Submission No 1115

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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My voice as a midwife and Birth Trauma

I have been a midwife for over 36 years now. Currently I am working in a remote setting at a small hospital.

I am often traumatised at what I witness as a midwife especially in regards to the local first nation women.

I work in a place where the GP OBS are often quite junior and making decisions with little to no accountability except among their own junior peers. They do consult with an obstetrician from a larger tertiary hospital when considering inductions etc. This obstetrician is only given the clinical picture as the GP Obs sees it. There is usually no midwife input in this clinical picture and decision making except when needing to consider staffing. Therefore, inductions can be booked with no midwife input at all. I have seen inductions commenced for a touch of BP, or borderline AFI, or LGA diagnosed on a 38 wks scan. If these women are primips they very often end up with an LUSCS.

The first nation women that birth at this hospital are flown in to town at about 36wks Gestation. On arrival they are given a growth scan and then a further growth scan at 38wks gestation. These scans are attended even though previous growth scans were normal. The results of these scans often lead to further scrutinising of the baby's growth or amniotic fluid and very often will lead to a timely induction before term. The concern is that while these women are in town the DRs feel the need to investigate and then very often intervene. These women are already stressed as they are away from home, and all the extra investigations also adds to their stress levels. This is hard to balance when these women are so far away from their families and their homes. An induction or Caesarean always appeals to these women as a hopeful earlier discharge and going home sooner. Our caesarean rate sits at around 35% and sometimes higher. This is with ACM A and B women.

One woman I cared for and my reflections of her birth space:

Another concern I have working in this environment is the amount of Obstetric violence I witness when supporting most women in this place. Recently I cared for a First Nation woman who was a G1P0, only risk factors were GDM diet controlled and a smoker. She refused continuous monitoring so I was listening to the baby approx. every 10mins or as she would allow. She was progressing in labour quickly and quite challenging to care for at the same time. She had been refusing womans checks (VE's) and I was respecting this. My observations were that she was obviously progressing by her behaviour and was beginning to have signs of second stage with grunting and occasional slight perinaeal bulging. She continued to decline womens checks and I had to respect this.

The GP OBS hung around for second stage and pestered this woman for VE's. I had already told the GPOBS that she had been declining VE's despite me explaining to the woman why I felt it was important to have that information.

Her second stage only went for a total of 2 hours (this is considered normal for a first-time mother). The DR was concerned it was too long. She had a total of 3 VE's in her second stage by this DR. FHR had been auscultated after most contractions. This poor woman got up off the floor and the DR assumed that she was happy for the VE. I did check with the woman if she was happy for the DR to continue but the woman ignored me, and the DR ignored me. She continued with the VE and forced this on the woman. It was like the woman was just giving up at this stage and possibly wanted to please the DR. Interestingly after this her contractions slowed down and the signs of second stage were less obvious. Her labour, in my opinion, had been removed from her by this DR's intervention/violation.

The next thing the DR took over and she wanted to begin syntocinon, then at delivery this Dr did an epiosotomy (3 attempts) and then tried putting on the suction cup on a baby's head that was already crowned.

At the end of this birth, I was furious and still am. I do not want to stay as a midwife. I can't advocate in the birthing room when DR's and sometimes midwives are violating women. When I speak up to advocate, I feel like I am also violating her, especially if she needs to just submit as it is easier to do so.

This is just one story that I feel live often as a midwife with many women, and my heart is struggling in this birthing space. After a career as a home birth midwife and group practise midwife I am now looking at leaving the hospital environment. It is so hard to protect the birthing space when the women are not respected and neither are the midwives. I am being abused as much as these women are.