Submission
No 1114

INQUIRY INTO BIRTH TRAUMA

Name: Mrs Anna Cusack

Date Received: 12 August 2023

Partially Confidential

My name is Anna Cusack and I support women and parents pre and postnatally in NSW. When I did my training, my hope was to provide the support these new (or enlarged) families to really thrive, but due to disrespectful pregnancy and birth care, what I generally find is that I am helping them pick up the pieces. Every family who engages me for a subsequent birth spends their entire first session with me unpacking the trauma that happened to them with their previous maternity care experiences. They report things like, but not limited to:

- Being denied access to the model of care they want;
- Being moved from one care model to another without consultation or consent;
- Not being believed when they had concerns about themselves or their baby, including for serious pregnancy conditions like hyperemesis gravidarum and preeclampsia;
- Being ridiculed, bullied and coerced into scans, blood and urine tests, inductions, vaginal examinations and caesareans;
- Being given misleading information in regards to their baby's health during labour to speed up otherwise totally normal labour processes, which then leads to cascading interventions and trauma;
- Only being told the (perceived) benefits of interventions, without being told the risks;
- Being lied to about hospital facilities and policies;
- Physical and sexual abuse, e.g. stretch and sweeps and episiotomies done either without consent or expressly against their consent;
- Having their agreed birth preferences overruled by staff at the last minute (e.g. deciding when in labour they won't support a breech birth or birth after caesarean, or giving syntocinon for placenta delivery against the parents' express wishes).
- Being yelled by clinicians and staff during birth (including partners being yelled at to sign caesarean forms or hold down mothers' legs in stirrups while acts of violence are done to her while she yells "no");
- Medical negligence resulting in infant disability or death;
- Being separated from their baby or prevented from seeing them without a good reason;
- Having their postnatal care needs ignored, including in regards to toileting and breastfeeding, or being made to feel like an inconvenience by postnatal staff.
- Being given wrong advice by community health nurses and midwives in the postnatal period that led to delay in medical diagnoses of serious issues, or early cessation of breastfeeding.

For many parents, particularly the dads or non-birth parents, a meeting with me is the first time they have been listened to and felt validated about their experience. This includes parents who have had meetings with the hospital post-natally, made complaints directly to the hospital or engaged the HCCC. Not one family has told me this was helpful to them, while all report being retraumatised, not believed, gaslit or simply not allowed to speak while senior clinicians lectured them about how their actions were "right" regardless of what was done or not done.

In my work, I see how disrespectful care and birth trauma negatively impact on families. This includes, but is not limited to:

- Permanent birth injuries like prolapse and incontinence, which effect quality of life for life (e.g. forceps use causing prolapse, which could have been avoided by helping the mother to change more body positions to birth with gravity assistance and widen the pelvic outlet).
- Difficulty bonding with their baby, as every time they look at the baby it reminds them of their trauma.

- Difficulty or prematurely ceased breastfeeding, which has lifelong impacts on the child (and their lifetime healthcare expenditure).
- Mental ill health: hypervigilance, difficulty sleeping, anxiety, depression, flashbacks, irritability and anger, PTSD and breakdowns.
- Difficulty returning to work (for partners and mothers/birth parents).
- Family and relationship breakdown due to trauma, shame, reduced sexual interest and function etc.
- Restricted family size, e.g. due to complex uterine tearing due to forceps, emergency hysterectomy or they simply feel they can't risk being treated this way again if they wanted another baby.
- Rehospitalisation for preventable physical and mental health problems.
- Financial strain due to needing to pay for treatment for physical and psychological injury.

Committee members, I want you to know this: for every submission you read, there are tens of thousands of identical stories. Not everyone knows about this inquiry, or has the capacity to submit. This may be due simply to the difficulty in reliving the trauma to write it down, as there is near on zero support offered to these women and parents. I particularly feel for those marginalised collectives names in the terms of reference (and disabled parents, who were left out of those terms but absolutely exist and face stigma and disrespectful care) who find navigating both the maternity care system and official processes like making submissions extremely difficult due to language barriers and other blocks.

One of the biggest reasons I believe submission numbers are not higher than they are is that poor, controlling and distressing treatment during birth is so systematically legitimated and normalised within our society that mothers and parents are not even aware they are being mistreated. We are told over and over that birth is dangerous, that "a healthy baby is all that matters". It's simply not true, mothers and parents matter too.

[I note that the "health care" being provided by the maternity system is often harming our infants rather than helping them. I have assisted multiple mothers write their submissions to this inquiry where their previously-healthy babies were brain damaged or killed by improper, non-evidence based care during labour and birth. Our intervention and trauma rates hike higher every year, yet our stillbirth rate has not improved for two decades. How is it possible that 18% of babies in the state need to be admitted to NICU or special care? How would the human race have survived to this point if nearly 20% of babies would die without specialist hospital care? We do not have to choose between healthy babies or healthy mothers – it's possible to get both by simply making common sense changes, which I outline below.]

In 2015, a systematic review of "The mistreatment of Women During Childbirth in Health Facilities" identified seven categories of disrespectful maternity care. These were:

1. Physical abuse
2. Sexual abuse
3. Verbal abue
4. Stigma and discrimination
5. Failure to meet professional standards of care
6. Poor rapport between women and providers
7. Health system conditions and constraints

I can assure you that if you were to speak with every mother or birth parent at any park, kids' soccer game or school assembly on a given day and ask them whether their maternity care experience included any of these issues, over 95% of them would answer "yes", although they may not recognise it as disrespectful or abusive treatment due to socialisation. The minority who say "no" will have either:

A. Accessed midwifery for continuity of care, advocated for themselves and birthed at home or in a birth centre;
B. Decided to have a caesarean birth prior to engaging a private obstetrician for their care;
C. Avoided the maternity system completely and birthed unassisted (i.e. without a midwife or health professional present).

[A note that we do not know how many women fall in category C because their births are categorised in health care reports as "birth before arrival", even though they never planned to arrive to hospital in time. Another note that simply scheduling more caesareans is not the answer and will lead to many more preventable deaths for both mothers and babies than supporting both low and high risk women to birth in the place and way they want.]

In the past, people thought domestic violence was restricted to physical violence, so unless their partner punched them, they weren't in an abusive relationship. That doesn't mean they weren't subject to domestic abuse of other kinds, society just didn't see it for the problem it was. This is where we are at with disrespectful care and obstetric violence: unless a woman feels she was sexually assaulted during birth (which unfortunately many women do), they don't necessarily see their treatment as problematic.

Our new mothers, parents and babies deserve to start their time together without being actively harmed by the people meant to care for them. Our health care workers deserve to work in a system that supports their ability to care for their patients, rather than tick boxes and push damaged parents and vulnerable babies back out the door to fall through the cracks (which are more like gaping chasms) of the community based postnatal care. I note that some of the most traumatised mothers I've worked with have been health care workers themselves, who having experienced the care they had been part of providing to others are shattered by both birth trauma and essentially having their veil lifted as to how bad it really is to be a patient in their hospital.

The overwhelming majority of birth trauma is preventable if women and parents are simply treated with care and courtesy. We need:

- Legislation against obstetric violence (with safeguards in place to determine written records from staff aren't the only accepted evidence as to what happened to a birthing patient);
- Better midwifery staff ratios so they can actually care for mothers instead of sprinting between rooms (this will require you to actually pay them what they're worth and treat them decently to attract and retain staff, or entice already qualified midwifery staff back who have left the wards or profession entirely due to overwork and disillusionment);
- Reopening of regional health services that have been closed for centralisation or (supposed) staffing reasons (e.g. the maternity facilities in where women are literally birthing by the side of the road or accepting induction/major surgery and all the complications that go along with it to avoid this because the Health facilities they are sent to are too far away)
- Reopening of maternity facilities that were closed due to COVID (e.g. , which had one of the best satisfaction ratings in the state, and the specialised breech birth clinic at Hospital).

- Decrease red tape for midwives to practice autonomously in hospital settings without obstetric overpowering, and to become and practice as private midwives;
- A move towards care that acts on actual complications, not "risk of complications" wherein interventions then go on to cause other avoidable complications and trauma;
- Patients provide anonymous satisfaction data six weeks after birth via online portals, with data to then be collated and provided within the NSW Mothers and Babies annual report. Hospitals should then be held to account if disrespectful care or abuse is being flagged at their hospitals, or if interventions known to cause trauma like forceps, inductions and emergency caesareans are being used above acceptable rates established by the World Health Organisation (and therefore likely causing more harm than good).
- Better support and prioritised care for CALD, First Nations, LGBTQIA+, young parents;
- Improved support of all kinds for student midwives, who are expected to work and fill gaps in staffing without the experience, support or pay, while they pay their own parking fees, childcare and tuitition fees for the privilege of witnessing terrible acts of violence towards women in birth (no wonder the attrition rate is so high);
- Continuity of midwifery care accessible to every woman and birthing person, not just those who win the "postcode lottery" for midwifery group practice or private midwives and remain "low risk" throughout their pregnancy (there is so much data on how outcomes are better even for high risk groups when continuity of midwifery care is part of their journey, and obstetric involvement is sought as co-leaders of care)
- Homebirth as an option for all patients who want it – the evidence is clear it is safe and saves taxpayers a truckload of healthcare dollars.
- Respectful, patient-centred, consent training rolled out across every hospital in the state
- Complaints processes to be led by an impartial body, with actual outcomes for families (honestly, most people just want to understand what happened and a sincere apology).
- Birth trauma-related psychological and physical rehabilitation to be provided for all who need it by the health system, such that patients are able to recover and facilities and their clinicians are actively encouraged to avoid it in the first place.
- And last but not least, full implementation (or at least as much as you can possibly do within NSW) of the National Maternity Strategy – what to do to fix every problem brought to you in this inquiry is literally sitting there in that document waiting for you to sign off on it and fund it.

Mothers and parents shouldn't need to tell their traumatic stories over and over again, because there shouldn't be disrespectful care in the first place, yet here we are. I urge you to please enact the changes we need in our state – our families are hurting, suffering the same PTSD as war veterans. Our health system should be a place of care and love not a battleground. I want to go to work to help families enjoy their births and babies, not to help them start to pick up the pieces after horror treatment.

We need legislation, we need cultural change, and I truly hope this inquiry is the start of it. I urge you to do everything in your power to protect our mothers, parents and babies. You are one, or were one, or will be one – and we all deserve better than this.