Submission No 1033

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Submission to the Select Committee on Birth Trauma

I have considered long and hard about making this submission, and I do not feel like I can stand by and not share my experiences when women, their babies, and their families are left traumatised, injured and carry the burden of their pregnancy and births throughout the rest of their lives. Whilst I am not at the stage of having a baby myself, I have seen and supported many women through pregnancy, birth and the postpartum period in my role as a **student midwife** working within the NSW Health hospital system. Whilst this submission touches on a few points, there are many more examples and circumstances I have seen that I have not included, and I'm sure, many I have forgotten.

For context, I am currently based at one of the state's level six hospitals and arguably this should be one of the safest places for women to receive care and have the experience of a normal physiological birth. It is not. In my experience of working on the ground as a student I have been horrified but the lack of staffing, lack of education provided to women, lack of options for continuity of care models (which we have evidence supporting the fact that these provide women with better outcomes in their pregnancies, birth and postpartum), a lack of risk acceptability, coercing women into booked LSCS or inductions, a mistrust of women's bodies due to their ethnicity or weight or age, and most concerningly, a lack of informed consent.

I did not enter this career lightly, and I have seen women treated awfully; drug tested without consent because "we can't trust women," women begging clinicians to stop when performing vaginal examinations or suturing tears/episiotomies but hearing "just one more minute" or "are you sure its pain you're feeling?", women not being supported to have physiological births due to the cascade of intervention, OBs playing the "if you don't do X, your baby will die" card, women not being supported adequately post birth due to the ratios of women and babies to midwives or being discharged at two weeks – not six (which is the period women should be supported to), women leaving the hospital system shellshocked due to their experiences and sent off with a newborn and no debrief or follow up. Women come to the hospital for what can be a transformative and life changing moment in time, and are left shells of themselves due to what happens within those walls.

I still question my decision to work as a midwife in light of all I've witnessed. I did not come to this profession to cause harm, and a lot of what I've seen actively and acutely has caused physical or psychological harm. But I know I need to be in it to change it, and even if I only can change individual women's experiences, then I have done my job. However, this should not be the case. The system should be supporting women and midwives to be able to make this so for every woman. No matter her ethnicity, her BMI, her age, her lifestyle choices, if this is her first baby or fourth baby. We need to trust that women know themselves, their bodies and babies. We are holders of the birth space, and must protect that at all costs.

On a personal note, obstetric violence and birth trauma is not a new thing. Women have experienced poor care for decades, and many are too traumatised to relive it for submission. My own Mum is an example of this. I was born preterm and the clinicians never worked out why this happened. After an emergency LSCS under general anaesthetic and weeks in hospital my parents were able to take me home. When Mum fell pregnant with my sister, in order to

avoid preterm birth a second time, the OB suggested a cervical stitch for an incompetent cervix “just in case”. Mum doesn’t go into the specifics of this (noting it’s almost 30 years later) however always reminds my sister and I how getting the stitch implanted and removed was one of the most traumatic experiences of her life. The pain, the lack of education on why this needed to happen, and the fear of what the repercussions would be if she did not get this, still haunts her.

I will trust the researchers and midwives who specialise in this space to be able to provide solid recommendations, however anecdotally I recommend:

- Midwifery continuity models of care (MGP or MAPS) for ALL women, despite their level of risk. High risk women need continuity and support too.
- Free education access/classes for ALL women for all aspects of pregnancy, birth and postpartum, possibly in a similar vein to the NSW Government’s Active Kids vouchers.
- More support in the postnatal period. Women are woefully underprepared for the postnatal period, and are sent out into the world with no support and the generalised culture that they need to “bounce back” into society.
- A greater understanding overall of the role and importance of midwives. So often I hear of friends and family choosing to go private because they don’t see midwives as important and competent clinicians in the birth space.

Please take these submissions and women’s voices seriously, the system needs to change. Please also acknowledge that not all women have the capacity to submit, and often First Nations women are disproportionately negatively affected in this space.

* I would like to acknowledge that I understand that pregnancy and birth carry an element of risk (and being at a level 6 I see more of that than other hospitals), and I am in no way stating that care should be withheld from women when they clinically need it. I do believe that often clinicians create risk through over intervention, over monitoring and under staffing.

**I will not be available to give evidence at a hearing.