Submission No 1480

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 15 August 2023

Birth trauma is something I have worked consistently to prevent for the last ten and a half years. As a background, I personally had an incredibly positive birth experience twenty years ago with my firstborn, having engaged one of the first doulas after hearing about my friend's traumatic births. This inspired me to become a birth doula, teach childbirth education, become a breastfeeding counsellor, a student midwife, and now a midwife in order to support women in having a positive birth experience. For my second birth, I had a doula again and a continuity of care midwife. I laboured in a birth centre and gave birth in water, which was, again, an incredibly positive experience. However, if I had not refused some of the standard policies of care in both of these pregnancies and births and been supported by my midwives and doula to do so, then my births would have been very different, highly medicalised and unlikely to have led to the empowering journey that is unfortunately not the norm for most.

As a doula for 20 years, I was usually engaged by women having their first baby who wanted to avoid over-medicalisation and have a natural birth or by women having their second baby after having a traumatic birth experience, often from caesarean, forceps and episiotomy births. I worked with women in their homes and went to their births in private and public hospitals all over Sydney. As a doula, I was a real-time witness to whatever happened and my presence was a protective factor, like a flag saying tread lightly… this woman is vulnerable, she deeply cares about her experience and understands the system is broken and can't support her well. My role in the birth room would often be like a bridge between the medical interventions offered and holding the space needed for the education she wanted to understand to accept or decline this ie actual valid consent. I soon realised that staying home was a protective factor for women's experiences as in the hospital, you are "on the clock" and it is well known that the longer you stay, the more interventions happen. Our system leads to cascading interventions, which are often unnecessary, and traumatising and this is also well-documented in current research. Becoming a childbirth educator was a way to learn more about birth and communicate to more women about how to avoid trauma and have a positive experience. As a doula and childbirth educator, I would often debrief with women after their births. Countless women experienced trauma. I cannot give individual examples as I just don't have the time now that I am working as a full-time caseload midwife on 24-hour call. However, I was then and am still consistently affected by birth trauma so my passion for protecting women from an over-medicalised system has grown stronger in its conviction. As I am now a midwife in a large urban tertiary hospital, I no longer am this protective body. I am a slave to the system constricted to many blanket hospital policies and forced to enact unnecessary, potentially traumatising procedures on women. An example is the routine four hourly vaginal examinations to judge labour progress, which is not evidence-based and considering many women have experienced some kind of sexual violence, the act of repetitive vaginal exams can be re-traumatising in itself. Another is the use of synthetic oxytocin in induction and augmentation, which affects the pain response in women, leading to more analgesia and cascading interventions and has not reduced the stillbirth rate as intended. Midwives need to be able to work autonomously yet well supported when needed. I stress when needed… Midwives are unique in that they are unlike nurses or doctors. They are responsible for supporting physiology and also determining pathophysiology and asking for support from doctors in these circumstances. Both from experience and in evidence-based research, a safe option for most women and their babies, both physically and psychologically, is home birth with a caseload midwife, which is what I intend to do. Yet I know the midwives who provide this well-documented "Gold Standard" care are hounded relentlessly by unjust reports and investigations to AHPRA. Unfortunately, that will ultimately become my fate.

Attached are just some of the many research papers that back up the evidence for my statements. Unfortunately, the evidence alone has not been enough. Please, please, please…I beg of you to do something positive for women becoming mothers and also for the midwives supporting them to do so and effect systemic change that ensures a mandate for continuity of care, home birth, waterbirth and stand-alone birth centres.