

Submission
No 1432

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am a mother of three and work as a doula and childbirth educator in NSW.

During my first birth in 2012, under the care of a private obstetrician, I experienced disrespectful treatment.

While I was pushing, my OB took a phone call not far from me then proceeded to explain it was her husband calling, wondering if she'd been in a car crash as she usually returns much quicker from middle of the night call-outs. Not surprisingly, my birth ended in ventouse as my body did not feel safe enough to contract with strength and I wasn't meeting expected hospital/OB timeframes for pushing.

The next day on the postnatal ward, my OB chastised me for not wearing a bra beneath my nightie, and told me I would get saggy breasts.

Now in my work as a doula, I hear firsthand how my clients are frequently scaremongered at antenatal appointments and pressured to have inductions for reasons that are not medically indicated, such as having a 'big baby,' gestational diabetes even though it's diet controlled, or going past 40wks. Doctors often don't give balanced evidence-based information and fail to explain risks of induction/caesarean.

It has reached a point where the final few weeks of pregnancy are incredibly stressful for women, the opposite condition required for labour to unfold. In such a vulnerable state, pregnant women are highly susceptible to coercion and fear mongering, and I regularly observe how even the most informed, determined, motivated women struggle to withstand this surmounting pressure.

During labour, I have witnessed firsthand medical staff speaking disrespectfully to women - for example, chastised for arriving at birth suite in a wheelchair rather than walking; infantilising ('good girl') or drip feeding fear with comments like 'nothing's wrong...YET'.

I have witnessed women being warned not to push otherwise they would be given a caesarean; I have witnessed a registrar putting scissors on the bed next to my client who was pushing, as a kind of threat. She then said 'Don't mind me, I'm just preparing for a worst case scenario'.

On one occasion a client called me to attend her in birth suite where she was very distressed (she was in hospital for a planned induction but labour kicked in naturally overnight) as she was being pressured to have a caesarean. The midwives at the front desk would not let me enter, even though she had requested my support. I believe they wanted to make it easier for the doctors to coerce my client without her support people present.

While we are fortunate to have two midwifery group practice programs locally, women just about have to be unicorns to stay on these programs. The square you must fit in to be considered 'low risk' is getting smaller and smaller; just about everything is a 'risk factor' these days and women are regularly bumped for reasons such as suspected big or small baby, and gestational diabetes, even though the screening for this is low quality according to evidence. Additionally, MGP spaces are limited.

Let's not forget we have created a system where women end up having caesareans or severe tears/pph as a result of inductions and instruments and these very things risk them out of MGP programs for future pregnancies, when they need support the most after a traumatic first birth.

Change is desperately needed. Please take this important issue seriously - birth affects us all.