

Submission  
No 1358

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I am a registered midwife working at the \_\_\_\_\_ hospital, maternity ward. I have been a support person for several friends through pregnancy and birth and I am pregnant myself.

I have been immersed in “the system” for 6 years now, across 3 NSW LHDs, as a student of midwifery or registered midwife. Throughout my years of study, I was taught the gold standard of care for women in pregnancy, birthing and postpartum, and the longer term impacts on parenting and future generations.

I am constantly disappointed by the care the women and families of our community are given as it does not meet the standards we are so capable of. Some of my observations and experiences are as follow- I apologise for the potentially confusing manner they are written. I am highly passionate and emotional about this subject, there’s a lot to go bring to light and I find it difficult to put into words.

Firstly, there is a lack of compassion, empowerment, woman centredness and consideration of the domino effect of subpar, or down right abusive, treatment that I believe, an research supports, contributes significantly to the volume of trauma women are suffering in our current system.

Nearly every day I see women enter the system feeling alone and poorly prepared and informed of their bodies capabilities, their rights and choices, and the rationale for the interventions ordered for them.

I see them emerging from their various birth experiences, shellshocked, physically broken and disappointed in themselves- because they are led to believe THEY failed. They’re then expected to get up, care for and love themselves and a new tiny person- sometimes equally battered as their mother. I see the potential damage to mental health, breast feeding and relationships; but never get to see the end result (as women are sent on their way after 4 days to figure it out or find (and fund) their own specialised support) until women return for subsequent babies having experiences trauma and decide tap out of physiological birth, and all its benefits, because they believe they aren’t capable of it.

Obstetric-led clinicians don’t see the value in physiological birth and push women through the system as quickly as possible, fixated on ticking their own boxes.

They book in unnecessary inductions of labour or c-sections that hold equal or greater risks than the “risk” they’re claiming to control, with little to no discussion of the benefits, risks and alternatives and how to navigate the intervention to still achieve the birth they want- if at all possible. It’s often too late to have these discussions the day of-or day before- these scheduled interventions despite my best efforts. It is clear women are not receiving basic care in the form of transparency, sharing of unbiased information and access to education, giving INFORMED consent, freedom from fear mongering and coercion.

Policies bar women from accessing water or moving or starting labour or birthing in the positions the way they want to because of bullshit risks (High BMI, gestational diabetes, “big baby” on the 87th centile, “small baby” on the 12th centile, IVF pregnancy, previous post

partum haemorrhage) not backed by evidence at all, but clinicians fear and mistrust of women to birth.

They don't see the impact of traumatic birth outcomes any further than the day 1 "debrief" that often consists of a 10 minute discussion over the top of a screaming hungry baby before the woman and her partner have had any opportunity to digest the events of the day before. Women or their babies are indirectly blamed for not behaving the right way in labour - "your cervix didn't dilate", "baby was turned around the wrong way", "you were too tired to push", "your uterus didn't contract down to stop the bleeding", "your perineum was short or couldn't hold up against our instruments", "baby got stuck", "pelvis was too small". Then they give instructions, that are unable to be absorbed right now, on how to heal, when to have their next baby, recommend birth control, and expect thanks for saving the day.

I am a young midwife, with a long career ahead of me, but I'm not confident I can serve the length of my career, or even half of it, part of the maternity system as it exists. The system is failing midwives, and this has a flow on affect to impact women. I am held back from practicing to my full potential, often forced into to the role of an unofficial obstetric nurse rather than specialist practitioner, in this obstetric led system. I'm not proud of the system as it exists, I am constantly working with women to protect themselves against it. I fear for my friends and peers of childbearing ages. I pray that they have the confidence and resources to seek private midwives to steer clear of the system altogether, doulas to fight along side of them, or at least be educated externally and be lucky enough to emerge unscathed.

I am currently 16 weeks pregnant and I would NEVER enter the mainstream maternity system unless absolutely necessary for emergency care. I know, have participated in (to my shame) and have seen too much. I know how beautiful, empowering and life changing childbearing should be, and how it should launch women and families into parenthood feeling capable and strong. I know how perfectly designed our bodies are to nourish, birth and care for our children. I, and all women and their children, deserve this start to life and beyond.

Suggestions for improvement:

- Midwifery model, women-centred care. Midwives involved with every woman's care - regardless of "risk", with collaboration (consultation and referral) with obstetricians as necessary.
- Drastic revision of hospital policies, the definitions of "high risk" and make clear intervention should be attended based on an absolute need only.
- Better training for obstetricians from residency, to look at women's health and birth outcomes holistically? Or policies that keep them in their lane, managing truly high risk women and leaves midwives to do their work.
- Trauma and debriefing clinics accessible to every woman and family who has experienced an adverse outcome - based on their experience and perception.
- Accountability for clinicians that inflict trauma by acting with coercion and misinformation and scare tactics.

Please take our cry for help seriously. There is so much to be gained for generations to come. Good antenatal, intrapartum and postpartum care and outcomes support life- long physical and mental health and goes on to produce the best quality individuals for our greater communities. Don't you want the best for your loved ones and the people your serve?