

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Thank you for the opportunity to make a submission to the parliamentary inquiry on birth trauma. Among my cohort of Bachelor of Midwifery students it is far more common to witness trauma during our hospital placements than not. Some of the stories I have heard from my fellow students are truly horrific, and many of us experience symptoms of vicarious trauma such as reliving those traumatic events, intrusive memories and high levels of anxiety. The helplessness we feel as students only compounds these symptoms. I myself have witnessed:

- Episiotomies without consent
- Artificial rupture of membranes (breaking a woman's waters) without consent
- Women coerced into vaginal examinations- antenatally and during labour
- A doctor commenting on the tightness of a woman's perineum while his fingers were in her vagina
- Women being denied food or drink in labour 'just in case' they need to go to theatre
- Women being denied access to water immersion for pain relief
- Women's very basic requests for dim lighting and quiet not being respected
- Midwives yelling into women's faces that they are not pushing properly
- Unnecessary separation of mother and baby
- Women's breasts and baby's heads being handled without consent to 'assist' with breastfeeding
- A woman regaining feeling while being stitched up after her caesarean- her husband was sent out of the room without explanation while she was put under GA
- A painfully infected perineum apparently caused by blunt episiotomy scissors
- Women coerced into caesareans
- Women coerced into inductions

The coercion I've witnessed has included overplaying certain risks (e.g. your baby will die if you don't get a caesarean in two hours, you have a 90% risk of shoulder dystocia if you don't get a caesarean- both untrue in these cases). Inductions are so ubiquitous now that most women will be 'offered' one towards the end of their pregnancy. Very few women are given enough information to make an informed choice and the conversation is often 'it's time to book your induction'. They are also not given information about what the often lengthy process of induction entails. This is particularly the case with culturally and linguistically diverse women, who are assumed to not need all the information due to their allegedly low levels of health literacy.

I very rarely see an obstetric emergency that intervention hasn't contributed to, if not directly caused. As students we rarely have opportunities to debrief and are unsupported by both the hospitals and our university. We are the future of midwifery and many of us will leave before getting registered in a profession that sorely needs us.

The rates of intervention need to be investigated as a significant contributor to birth trauma. We are creating more problems than we are solving and I will never be convinced that a caesarean rate of over 40%- and rising- that we are seeing in many Sydney hospitals can ever be justified.

Thank you once again for bringing light to this incredibly important issue. Hopefully this is the beginning of change. May all women recognise they have choices and that maternity care should be about them and their babies- not about appeasing their care providers.