Submission
No 935

INQUIRY INTO BIRTH TRAUMA

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To whom it may concern,

I am a birth worker and began my journey supporting women in birth 2 years ago.

Communities start with birth and when 1 in 3 women report their birth as traumatic, this has a profound impact on not onlty mothers, babies, fathers, but also their broader community.

All of the clients I work with are 2nd or 3rd time mothers, all of which are looking to achieve a 'healing' birth experience, following a traumatic birth the first and sometimes second time. From my experience many women go into their first birth expecting an optimal level of care, and leave this experience with a view that their body didnt work and could not birth their baby - which is more often than not, a result of their environment and the care they were provided, not their bodies phyisological make up.

A few of the experiences of women I have worked alongside include:

- A client was told by her obstetrician following an emergency cesarean section, that if she was in africa, she would have had to walk to the nearest birthing centre while in labour where she would have died because her pelvis was too small to birth her baby. Leading her to believe her body was inadequate to birth her baby, and opting for a planned cesarean in her second birth due to fear of death.

- Many clients being told to quiet their voices while in labour so they don't scare the other women birthing within the birthing suites.
- Many clients being forced to have internal checks that they did not want, nor feel ready for.
- Inability to labour or birth in the pool
- Being told their BMI was too high for continuity of care, being diagnosed with Hyperemesis and loosing a lot of weight due to this condition - then being told she was too thin and still unable to achieve continuity of care.
- Women with eating disorders having to weigh themselves at every appointment after requesting not too as it is unsupportive for their mental health.
- Being told that the doctor was 'just going to make abit more space for the baby to come through' and then finding out in postpartum that the client was given an episiotomy.
- Clients achieving MGP and opting for homebirth within this model of care. Going into labour and being told they need to drive an hour into the hospital because there was no second midwife (trained in homebirth) to support the birth.
- Clients having to get on their back to birth their baby for staff convenience, and ending with vacuum and forceps delivery.

When the clients I work with achieve 'healing births' it is due to obtaining a continuity of care model of support - whether this is with a private widwife, doula or being placed in a Midwifery group care model of care. Women birth their babies, on their terms, well informed and surrounded by a support team that knows the women well & understands her birth preferences deeply.

I strongly believe that the following measures would dramatically decrease the magnitude of birth trauma within our communities:

- Midwifery group practise (MGP) that can accommodate the majority of the pregnant women (including ALL RISK MGP programs that support women with a myriad of risk factors as they are the ones that need continuity of care most.)
- Continuity of care needs that involves birth (there are approved plans in NSW to provide continuity of care pre and postnatal leaving birth care out of the equation)

- Home birth supported programs: women and families have a much more rewarding experience when in the privacy of their homes. A triage by risk factors is usually done in the beginning of pregnancy to identify those candidates that would need to birth in a hospital setting. This is a model implemented in many other countries, and it's proven to dramatically decrease health expense and cascade of interventions. Midwives participating into this care, need to be able to transfer patient to higher level of care and continue providing care for them.
- Birth centres as stand alone or incorporated in Hospital.
- Debriefing clinics: multidisciplinary approach with obstetricians, midwives and counsellors with expertise in birth trauma
- Advocacy for medical Colleges to include Trauma informed care as part of general training, and as part of Continuous Professional Development for Obstetricians & Gynaecologists.
- Funding to ensure all women have a support person present during birth that can adequately understand womens needs and articulate them objectively within the birthspace (doulas).

I have also spoken to many women that do not want to write submissions due to the trauma it brings up for them, this isn't just a womens issue – it's a human rights issue. We should not need women to tell their stories (with risk of causing more harm) to make a change, and improve women's collective experiences in birth.

We need to make a change & we need it now.

Warm Regards,

Maddison Rogers