, I said no.

I was relieved to see the shift change and a new doctor. He was lovely and spoke to me with tenderness and respect. I felt as though we made a plan in collaboration with one another. He gave me his opinion and he gave me options, but ultimately, he empowered me to make my own decision.

By the time it was time to push my baby out all I could think about was the countless women I had witnessed trying to push their baby out with a dense epidural block, unable to feel anything, only to end up with a caesarean section. I was so afraid of this. I had no confidence in my ability to push and asked the doctor if he thought I could do it. I wish I hadn't. He said no and was confident in performing a forceps delivery. "Anything to avoid a caesarean" I thought at the time.

In the end, I had a forceps birth with an episiotomy which cut through an artery. I lost 1.2L of blood. I had an extremely bruised baby with open wounds on her face. I had a catheter

for two days. I suffered uterine, bowel, and bladder prolapse of which I'm still receiving Physio treatment for. I still have trouble with urinary incontinence. I had antibiotics from a spike in my temperature which in hindsight was likely from the epidural. I was overloaded with IV fluid. I represented back to ED 5 days after birth with my heartrate dropping into the 40's likely due to the increased fluid in my system. I was unable to carry my baby or walk comfortably for over 6 weeks. I cried daily from the pain and discomfort. I grieved the birth and postpartum I desired. I envied the time my mum and husband spent with my baby as they cared for her in the way that I couldn't. And I lament the fact that I experienced the trauma I so desperately tried to avoid.

10 months on, I still have a lot of work to do when it comes to processing my birth experience. I've booked in to talk to a counsellor to try to work through it all.

For me, there was a lot that contributed to my traumatic birth. The constant obstetric violence and birth trauma I witnessed every day at work played in my head constantly during my own labour, and ultimately lead me to making decisions based out of fear. Fear is not a friend of labour. Women need to feel safe, and I did not. I was so afraid of a system that fails so many women, so much so that I don't think I was ever able to completely surrender to what my body needed to do in labour.

I hope you managed to make it to the end of this. Thank you for taking this seriously. Regardless of how many submissions you get, I am telling you that something needs to change.

We need better ratios in all areas of maternity so women aren't rushed through the system. We need continuity of care. Midwives and doctors need ongoing education around birth trauma and how to approach women with respect (and they need to be allocated proper time for this education). There needs to be a push for hospital staff (midwives, doctors, students etc.) to report any malpractice or abuse towards women (whether that be physical or verbal), and the reporting system needs to be quick and easy. Midwives and doctors are already inundated with paperwork and forms that take them away from the women they are caring for. We need evidence-based policies that are regularly reviewed, not ones that are purely based off knee-jerk reactions, fear, and workplace culture. We need midwifery lead units and models of care. We need genuine respect for women and to recognise them as the experts of their bodies and their babies.