

Submission
No 1165

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

I have been a registered nurse and midwife for nine and six years respectively. During that time, I have had burnout from work twice. And it was midwifery and not nursing that burnt me out. Because I am putting out fires the entire shift. One shift I had 12 women plus a few babies with a registered nurse. And I genuinely wondered if a mother and a baby might die or be traumatised because I was dismissed and nobody was listening. The team leader ignored me when I escalated a woman having an antepartum haemorrhage at 27 weeks, who was Vietnamese and had no antenatal education. Who was alone and could barely understand English. Who had an abnormal CTG and was bleeding heavily from her vagina. Who didn't understand what was happening and I had no way of explaining it to her in Vietnamese. Who eventually went to theatre and mother and baby were ok. (But how that woman and her partner wouldn't be traumatised from that experience is impossible).

I have worked with a lot of very vulnerable, incredibly strong First Nations women in the Northern Territory who speak six languages but barely any English. Who have grown up surrounded by obscene amounts of domestic violence and are statistically more likely to die in childbirth because of their ethnicity, their geographical isolation and the inherent racism of the healthcare system. More than 50% of these women (and girls) have experienced sexual violence, many as minors. Vaginal examinations for these women are an extremely difficult experience. And I had a registrar tell me that the woman I was caring for (Aboriginal, living in a women's shelter with her children due to domestic violence, a partner in gaol for violence against her, known history of rape, supported by her 12 year old daughter) had to have a vaginal examination even though the woman had declined and explicitly said she did not want any at all. I was pressured to coerce the woman into having one. The registrar also tried to force the woman into having one. She was told to f*** off by the woman. Because I refused to 'follow orders' I was made to feel like an idiot, a bad midwife and a dangerous midwife. There were many ways to handle that particular clinical situation, which we did, without an internal examination.

I have reached out my hand to snatch someone's arm away from a woman they were examining when the woman had cried stop and was visibly in pain and had withdrawn consent for the examination.

I have tried to talk to doctors and managers about avoiding an induction with no clinical indication on a fifteen year old girl because inductions involve more vaginal examinations and risks to mother and baby. And we should be avoiding anything that could necessitate such an invasive procedure on a child who has a history of child abuse, does not speak English and has grown up homeless. I was ridiculed and told to stop 'being so dramatic'. I cared for this girl during her induction, for which she did not give informed consent and was not given the opportunity to. There was no translator. No appropriate escort or support person. And she screamed and cried every time she had a contraction. I cannot imagine how traumatising that experience was.

The last story I will share is on behalf of my cousin. My cousin gave birth to her daughter at Hospital in August 2022. She had a normal pregnancy and a spontaneous onset of

labour. Everything was fine. She had good birth support from her family. However, she experienced the cascade of intervention. And during that time believes she was examined vaginally no less than twenty times. She eventually had a caesarean after a long, mismanaged labour. She has told me she felt violated, incredibly scared and very anxious as she lay on the table waiting for her daughter to be born. After the birth, she had barely any observations and no one showed her how to breast feed her baby. She was threatened with having an indwelling catheter reinserted despite declining another one (she is a nurse she understood the risks and benefits). She has told me in no uncertain terms that it was one of the most traumatising experiences of her life and she never wishes to birth another baby.

Thank you for reading my submission. Please listen and hear what women are saying about their experiences of birth trauma. It is real. It is avoidable. I do not want to be a midwife for much longer if it means being repeatedly exposed to vicarious trauma and being complicit in a system that harms women and their babies. This is Australia not the United States or South Sudan.