

Supplementary
Submission
No 1399a

INQUIRY INTO BIRTH TRAUMA

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Partially
Confidential

I am attaching the info from the files that were not accepted by this website in my submission:

PBB PODCAST

Friday July 7, 0830 30 mins

Q. What is the definition of safe birth for you

The person birth needs to feel safe for is the mother,
and that will likely involve a summary of decisions she will make
about her caregivers, the place of birth, and the style of care.
And those decisions will be made based on what she knows about Birth,
which maybe a lot or not much.

A safe birth is what feels safe to the Mother
and that will look like different places and styles of care for Birth
for different women.

Some will want to Birth in a birth centre,
some at home, with, or without midwives,
some by current obstetric care models.
And we need to ensure safe birth by providing all of these options,
to all women, for free,
with no judgement of anyone's choice, just support,
which will make each of the choices as safe as possible.
And then, within each of those practice models,
there are elements required to ensure
that quote prevails – birth is as safe as life gets.

It is of course necessary to put safety in context,
and as I quote in my book 10 moons,
we are very much more likely to die in a car crash,
than giving birth or being born.

Birth is one of the least likely causes of death

Q. Why now for this birth trauma event

Well, you know what they say – Chinese proverb –
the best time to plant a tree is 100 years ago, the next best time is today.

Basically, for this event to happen, a lot of things needed to align,
and they have.

And trauma is very much being talked about in the mainstream,
so birth trauma is part of that, and now getting a voice.

It's not that long ago that – all that matters is a healthy baby –
was the dominant narrative.

Now we know more,
and now the people who can make changes have heard, and are listening.

So why now?

because and are on a mission
with the support of Hygieia Health,
actually, we all have the same mission
and that is to stop birth trauma
and ensure gentle and respectful Births for all mothers and babies,
no matter what.

Why?

Because Birth creates the future
and we can hack the culture and change the future
by mothers and babies experiencing gentle, kind, respectful Birth

Q. How do you see your skills and experience and world view / view of birth fitting in with others
here you're collaborating with e.g. some might see your school as very different to the world of
obstetrics. How would you say we can compliment each other in the field of birth ?

I'm so excited about this collaboration,
and especially because of the spectrum of worldview
and experience that we span, especially from each other.

We have long known, that us and them doesn't work,
and the stars have aligned, so to speak
for another push in the direction of revolutionising maternity care services.

We need a re-frame and that can only happen in collaboration.

There must be no enemies in the Birth world.

Just one team of caregivers across all the models of care.

We already are one team providing maternity care services to the community – the team, including
doulas, midwives, private midwives,

childbirth educators, hospital midwives,

community midwives, obstetricians,

paediatricians, and other specialty, doctors – we are all the same team,

but currently are not working together,

which is actually a common situation in a field of practice in the patriarchy.

It is our absolute responsibility to do all we can

to provide women with their safe birth option – whatever they want.

So this collaboration, so exciting, is about bloody time, overdue,

and thank goodness is happening.

Q. What are a few steps you see as imperative to lowering the rates of birth trauma we see currently
?

A Salutogenic approach to Birth .

That would be to see Birth as a process that requires support, not fixing or controlling.

A Salutogenic approach would be to ask how can we best support physiological birth – not manage
potential risks as a focus.

To provide women with the kind of care, they want – homebirth, Birth Centre, hospital, continuity of care, community support, education, resources, and community.

And care for birth workers – midwives, doctors, doulas.

Support ... How? Let's ask them.

My guess would be ways to help them thrive.

Q. What are the top three things you recommend women preparing to give birth?

1. Bring awareness to what you are bringing to the birth, consciously, subconsciously, and unconsciously.

This will include your own birth imprint, your rites of passage so far and their influence on this next birth – one rite of passage leads to the next.

The influence of your menarche, your first sexual experience and all your previous pregnancies and births – what are the teachings from these because they will influence your next birth.

And bring awareness to your relationship you have with your body which will be revealed by how you navigated your menstrual cycle.

Bring awareness to your red thread or female generational trauma that you have inherited – how do the women in your family give birth? what stories have you been raised with.

And the teachings from all your previous births, especially when intervention happened last time, ask what would you need this time.

2. Acknowledge your fears and update your belief system, understand how to work with the pain in childbirth if you have any.

3. Connect with your baby, you already are connected with your baby, but do it consciously via visiting your baby in your womb, either by a self guided meditation or a drum journey. And make friends with your cervix and ask how you can best work together to open in labour.

Q. Do you make different recommendations to women birthing in the system as opposed to out of the system?

No, all of what I've already said, goes the same for hospitals or homebirths or birth centres or freebirths. You want to know what the policies, protocols and routines are for all styles of care so you know what to expect. For example – for homebirth – what are your transfer rates and why. For both/all places of birth and styles of care – what happens at 41 weeks, 42 weeks? Etc. what if my membranes rupture what's the time frame put on that?

What length of labour do you support? Pushing time? Placenta birth time? What postnatal support do you provide. For freebirths, decide ahead of time who's going to do what if necessary eg if the mother needs support if bleeding or the baby needs support to breath etc.