

Submission
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INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

To the courageous members of parliament that are willing to help bring an end to birth trauma and obstetric violence, I am writing to you as a mother and a midwife.

Women are the centre of the family, without strong and confident mothers the whole family will suffer. Families suffer, communities suffer, the next generation suffers and so on.

Not only do women deserve to be the centre of their health care, it is a basic human right.

Women are given freedom in Australia to make choices about their health care in all areas except when they become pregnant.

Suddenly pregnancy gives health care providers the right to use coercive and fear mongering language that would never be spoken to a woman otherwise.

“Your baby will die if you don’t do what we say”

“You are putting your self and baby at risk”

“How are you going to feel if your baby dies?”

Just a few of the disgusting statements I’ve heard thrown at women who choose a different path than the one paved by the obstetric hierarchy.

Many of these statements are not backed up by any statistic of that actually happening.

Telling a woman that her baby will die without this induction is not the same as saying continuing pregnancy would increase your risk of still birth by x%.

Informed decision making that includes the woman and her family is the standard of care that should be given to all women.

Instead information is generally one sided, not based on good quality evidence and steers the woman to conform to the agenda of that clinician.

I 100% believe that no one goes to work to do harm, it’s being done without realising it.

Our caesarean section rate has increased to 36% in Australia, 10% is the world health organisations recommendation. Suddenly we have 1:3 women in Australia not able to birth their own baby, how is that possible?

The fearful language, horror stories and Hollywood depictions of women in stirrup screaming in pain is all the knowledge many women have going into pregnancy. Coming into pregnancy with little knowledge of birth, little knowledge of their own power, women hand over their autonomy to the people society believes to the authoritative knowledge around birth - obstetrics.

Generations of women have missed out on seeing birth in the community, witnessing and passing down their skills and wisdom.

Instead we are made to believe that birth is dangerous and hospitals and doctors can save us. And yes sometimes they do and that is so amazing, but for the majority of women that is simply not the case.

Despite the rising intervention rates, the perinatal infant mortality rate (including still birth and neonatal death up to 28 days) has not improved, it has actually risen. We are seeing sicker mothers and sicker babies, trauma rates are rising and women are left feeling broken.

The amount of women I've have seen forced into an unnecessary induction - mostly because they were not given evidence based information. This leads to the cascade of intervention. Sometimes painful and lengthily stays in hospital trying to make her cervix ready for labour, multiple vaginal examinations. Constant monitoring. Synthetic contractions. In normal labour oxytocin comes from the brain to cause contractions. This also gives the woman natural pain relief and good loving feelings. Synthetic contractions brought on by syntocinon do not cross the blood brain barrier, do not have pain relieving effects and in turn makes labour much more painful. To cope with this most women end up with an epidural. Epidurals can increase the need for assisted vaginal birth with episiotomy and caesarean section in first time mothers. Synthetic oxytocin is the leading cause of fetal distress in labour, forcing women into accepting a caesarean section to 'save' the baby, when in reality we have put that baby in the position to need saving.

Short staffing and no beds allows the hospital to treat birth as mechanical event that can be forced, influenced and manipulated to suite the acuity of the service.

If a woman comes into to hospital too 'early' as a midwife we feel like we need to do everything to get them home until they are in active labour. We tell women its better and safer to labour as long as you can at home, only for the simple fact that if they don't have a baby on our made up time parameters they will be coerced into augmentation or induction because they are taking up space. We simply don't have the beds or the staff the care for these women. This type of health care does not serve women.

We have all the evidence based information to help improve maternity care. Continuity of care with a Midwife. Continuity of care with a midwife is the only proven intervention to reduce the still birth rate. Instead of this simple and cost effective intervention, money is being spent on over prescribing antibiotics, ultrasounds, inductions and caesarean sections.

I work in a tertiary referral birthing unit. I understand that obstetric intervention saves lives and we are so incredibly lucky in Australia to have access to this amazing care. I just wish it was reserved for those who actually need it. What we need is to bring birth back to women, back to the community and stop trying to over complicate it. Low risk women should be receiving care in the community, birthing at home and mothering in a community. Women with actual need and risk should be birthing in the hospital system with the competent and compassionate professionals.

Pregnancy and birth is about creating mothers and families. Welcoming a baby into your life should be the most magical and transformative experience of your life.

Standard maternity care measures health in one dimension - physical. If the mother and baby walk away from the pregnancy physically 'well' then that is a success.

I think we can do better than that.

We need to start prioritising the women's social, emotional and spiritual health along with the physical as the principal of health.

As a midwife who works in a high risk birth unit, one would assume that I would want to birth my own baby there - because hospitals are the standard of safety right?

My first reaction to seeing those 2 lines on that pregnancy test was to email a private midwife and begin preparing for a home birth.

Despite the shock and fear on the faces of my family and friends when they found out I was planning a home birth, I knew I had the insider knowledge to a great pregnancy and birth, no matter the outcome.

There is so much evidence to support home birth for low risk women that they have stopped researching it!

I found my midwife she was able to provide me with everything I needed during my pregnancy.

We discussed the pros and cons of every intervention that was on offer to me. I was asked "would you like to be tested for gestation diabetes?" Not "here is the form for your 75g GTT that you will do at 26 weeks for diabetes screening". Nothing in my pregnancy or birth was forced on me. I never felt pressured to make a decision that I didn't feel 100% comfortable with. Everything was an open discussion that I was provided evidence based information on.

Appointments were in the comfort of my own home. Not waiting hours in a plastic chair for a 10 min appointment that would be standard in a public hospital.

Appointments were spent getting to know each other, education and ensuring my psychosocial needs were also being met. Of course the standard physical assessments were offered.

I went into labour spontaneously - never the need to talk about induction at 36 weeks "in case you go over".

It felt so comfortable, so natural to be in my home in labour - like it was always meant to be that way.

No bright lights, no one asking me questions that they should already know if they had known me.

No monitor strapped around me forcing me on my back on an uncomfortable bed.

My midwife appeared at my side, asked me if I'd like to listen to my baby, which of course I was happy to.

Everything was fine, like it usually is when you allow physiology to unfold.

My birth didn't go exactly how I had imagined it, but I walked away with the confidence to mother my baby. I walked away without trauma. I put this down to the simple fact that I had continuity of care. I was listened to. I was respected at every moment.

This is what every woman deserves and I'm sure that if they received the respect and care that I did I wouldn't feel the need to be writing to you today.

It's time to shake up maternity care. Start listening to women.

Stop the unnecessary interventions.

Work in collaboration with the women as the expert in her own body and baby.

One woman, one midwife as the standard of care.

Bring birth back to the community.