

Submission
No 1388

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

As a midwife working in a major public hospital I have witnessed the following:

-VE's by Obstetricians without consent. This includes a woman initially giving consent but then withdrawing it during the process but the registrar continuing including saying "just tolerate me" as the woman moves up the bed away from the dr.

-Prolonged VE's of more than 10 mins with the registrar seemingly manipulating the cx to FD when it clearly wasn't.

-Women coerced into VE's when they didn't want one "for the safety of your baby" when in fact the lead consultant wanted to go home and know "where the woman is at" so they could have her birth expedited so that they didn't have to return to the hospital.

-Manual removal of placenta in the room with no proper consent and no pain relief with Registrar's whole forearm inside of the woman removing clots and causing a PPH in the process.

-Doctor's and management making decision on the timing of a woman's labour and birth based solely on how many IOL there were that day, the following day, and how busy the unit is, what the obstetric cover there is, how many midwives short we are, ignoring the woman's wishes. They expect all women to progress at 1cm dilated per hour regardless of being primip or multiple and request repeat VE's <4 hours apart based on these factors above so that they can intervene if she is not progressing to their timeline regardless of the woman's wishes.

-Dr's changing their power chart notes and being coached by consultants how to do this AFTER an adverse event such as a shoulder dystocia where the baby nearly died, completely contradicting what they previously wrote. The registrar in this case taking it upon themselves to debrief the woman where they blamed the woman for the shoulder dystocia and "not pushing adequately" even though the woman was not FD and the registrar had tried to extract the baby instrumentally resulting in a severe shoulder dystocia. A consultant then lying to the traumatised woman stating she had the best registrar saving her baby life" when in fact the registrar had caused the injuries to the baby themselves.

-No formal debriefing of the staff involved including junior and student midwives was ever offered. Then during an EAP session a junior midwife was blamed by drs and made to answer clinical questions when it was supposed to be a counselling session.

-Midwives are not offered formal debriefing after adverse events and many midwives I know have PTSD and have left the profession due to trauma witnessing acts of obstetric violence.

-Women being coerced into IOL without evidence based practice including for example an LGA baby that was <50th% the week before. This resulted in the woman having an emergency CS after reacting to Cervidil. This IOL was completely avoidable.

-Midwives completely unsupported in their role and our profession looked down upon by Obstetricians wanting to completely medicalise birth ignoring evidence-based practice and the woman's wishes.

-Multiple examples of not educating women properly when "consenting" them for procedures and going ahead anyway. It's a heavy burden to witness and live with as you feel complicit in what happens when usually you also have no control over what happens as you are "just the midwife".