

Submission
No 1006

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Obstetric Violence Submission

I am a 53 white middle class woman who completed year 12 in a private school.

I came from a rural background where my family were farmers.

I was born in a large city maternity hospital. My mother was a 21-year-old woman who birthed alone and unconscious due “the mask being strapped to her face”. I was born via episiotomy with use of forceps due to my young mother being unable to push and I was in foetal distress. I was resuscitated and spent 2 days in special care nursery being artificially fed, during which time my bed bound mother was unable to see me. My mother, a childhood sexual abuse survivor, describes feelings of powerlessness violation and failure. She suffered post-natal depression and our bond during my childhood was not strong. I was breastfed as well as formula fed but the breastfeeding only lasted a few weeks. I did not look to her for support or guidance in my life or pregnancies or births although she was always there. I believe this is because our birth story was so damaged our bond just wasn't there. We have a close and loving relationship now.

I've been a registered nurse since 1991 and a midwife since 1993. I have worked with birthing families in the city and small country towns always in hospital settings.

I was lucky to train in the hospital setting in a regional hospital just as university degrees were becoming mainstream. Our midwifery tutors were vastly experienced, and our learning was very hands on. I was very confident in my practice by the time I was registered. I had birthed 80 babies. I had learned how to support women and felt proud that they left with feelings of self-empowerment, success, strength and were physically and psychologically undamaged from the experience. They bonded well with their babies during their babymoon as they were never separated. They breastfed on demand because they felt so well and wanted to. During my training I witnessed most of the issues pregnancy and birth present and I learned identify when things were not going as they should and when the help of doctor was needed. I learned to have faith and respect, in the physiological processes of birth, as well as compassion and patience for babies and mothers, as together they negotiated the birth course. It was never my space to instruct coerce or dictate

their course. But to welcome, nurture, dim the light and stand by to support when needed. My philosophy was that under their own steam, in their own time, with feelings of quiet, love and safety, the mother and baby together could tread the course. Mostly this was the case and when the occasion arose where abnormality or tragedy did occur, I again would be there to support and nurture throughout the processes as continuity in these circumstances is vital for the family's wellbeing long term.

Sadly, I have witnessed professionally, the models of care slip away from these ways over my career, as increased medicalisation of pregnancy and childbirth has become the norm rather than the exception. It is treated more like a malignancy than a normal part of life these days. Women are disempowered, dictated to, bullied, coerced, and groomed to be compliant for fear of something going wrong. Their bodies are intruded upon unnecessarily as a matter of routine from the very early stages of pregnancy until the birth and beyond. Mother's bodies are forced to perform artificially and unnaturally without consideration to the role of the baby in the birthing process. Harms to both mother and baby physiologically and psychologically are common. It is rare to have a normal vaginal birth with an intact perineum and well feeding mother baby pair these days. They are forced to put on a brave face and perform to their well-wishers and social media all day and feed all night as their babies are over stimulated and unsettled their milk is slow to come in from all of the mayhem of their birth. They are exhausted and forced to leave hospital early to make way for the next bookings. They are often alone and lack support in the community. They are often never debriefed or are further harmed from the debriefing of the birth experience. They unknowingly go on to frighten other expectant mothers reliving the horrors of what happened to them. This is leading to the breakdown in women's joy and faith in birthing their families across generations leading to feelings of increased fear and increased medicalisation in the name of safety. We have systematically transitioned Maternal and child health from the supportive and successful matriarchal system it has been since the beginning of time, to a mechanised dehumanised patriarchal system that is unravelling the family fabric of societies all over the developed world by treating a life event and a disease.

I have got to the point I cannot bear to work with the system and fear for those beautiful young families who are having to negotiate the system.

Paying private health insurance, which is prohibitively expensive, leads to the greatest harms. Families pay huge sums of money to be continuously tested for everything imaginable until they are usually deemed high risk for one poorly informed reason or another.

They are then scheduled into the Obstetricians calendar for birth extraction at a time convenient for the system. They are booted out of hospital in poor condition and ill equipped to mother after a couple of sleepless, blurry days of constant poking and prodding, checking, and measuring, pain and discomfort. Public patients have greater chance an abbreviated form of normality in birth due to having mostly midwife care. But again, are forced to leave hospital before they or their baby have recovered or established their feeding. Most try to get into a midwifery care model. These are too few and are usually booked out or they are ruled out for medical reasons that can easily be managed by trained midwives with obstetric oversight. Private midwives are too expensive for most women to afford and are mostly not supported by the system but do give the best safest care for most women and should be the norm not the exception. Private midwives should be our main care source, funded by Medicare. Large numbers of private midwives should be the priority to reduce maternity system costs and improve perinatal outcomes short and long term. Midwives should be able to birth their mothers in the place of choice best suited to the mother and baby. The place of birth should be chosen by the mother and midwife together, whether that be home, hospital or free-standing birth centre.

Obstetric care should be returned to its rightful place, that is abnormal and genuinely high-risk cases and not the well and healthy.

The true reason why most women go to obstetricians is not for the care but for the facilities of private hospitals. Not birth facilities but postnatal facilities like accommodation, comfort, privacy, their own room with ensuite and most of all to be able to have their partner or support person with them 24/7. To have kind supportive hospital staff from midwives to doctors to kitchen and cleaning personnel. To access to wholistic multidisciplined postnatal care and support (lactation consultants, physio's, counsellors, massage therapists, postnatal and mothercraft educators). To have good food to nourish their bodies and souls. The postnatal period should rest and recover them. They should go home when they feel well and ready.

I feel so sad that midwifery which I love is so transformed that I can't bear to participate in it any more, though I'd love to. Traditional midwives should be preserved at all costs, to role model to our younger ones so they don't become mechanised robots detached from their birthing women and focused on surgical procedures and data entry.

The staffing levels are awful. Nurse patient ratios count mother and baby as one patient. In effect midwives have 12 -14 people to look after per shift. I've worked in places where this might even be spread across two wards! The mothers are usually post op with caesarean rate at 45% or they've had instrumental deliveries after long painful artificially induced labours usually requiring epidural pain relief. They take a lot of recovery and are less mobile and need pain relieving drugs around the clock. Their breast feeding is often difficult due to immobility, pain and discomfort. Their milk production is delayed due to all of these factors and often lack of contact with their baby. The babies are sicker as they also have endured surgical birth and often weren't ready to be born. They are excessively mucousy or sleepy with jaundice due to their birth events and often won't feed well or settle easily. They gag and vomit for the first 24 hrs after Caesar's causing great distress to mothers who are frightened of them choking.

I actually prefer to work in general nursing at least there you have fewer patients, and they come into hospital sick and you can help them. Mothers and babies in contrast come well and are subsequently hurt by the system and then we grapple with trying to get them fit and able enough to discharge on day 2.

I am a mother of 4, birthing in 1996 1999 2003 and 2006.

My first birth was a positive and self-actualising experience. After helping so many mothers to birth, I longed to do it myself and it was every bit as wonderful as I expected. I was supported by my two best friends and midwife colleagues in our small country maternity hospital. The doctor did not need to be present but dropped by after the birth to say congratulations. I had been working in this unit for 12 months before my birth. My birth was completely physiological and unmedicated. It was a wonderful transition to motherhood.

As mother, I have experienced significant birth trauma with my second birth in a different small rural hospital. I believed I'd be fine to just communicate openly, and the midwife would support me as I supported so many mothers

before. I wrongly believed, being small and rural, the hospital would shield me from the dysfunction of larger hospitals. I was receiving share care with a local GP Obstetrician who supported me well throughout my pregnancy. I laboured beautifully walking the local shops, having lunch at the pub and walking again along the towns lovely river and booking into a motel to labour in privacy until time came to go to the hospital. The midwife, an officious newly graduated university midwife, who had previously been a ladder climbing RN. Took charge and barley spoke to me but took my birth plan and sat at the desk scowling. My husband helped me into the bath when the shower didn't work. The relief from gravity was great, even though the bath was the wrong shape for a birthing woman. I was very advanced in my labour so with eyes closed continued my own course. She demanded I get out of the bath as she didn't want the baby born in water and she couldn't see. I had to say no, even though I was not feeling like talking, let alone arguing. She badgered me continuously taking my focus from my birth. At one stage I begged her to 'please be quiet and let me birth my baby in peace'. She pulled the plug and said, "now you'll have to get out of the bath". Which I did with great discomfort. She kept bullying me to the point, I pushed before I was ready just to try to get away from her. I birthed standing up beside the empty bath exhausted and sad my birth had been sabotaged. My baby was flat and blue from the forced pushing and her faced was very contused covered in burst blood vessels including in her eyes. She needed oxygen for a minute or two to establish her breathing. The midwife continued to bully me throughout my stay belittling me about not knowing how to care for my baby for feeding too much and telling me over and over my knowledge was out of date. She even circulated a cartoon that berated a mother having a waterbirth who they'd pulled the plug on and laughed.

It took 4 years to recover from that birth trauma helped by my return to midwifery where I enjoyed birthing many babies in my small country town. When I had my next planned pregnancies 3 & 4, I went private with an obstetrician who supported midwifery practice. I travelled 8 hours to have this choice and spent time and a lot of money to accommodate myself and pay for a private midwife to be me accoucheur. I drove myself there and booked into motel near the hospital for my final check-ups from 39 weeks. I walked and swam every day in preparation and journalled and listened to beautiful music. I went into labour consistently at 41-42 weeks gestation. The Obstetrician was not involved in my births. They were completely physiological no drugs, of any

kind, at any stage were required. Both of these water births were in a small private hospital surrounded by trees and were beautiful empowering experiences, better than any other experience throughout my life to date. My Midwife, husband and all of my children were present, and we all welcomed each baby as they came and cared for each other together. We had a lovely big family room to stay with a double bed, ensuite and balcony to get outside. My children took turns to have sleepovers with me and the baby. The staff were lovely and the meals nutritious and there were always snacks and refreshments for those night snacks for mothers and children. Both times we stayed the full 5 five days and made the long journey home on day 6. I am forever grateful for having healed my birth trauma through having had those precious experiences with babies 3 and 4. It cemented for me the value of continuity of midwifery care with a known midwife in a trusted environment. This should be available to all families as a priority.

In summary for midwives and mothers, pregnancy and childbirth urgently need to be brought back to their rightful place as normal life. Birth desperately needs to be given back to women. The patriarchy had no right to take what wasn't theirs and damage it so badly and cast women as being inadequate.

Women have performed the roles as mothers and accoucheur's forever perpetuating the continuity of the human race.

Current systems in contrast are deeming women incapable of birthing independently which bodes poorly for humanity long-term.

It's the dominant patriarchy of medicine at the top of our medical model, pathologizing pregnancy and the mechanisation of the normal processes of birth, together with greedy economic systems that are doing so much harm. The levels of obstetric violence and birth trauma suffered by families and health workers alike must stop.

Man and woman together have created humanity and we should stand together with respect for each other's roles in the continuity of life at all stages. It seems inconceivable that our modern obstetric system of care is so draconian in its nature. It wrecks, of the stench of historical male dominated religions. Their domination and ideas of superiority over others. This seems hard to believe given our modern educated and secular lives, but its true.

So, what can be done to bring things back to the middle ground and protect families and birth workers from obstetric violence and birth trauma?

Over and over again research finds and anecdotes show continuity of midwifery care has the best outcomes and fewest harms. A mother thrives best, with a known midwife, in a place she feels safe. Continuity of midwifery care reduces obstetric violence and therefore birth trauma to women and families.

The continuity of midwifery care model also reduces obstetric violence and birth trauma to birth workers too. This in affect will maintain and extend our dedicated workforce, boosting their numbers and giving them longer careers in the birth space. There will consequently be higher midwifery productivity, fewer expensive and traumatising interventions and complex births reducing the cost to the public purse.

The continuity of midwifery care model for everyone while their pregnancy and birth are progressing normally is more financially viable than obstetric care and has greater outcomes for the system, families, and the workforce and this is clearly how we can reduce obstetric violence and birth trauma.

Thank you.