

Submission  
No 1083

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

10/08/23

## Parliamentary inquiry submission – Birth Trauma

Dear inquiry body,

I'm a second-year midwifery student attending placement at a tertiary referral hospital in NSW.

During my placement, I have witnessed many episodes of (what can barely be called) care that I have found deeply distressing. In these experiences I have seen women be; coerced into accepting procedures, encouraged to accept intervention without appropriate evidenced based investigation, threatened, their babies be threatened, and sexual assaulted.

I remembered when an obstetrician walked into a room and say to a woman that she was not progressing, and they would not be leaving until there was a plan.

I remember the time when during a caesarean, I was passing the baby to a woman and the obstetrician shouted that they wanted quiet and could we stop making so much noise...this as the women is meeting her child for the first time.

I remember seeing midwives put their fingers inside womens vaginas without consent.

I remember midwives touching women's bodies without consent.

I remember hearing obstetricians state that if a woman does not comply, and wear a CTG monitor, that her baby will die.

These experiences stick with me as instances where we have failed to care for women and instead capitalised on the power imbalance that exists between women and the medical system. Where the emotional and phyco-social experiences of birth have been dismissed and forgotten.

As a student, witnessing these violence's against women's is mentally and emotionally exhausting. I didn't sign up to midwifery to traumatise women. I came to midwifery because I value the power birthing women have and wanted to be an and agent in enabling women to access this inner power. Instead, I find myself with internal conflicts knowing that I represent a health care system which systematically robs women of empowered birth.

These issues are larger than a single facility. It's not about one bad obstetrician, or one bad midwife. It's about the fundamental devaluing of women's experiences. It's about a systemic failing to conceptualise birth as more then just a live baby and live mother. We need to stop seeing birth as a dangerous phenomenon which needs to be managed by medicine.

I look ahead at my midwifery journey and know that the hospital system is not something I cannot be a part of long term. These experiences solidify my resolve in providing midwifery

outside the system whether it be private antenatal, birthing, postnatal, or lactation services I am yet to decide. What is clear to me, is that the trauma women experience is not isolated to the women, or her family, but extends deep into all facets of society.