

**Submission
No 1134**

INQUIRY INTO BIRTH TRAUMA

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Date Received: 14 August 2023

Thank you for the opportunity to submit on this subject.

I am a midwife in private practice supporting families across Sydney who choose to birth at home. I am also the co-creator of Birth Time: the documentary. We made Birth Time partly in response to the stories I hear day in day out from women coming to me for midwifery care, who are choosing homebirth this time around due to abusive, coercive and traumatic care previously. The question we asked was "What would it take for all women to emerge from their birth physically well and emotionally safe?"

I have way too many stories to share. However, I will share one story from when I was a student midwife. I was caring for a woman who was being induced, her labour was taking a bit of time and she was declining further intervention. Nothing was wrong. A Dr who believed she wasn't going to have a successful vaginal birth said "ramp up the synto and make the baby declare itself". In other words, turn up the amount of syntocinon that is being given intravenously to the woman to induce her and cause fetal distress so that the baby's heart rate drops and she has to have a caesarean.

Our maternity system needs a complete overhaul. We have incredibly high rates of intervention that is not leading to better outcomes for women and their babies. 1 in 3 women are reporting that they are leaving their birth feeling traumatised by the care they received. Birth trauma, coercive care, obstetric violence, unnecessary intervention, a lack of informed consent are things I hear on a daily basis. We have a postnatal depression epidemic and the leading cause of maternal death in the western world is suicide. We HAVE to question what is going on and we HAVE to make changes.

We know that in any health care setting, relationship-based care creates better outcomes. Seeing the same GP throughout your life for instance. It's the same with maternity care. The majority of women can be cared for by midwives. If all women could choose to work in partnership with one midwife who provided them with continuity of care throughout their entire pregnancy, birth and postnatal period, more women will emerge from their births physically well and emotionally safe. All women should have their own midwife, some women will also need an obstetrician.

Please consider funding midwifery models of care that offer continuity to women. We know that physiology works best at home, fund homebirth so that it is an option for all women regardless of their socio-economic status. Currently it costs women \$6500.00 to have a homebirth, that cost is out of the question for a lot of young families.