

Submission
No 1166

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Submission to the Select Committee on Birth Trauma

My name is _____, I live in _____, Northern NSW. I am 40 years old, a Midwife in a local continuity of care program, and mother to two son's aged 15 and 12 years. I gave birth in _____ Hospital, VIC in 2007, and _____ Hospital, NSW in 2011. I was not a midwife when I gave birth to my children, but am now a permanently employed midwife _____, NSW. My organisation provides low to medium risk care to women from a known midwife in either a birth centre or publicly funded homebirth setting. Our care begins at 14 weeks of pregnancy, and concludes at 4 weeks postpartum. Our rates of vaginal birth, low-intervention birth and breastfeeding are among the highest in the state, our caesarean birth rates and induction of labour among the lowest. Our customer feedback centres on women feeling known, heard, respected and well-informed throughout their experience.

I experienced my own birth trauma through inadequate access to evidence-based information, failure of the systems to facilitate woman-centred care and lack of continuity of care in both of my births, in two separate states. This indicates that the issue of birth trauma is not localised, but a widespread public health issue with immense ramifications throughout our lifetime, and that of future generations. I did not know what types of maternity care were available to me. I was not offered choice. I was never offered continuity of care, nor was any information provided to me about the fact that I could question healthcare provider advice, or decline interventions. I was coerced along the standard pathway to help the system tick along smoothly. My births were a cascade of intervention, something that just "happened to me", and it completely stripped away my self-confidence, my belief in my body and mind, and my ability to bond with my children in the early postpartum period. I was broken. Physically and mentally. My trauma enthralled me for years, requiring counselling, and will never leave me. I was robbed of the beautiful experience of birth that every woman and family so deserves.

As a midwife now providing continuity of care, I see that all that women are asking for is choice and agency in their own care, access to services they desire, and respectful, evidence-based woman-centred care from someone they know and trust. Our systems are predominantly obstetric-led services with a risk-based approach, using outdated evidence, bullying, coercion and misinformation to strip away womens' confidence and undermine their autonomy. The rates of induction of labour and caesarean birth are appallingly high, with maternal and neonatal mortality outcomes unaltered. WE ARE DAMAGING WOMEN, NOT HELPING THEM. Our system fails to recognise the psychological consequences of this high-intervention system on women, and the flow-on effects to their families and children. Rates of postnatal depression continue to increase, as birth trauma infiltrates the family space

of so many. Women carry trauma with them through their lives, trying to rationalise that the hospital was “trying to help them”. They are confused, traumatised, saddened and ANGRY. The direction our system is heading in is abhorrent. This doesn’t even scratch the surface of the problems with our system, but it is a beginning.

Midwives have been shouting this from rooftops, there is a solution. The solution is midwifery-led, continuity of care for low-to-medium risk women, and obstetric-led continuity of care for high risk women. The solution is provision of actual evidence-based-care to every single woman based on her own personal situation (not just cherry-picking evidence that suits clinician agenda and fears). We know that women who are cared for by a known midwife (or obstetrician if necessary) have the best birth outcomes, lower intervention, report greater satisfaction and experience less birth related trauma. The World Health Organisation states this. Cochrane Database evidence also shows that women birthing at home with care provided by registered midwives are no less safe than women of the same risk category birthing in a hospital. Women need to know the options available to them, they need access to all maternity care options within their community, they need agency and choice in all of their decisions, supported by a known care-provider who presents accurate, evidence-based, unbiased information. They need to be respected in their decision-making, and not coerced or punished due to clinician agendas or fears. Women’s bodies need to be seen as powerful and designed for the job of birthing, not treated as faulty or weak or slow or inadequate. Midwives need to work in a system that respects their expertise and enables them to provide the care they so desperately want to provide- continuity of care. The current cost to the healthcare system is astronomical, whereas healthy, happy, low-intervention birth would be cheaper, and significantly reduce trauma to women and families. We can achieve this.

The standard of maternity care in Australia is hideous. One in three women have been traumatised by their birth.

Women are telling us what they want. The evidence is already there.

Please listen.