

Submission
No 1179

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 8 August 2023

Partially
Confidential

8th August 2023

Re: Enquiry into birth trauma

Dear Members of the Committee,

I am writing to make a submission to your enquiry into birth trauma in NSW. I am a registered midwife practising in a large hospital in regional NSW. I have worked here as a midwife for 6 years, however I trained as a midwife in the UK and practised there for 15 years.

On a daily basis I see women experiencing traumatic births and I care for women postnatally who express varying degrees of trauma. One of the main reasons I see for this is that women are often coerced into accepting care that is not necessarily in alignment with their wishes and is not evidence-based. In many instances fear is used to coerce women into accepting interventions, despite there being no clear evidence for these. Women are coerced into diagnostic tests and scans, inductions of labour, continuous monitoring, prophylactic antibiotics and at the extreme end of the spectrum they are coerced into a surgical birth.

The women I have spoken to do not believe they are 'allowed' to make the choices that they would prefer to – they believe that they have to do as the health care professional has told them and they experience a pregnancy, birth and postnatal recovery in which they feel vulnerable, powerless and out of control.

There is clear evidence which supports midwifery continuity of carer and that midwife-led care is optimal for women who chose to have this. What we have seen is a pathologising and medicalisation of childbirth that has led to a staggeringly high intervention rate in which it is no longer possible for birth to be seen as a normal physiological process. Australia has an induction rate of over 40% with inductions being 'recommended' (coerced) for non-evidence-based reasons - often 'just in case'. What this leads to is traumatic experiences for women who undergo painful inductions, surgical births, increased rates of post-partm haemorrhage and perineal trauma.

All the evidence is there for midwife-led care, however the medical model has become so dominant that the idea of women-centred care is impossible to identify any more. The fact that over 1:3 women report birth trauma (with the figure most likely being far higher) is a clear indication that we need to change the dominant model.

As a midwife in the UK midwives were able to autonomously provide care to healthy women with healthy pregnancies and use their expertise and experience to know when to refer to the multi-disciplinary team. As midwives here are further deskilled and childbirth is pathologised we are now in a system where every single woman has an obstetric risk assessment which instantly undermines the process.

When I gave birth three times in the UK I saw only midwives for my antenatal care. I saw the same two or three midwives each time and they attended my homebirths. I made

choices such as not opting for the group-B strep swab and choosing to have my babies at home as I knew that these were safe choices based on evidence. As an educated, informed and assertive person I was able to make choices in my maternity care. There are so many women who do not have these skills or resources and as such they blindly go along with what they are told and often they accept that a traumatic birth is just par for the course. They are often brainwashed into thinking that a 'healthy baby and healthy mother' is the only objective. Whilst this of course is everyone's aim the fact that these women may go onto experience decades of trauma is not 'healthy'. A baby being born in a pool of blood with a women's legs in stirrups and an episiotomy that has not been consented to and masses of people standing in the room watching is not 'healthy'. A woman crying as she is wheeled down to a coerced caesarean or a woman screaming 'stop' as an obstetrician examines her vaginally is not 'healthy'. It is abusive, violent and terrifying. It is wrong. I have witnessed all these things in my time as a midwife and I feel ashamed that I have witnessed this.

NSW health needs experienced midwives like myself. The maternity system relies on midwives and I see more and more burning out and leaving the profession because they do not want to provide care in these circumstances. I have witnessed enough trauma, obstetric violence and assaults for a lifetime and am currently doing a course in counselling in order to be able to work with women who have experienced birth trauma and who need guidance on how to approach a subsequent pregnancy. I should not have to provide this service in Australia in the 21st century and it is a blight on the health service. No woman should go into hospital to have a baby and come away feeling traumatised, assaulted or abused. Sadly I know the demand for my services as a counsellor will be high.

Specifically I believe the following needs to be implemented:

- 1) All women in NSW should be able to choose a homebirth and be supported to do so.
- 2) All women should be able to access a Midwifery Group Practice model of care.
- 3) All obstetric units should have a stand-alone midwifery unit which is run by midwives.
- 4) Current guidelines and policies need to be reviewed and brought into line with current evidence. If there is no evidence to support a policy it should be scrapped – it is not simply enough to say this is what we do. For example induction of labour for 'big babies' is not supported by any evidence.
- 5) Women need to be given more information in choices and decision-making in childbirth. They need to be aware that they are allowed to say no to any intervention or recommendation. This is part of our duty of care to explain all risks and benefits as well as the fact that no recommendation is mandatory.
- 6) Health care professionals who coerce or use non-evidence based methods to encourage women to uptake their recommendations need to be disciplined.

We have an opportunity here to make a meaningful change – to look at the evidence and to say enough. Women deserve better. Babies deserve better. Please make the changes that will allow midwives to do what they do best – to be 'with woman' and that will enable women to make choices and decisions that are best for themselves and their babies.

Thank you for considering my submission. I am willing to be contacted further regarding this.

Yours sincerely,