

Submission  
No 940

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

To Whom It May Concern:

I am a registered midwife working within a regional hospital in NSW. I have worked within antenatal, birthing, and postnatal services across this hospital in a rotational capacity as well as the Midwifery Group Practice Program. As a midwife I have witnessed many women who have been affected by birth trauma. I have seen how vital it is that this is addressed and that our system must change to prevent birth trauma in the first place and work towards healing for the women and families impacted.

As a midwife I have heard and witnessed women being coerced, threatened and procedures performed without their consent. I have witnessed vaginal examinations being performed on women without informed consent and practitioners who did not stop the exam even if the women are saying 'no' and her body is recoiling from their touch in obvious pain. I have been powerless to the cascade of intervention as a birthing unit midwife when taking over care for a woman having a 39-week induction who states she does not know why she is having an induction. She simply was asked when she would like her baby to be born without full acknowledgement of the risks and benefits of an induction of labour but at the point of day of birth it is often too late. I've seen the same woman overwhelmed by the force of an induced labour, unable to access wireless monitoring and trapped by the cords unable to move, succumb to an early epidural when if given the choice for freedom of movement may have had decreased pain and able to manipulate the position of her baby and time of her labour. I have seen this woman disappointed when needing an instrumental birth and I have seen forceps and a vacuum applied to a baby's head without the doctor acknowledging what the woman may feel and asking for consent before entering her vagina because she has a 'good working epidural'. Inevitably these women feel powerless to their circumstance or even worse, at fault. 'If only I had prepared more'. "I wish I had declined that epidural – do you think that would have made a difference?". These are all real statements that I have heard from women and this scenario represents the story of several women that I have cared for in the system of fragmented care.

Conversely, I have witnessed the other side of this spectrum working within a midwifery continuity of care model- MGP. Looking after my own caseload of women I can follow them through from 12 weeks of pregnancy until two weeks postpartum. I conduct all their antenatal visits providing education, information all tests and necessary procedures. I advise all my women of the risks and benefits of every test offered and empower them to make their own choices regarding their pregnancy, birth, and postpartum period. I am on call for them during their pregnancy and if they have concerns, I go into the hospital with them to ease their anxieties and offer a plan of management. I am on call for their labour and birth and stay with them through the journey, a familiar face and their primary care is provided. Often because we have planned and the women know how to work with labour, they have normal vaginal births but even when intervention is needed (forceps, vacuum, emergency c section) the women feel like they were involved in the decisions and often these are still positive births. I also visit them at home and watch as they settle into new parenthood providing education and information along the way. Should the women have had a difficult or traumatic birth we are able to provide immediate debriefing and offer support services to help them heal when they are ready. Whilst this does not fix all the issues within the current

maternity services culture it most certainly improves the women's experience and my workplace satisfaction.

Unfortunately, the system currently operates under a culture of fear and risk. Many practitioners do not recognise the holistic all-encompassing experience that is pregnancy, childbirth, and the postnatal period. They are not trauma informed and do not know how to respond when women come out of their births feeling traumatised. As midwives we do our best to positively influence the experience of women and their families in the moment of time we care for them, but if the predominant message is fear and bias, we are fighting an uphill battle. If all practitioners are not on the same page about giving women evidence-based information, providing informed consent, and considering the women as a person there will be no change.

As a midwife I propose:

- The expansion of Midwifery Group Practice available to all women:
  - o those who are high risk should work with the obstetric team to ensure adequate support for their other complexities and collaborative care.
  - o We need more MGP midwives who also have a reasonable caseload of women, we cannot pour from an empty cup. We need fair caseloads, MUMs that are MGP specific, adequate time off after births (there is currently no minimum amount of time off in the award)
  - o MGP to extend to the full spectrum of midwifery care (6 weeks)
- MAPS Program's implemented across NSW and funded correctly to ensure that all women are offered at the very least antenatal and postnatal continuity of care.
  - o There is good research to support this also improves outcomes similarly to MGP
  - o It also means that midwives who don't want to work on call are able to provide continuity.
  - o Can be achieved part time
- Trauma training for all those involved in maternity care. This must be face to face
- At least 1x personal per facility trained in formal birth debriefing and this be considered its own separate formal role
- Consideration of maternal assisted C section NSW wide to improve women's experience of C- Section
- Skin to skin and BF in recovery MANDATORY for all well healthy babies to stay with their mother's post C- section. It is not fair that at the moment in my hospital this is exclusive to if you have your 'own' midwife through MGP.
- Midwifery Postnatal Support Programs to extend to at least 2 weeks postpartum for all women. Currently women in my hospital are only seen once or twice once discharged from the maternity ward. Women feel isolated and unsure of where to from here.
- Increased time for antenatal appointments for all models of care so that clinicians are not rushed, and the women are able to ask questions and have them answered.
- Midwives to be in positions of leadership within midwifery

I look forward to the outcome of this inquiry and I hope that it leads to change.

