

**Submission
No 1038**

INQUIRY INTO BIRTH TRAUMA

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First do no harm

Thank you for the opportunity to have a voice.

I am a Registered Nurse and a Registered Midwife. I have been employed in public health for 43 years. 40 years practising as a Midwife within NSW Health.

I am writing this submission as a Midwife who has seen a lot and at this stage of my career feel very concerned about the future of birth. I know it can be better!

The past decade has been soul destroying. I have witnessed the erosion of care for women and families having babies. I have mourned the loss of experienced, wise, good hearted and committed colleagues from the profession. Intervention it is at its highest, women are incredibly fearful, and Midwives and Doctors are burnt out and that all contributes to dehumanising birth and of course, the subsequent birth trauma. We have subscribed to a technocratic model that is focused on short term outcomes and the super valuation of science and technology. These tenets further remove us from the everyday human experience of women, their families and their caregivers.

I have watched as numerous departments within NSW Health develop policy after policy without consideration of the workforce itself and what is humanly possible. Like silos, they spit out more and more "mandatory requirements" for us already stretched plebs at the coal face to adhere to. From my position the system is out of touch, top heavy, disorganised, and stuck within the antiquated tick box risk management model. The most recent example is the introduction of the "safe baby bundle" introduced to reduce the stillbirth rate that hadn't risen! What this strategy has achieved is an increase in public fear, reduced women's faith in themselves, increased admissions and intervention and further eroded the skills of caregivers. In addition, the never-ending data collection, different computer programs that do not articulate with each other! It is downright dangerous trying to navigate the array of often knee-jerk systems introduced under the dubious banner of "safety"! Our increased reliance on machines has further compromised the fundamentally human process of giving birth.

I came into Midwifery because of the birth process being mostly normalnow it is unusual for student Doctors and Midwives to see normal birth. The process of women having babies cut out or pulled out hooked up to drips and getting drugs is traumatic to watch. Yes, it is absolutely required at times but not this much!!! Birth can be mostly joyful but heartbreaking and hard and that, we cannot avoid. Kind, individualised care that allows us all to be human and treated with respect gets us through the challenging events.

Remuneration in this profession considering the workload, the hours, and the life death responsibility we take is another factor contributing to the decline of the Midwifery workforce. The work itself and rewards of being with women that get through the birth process respected and well supported is beyond dollars however with an ageing workforce some monetary incentive is required to sustain the profession. For me it has been a privilege to have been with thousands of families during the birth of their babies at home, in Birth Centres and hospital birth units but the level of remuneration and the conditions does show a lack of respect for the service we provide.

I truly believe if we take care of our workforce, we can better care for women. A traumatised fearful workforce traumatises and induces fear in those it cares for.

My hope from this review is that recommendations will be made that facilitate major changes that move us out of the current technocratic model of maternity service provision, and we can once again achieve a model that is solidly built on deep and lasting humanistic values. A maternity service that

facilitates caregivers to see the uniqueness of the individuals we encounter and enables us to find a balance between the needs of the woman and the service itself.