

Submission
No 978

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 14 August 2023

Partially
Confidential

Birth Trauma Submission

Expressing the intricacies of this matter and recounting distinct instances of birth trauma is challenging, given the sheer multitude of experiences I have witnessed. Regrettably, over the years maternity care continues to deteriorate, with a career spanning over six years as a registered midwife, it pains me to acknowledge the downward trajectory. Despite women arming themselves with knowledge about birth trauma, their entitlements, and the ideals of childbirth, the realm of care provision appears to lag woefully behind. We have created a disheartening situation where women aspire to have birth experiences characterised by empowerment and informed choice, only to encounter a prevailing trend of highly medicalised interventions that often lack a solid evidential basis.

Throughout my time as a midwife across various hospitals and settings, consistent patterns have emerged. Women frequently express a sense of powerlessness, while medical personnel often hold the belief that they possess the prerogative to act in accordance with their interpretation of the patient's best interests. Moreover, it is evident that there is serious lack of proficiency in caring for women with physiological childbirth and appropriate management is not fully understood. The birth trauma I have witnessed and often felt part of, nearly always is due to one of these issues.

I have seen women have episiotomies cut or vaginal examinations performed, without their consent. I have seen women telling people to stop examining them and the practitioner continuing to do so, as they believe they are doing the "right thing". We have become so obsessed with preventing and eliminating risks, that we are completely neglecting the focus, women centred care. Women want choice, women want to be respected and women want to be heard. It is incredible that multiples have better outcomes birthing at home in comparison to hospital. What are we doing to women in hospitals to create such starkly opposing statistics? Pregnancy, labour and birth is not black and white, it is not a one size fits all – I understand that this would be convenient and make for a more predictable situation, but it is not the reality. Guidelines that are meant to guide our practice and support us, have become rules and polices that are not allowed to be strayed from. We have lost the ability to see women as individuals and instead, we stick them on a processing line and remove the real essence of birth.

A major driver of the birth trauma I've observed is the insufficient grasp of physiological childbirth. Despite working in _____, catering mostly to a healthy, low-risk demographic, the prevalence of interventions remains strikingly high. Spontaneous vaginal births have become the exception rather than the norm. Midwives are not used to their full scope of practice; we are autonomous practitioners who are experts in normal birth – yet we are being undermined and overruled by practice that is supported by fear rather than evidence. We are so lucky to live in a country where we have readily available access to obstetricians, experts in high-risk care. However, they are entering into the sphere of normal birth, without the knowledge and education to practice appropriately. We have private obstetricians taking on low risk women and intervening, making decisions motivated by money and efficiency, rather than women centred care.

Women shoulder unwarranted blame for interventions, often burdened with the responsibility. The phrase "failure to progress" echoes persistently, unjustly attributing the failure to the woman's body, when in reality, it's our system that falls short. Private obstetricians have even resorted to inducing labour prematurely due to personal plans, or conducting emergency C-sections to meet personal schedules.

I constantly witness midwives caught in the trap of wanting to advocate and care for women, whilst being pressured by the system to intervene and provide service centred care. Midwives are leaving the profession at a terrifying rate and it is because we have had enough. We have had enough of seeing women traumatised and abused on the basis of it being “urgent” or “necessary”. Midwives are the ones who sit and hold their hands afterwards and try to piece back together women and their partners who have had their birth experience stripped from them. It is exhausting wanting to do the right thing by women but having to face scrutiny from medical staff for doing so.

This is not an issue that will change overnight, but it is something that we can easily work on and change, it is all about listening to the evidence.

- Use midwives to their full scope of practice.
- Increase midwifery continuity of care programs.
- Ensure proficient knowledge of physiological birth.
- Refine an obstetrician’s role in maternity care – only necessary with high risk women.
- Normalise homebirths and homebirth midwives, either helping to provide insurance for midwives or help to integrate them into public health care.
- Change the way obstetricians are billed, removing the temptation for money motivated practice. Obstetricians should be employed the health service or receive an annualised salary that is not based on what kind of birth they support.
- Listen to women and their experiences to continually improve maternity care.

I hope to have a long midwifery career and want to see that outcomes for women and babies improve, without negatively effecting women’s experience of pregnancy and birth.