

Submission  
No 1468

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

**Date Received:** 15 August 2023

---

Partially  
Confidential

I am a dedicated Nurse and Student Midwife working within a prominent tertiary teaching hospital in NSW. I am part of a substantial cohort of midwifery students who share a collective sentiment of significant dissatisfaction, profound disappointment, and a deep sense of overwhelm in relation to the state of the NSW Health maternity care system. It is evident that there is a prevailing consensus among us regarding the considerable challenges that this system presents.

Observing the transformation of my once-passionate and empathetic colleagues into individuals who are fatigued, overburdened, and disenchanted with their work is disheartening. Many now find themselves in a state of disliking their work, a stark contrast to the passion they once exhibited. This shift is indicative of the systemic strains and challenges we all grapple with. Additionally, witnessing instances where women fall through the gaps within our system has been deeply concerning, and it is a reality that occurs with concerning frequency.

On a personal level, I have found the treatment of women within the hospital system to be distressing and, at times, traumatizing. These experiences have also influenced my own perspective on the subject of childbearing. The emotional toll these circumstances have taken is evident, both upon entering and leaving the workplace.

In my capacity as a student, I often find myself responsible for the care of multiple individuals simultaneously—up to 12, including both mothers and babies. It is alarming to note that on most shifts, I encounter at least three women who are in need of extensive psychological support due to their birthing experiences and the care they have received. Unfortunately, despite my intentions and efforts, the constraints of time prevent me from providing the level of care and support that I believe these women deserve.

This inability to offer adequate support leaves me with a profound sense of concern and culpability. The knowledge that I am unable to provide the level of care necessary to mitigate the distress and challenges faced by women and their families makes me feel complicit in their suffering. This stands in stark contrast to the fundamental principles of care that I entered this profession to uphold.

It is evident that within the current framework, women's autonomy, education, and basic human rights are sometimes compromised due to systemic inadequacies. The absence of gold standard continuity of care, appropriate staffing ratios, and conducive working conditions contributes to this situation. The impact of these issues is exemplified through various experiences, such as observing women being coerced into interventions against their expressed wishes due to systemic constraints.

One poignant example that stands out occurred when I witnessed a woman being persuaded into interventions she had initially declined. The circumstances surrounding bed block, staffing shortages, and the hospital's operational demands resulted in an outcome that was far from patient-centered. The woman ultimately endured a forceps delivery with a 4th-degree tear, and the subsequent lack of emotional support compounded her distress. The fact that she felt like a failure and was incapable of advocating for her preferences is indicative of the harm that can arise from these systemic shortcomings.

The overarching question of how to reconcile this reality with the fundamental principle of "do no harm" weighs heavily on my conscience. I find myself grappling with the incongruity of working within a system that, unintentionally but knowingly significantly, perpetuates harm, disempowerment, and objectification of women.

In conclusion, I am motivated to contribute to the betterment of this system, one that aligns with the values of ethical, compassionate, and women-centred care that drew me to this profession. The challenges we face are formidable, but I am committed to advocating for positive change, seeking solutions, and engaging in constructive discourse that can reshape the landscape of maternity care within the NSW Health system.