

**Submission  
No 1130**

## **INQUIRY INTO BIRTH TRAUMA**

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As an independent childbirth educator, I have heard time and time again stories from women and their partners of birth trauma. Most of these stories revolve around mistreatment, lack of personal and woman-led care, hospital and caregiver biases and a lack of continuity of care models.

I have also heard many positive stories that have resulted from the independent education families have received in my classes - information where they learn of their right to say NO, their right to decline unnecessary interventions and to ask questions that determine whether they are being centred in their care or if hospital policies are the priority.

As a birthing mother, I have experienced 2 positive and beautiful births. I believe I had these experiences because I

A) had access the first time to a birthing centre that adopted a continuity of care model, and created a “home-like” natural setting to birth in run by midwives who believe in supporting physiological labour and birth

B) access and ability to afford independent childbirth education that is able

To provide un-biased information and evidence

C) access and ability to afford a privately practicing midwife for my second birth, where I had the continuity of care model and was able to birth in my home which, for a “low risk” woman, was the safest place for me to birth

As a doula and active member of the community facilitating mother’s and pregnancy groups, I know that many women are disappointed in their birth outcomes even without feeling it was “traumatic”. This is because they were often left to feel like a cog in the machine, and like a statistic or number rather than a real person.

I have had clients who has been pressure into inductions or coerced into cesarean sections by being told their baby could die if they didn’t consent.

I have had clients encouraged to have syntocinin to deliver the placenta because the midwives were projecting their fear and using coercive comments like “you heamoragged last time” or “there’s a lot of blood” rather than exercising their skill set and allowing the woman time to bond with their baby.

Access to continuity of care, culturally appropriate and safe care, midwife led birth centres and better and accessible education will help end birth trauma. We need to make doula care accessible by making it medicare rebated. We need mothers groups facilitated by trauma-informed professionals to support those in the community.