INQUIRY INTO BIRTH TRAUMA

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NSW Birth Trauma Inquiry Submission

To whom it may concern.

I have been a birth doula for 17 years. In that time I have implemented over 25 "Birth Trauma Release" sessions for pregnant women needing to release trauma from their previous births, mostly due to poor treatment from hospital staff, along with unplanned and unwanted caesareans. Most of these women's journeys started with being induced for being past their due date and the resulting cascade of interventions.

As a doula I have attended 106 births and witnessed hospital staff use fear tactics, lie, bully and coerce women into undergoing often completely unnecessary medical interventions during pregnancy, labour, birth and postnatally.

Far too often I see examples of non-individualised and non-evidence-based care routinely done to women in order to tick the boxes of impersonal and routine hospital policies. This includes midwives and Drs telling women their babies will die if they don't agree to inductions, and to continuous foetal monitoring in labour, coercion to give vaginal exams to women with a history of sexual abuse, non-consensual stretch and sweeps and "accidentally" breaking the waters during vaginal exams, denying women access to their babies in recovery after caesarean sections, and kicking out birthing partners and husbands after long births due to being outside of visiting hours.

I can only surmise that this low standard of care is because of poor staff education on informed consent, low staff to women ratios in their care, and a toxic culture of patriarchal hierarchy between Drs and midwives, misogyny towards women in the maternity hospital system, and a lack of recognition of the importance of women's partners as support in the birthing room and the postpartum experience.

Conversely, I have noticed that women who have their babies at home, tend to experience far less cases of trauma during their births, because they are at the centre of the decision-making process, they feel safer, and are far less likely to be coerced into making particular medical choices.

The recent BEST study shows that 1 in 3 women experience their births as traumatic. This can cause postnatal anxiety and depression, PTSD, marital breakdowns and a stressful introduction to the mothering journey, so this poor treatment of women in hospital during pregnancy, labour, birth and postpartum needs to change immediately.

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Some suggestions on how to implement positive changes to prevent birth trauma include the following:

- ~Bundled funding so women can choose their own lead maternity carer
- ~More access to all risk models of one-to-one / continuity of midwifery care and home-like birthing centres within hospitals and stand alone
- ~Obstetric violence to be recognised as a crime
- ~Mandatory hospital maternity staff education around informed consent and respectful care
- ~Hospital policies to be regularly updated to reflect the latest non-biased, evidence-based care
- ~A hands off approach to birth, unless a true medical need arises
- ~Elimination of post-dates as a reason for induction
- ~Higher midwifery staff to patient ratios
- ~Inclusion of the woman's partner as being important for support during birth and afterwards
- ~More access to publicly funded homebirth
- ~Medicare rebates for privately practising homebirth midwives for birth, not just for antenatal and postnatal care, so that more women can afford to hire them
- ~The removal of unnecessary red tape for homebirth midwives to train and continue their livelihoods, so that more women can access their care
- ~Transparent public hospital and private Obsterician stats to be published on their websites so women can make informed decisions on their model of care
- ~Stop closing down birth centres and maternity hospitals in rural areas
- ~More access and support for indigenous women to birth on country

Sincerely,

Virginia Maddock
Birth Doula @ Natural Beginnings

Virginia Maddock