

Submission
No 1473

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am a registered midwife in my 6th year of practising.

I trained at _____ hospital, then worked at _____ Hospital for 5 years and am now working at _____ Hospital. I am a different person than who I was before I became a midwife. Some of that is positive. And some of it is deeply based in the bullying I faced as a student and the vicarious trauma and lack of support I have experienced as a student and practising Midwife

As a student I was called names, told that I would never have a job and subjected to constant criticism. I became incredibly depressed and anxious. I spoke to my fellow students who disclosed that they felt the same way. Two even admitted to saying at their darkest points they had considered suicide. I brought this all to a meeting with the head of the program. The next day we were sent an email telling us we knew what we were getting into when we signed up.

I had not realized I had signed up for a career that would ravage my mental health. I have experienced depression, anxiety and secondary PTSD - hypervigilance, anxiety, flashbacks.

I've watched a woman screaming like something out of a horror movie as forceps were forced into her without any pain relief. I've had my concerns dismissed over and over and over by the head obstetrician, until I had to call a code blue and a woman aspirated 2L during her emergency caesarean and faced the immeasurable trauma of a week in ICU, intubated, separated from her baby.

I've seen so so many women be traumatized in the ED with "early miscarriages (<20wks)", from being sent home and miscarrying in the bathroom to having her babys' body misplaced or even being sent up to my ward with her baby in a bucket on the end of her bed.

I've seen so many women gaslit and ignored by their doctors that I, a healthcare professional, now fear and distrust most medical services.

As a result of this trauma I no longer work in delivery unit, and am having a break from the antenatal ward due to the horrific things I witnessed there. I am currently working as a casual staff member to give myself time to recover from burn out and trauma

In the future I would like to see:

- Proper debriefs which include the woman, the doctor the midwife at the birth as well as the midwife on the antenatal ward who looked after her if she was involved in care prior to transfer. Telling the women when mistakes happen, not trying to cover it up or push the blame on any particular staff member.

- Better staffing, better ratios, incentives for retention of senior staff, another RMO on the after hours shift.

- Trauma informed care training for staff and resources for women who experience birth trauma.

- A section on birth trauma to be included in antenatal education.

- Resources specifically for healthcare workers who experience vicarious trauma at work

- Continuity of care programs for women

-Education in emergency rooms on miscarriage care and how to care for the woman and respectfully take care of her baby's body.

-A look into toxic culture and horizontal violence in birth units, better protection for university students entering into these environments.

On a final note: so many days I leave feeling like I have not been able to properly care for women, that I am just meeting the bare minimum because I am spread so thin. I know most of my colleagues feel the same way. Adding in any new measures or plans without adding in any midwives would be ineffective and unsustainable.