

Submission  
No 1356

## INQUIRY INTO BIRTH TRAUMA

**Name:** Name suppressed

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Partially  
Confidential

I am a registered midwife working at a tertiary hospital. Over my 8 year career, I am ashamed at how much birth trauma triggering behaviour I have witnessed - perhaps even inadvertently been part of. Some specific examples I can recall:

- Having to repeatedly tell a doctor that the woman in question is saying NO to an episiotomy and he must stop immediately. This situation has happened multiple times over the years, where I have had to physically stand between the woman and the doctor and say "she is saying NO, you cannot do an episiotomy to someone who is saying no".
- Hearing doctors use the "dead baby" card to bully women into interventions such as inductions or caesareans. For example "If you can live with yourself that your baby might die, then that is fine, but if not, you need to accept this induction". These statements have often been used in non-urgent situations, for example in counselling a woman for a caesarean for a breech baby in early labour or for a woman who is thought to have a large baby and the doctor wants her to accept an induction prior to 40 weeks.
- Women being bullied into epidurals because the doctors are anxious that they'll need to do a manual rotation or forceps birth and they want the woman to consent to that. For example, I've been told as the midwife to talk the woman into an epidural expressly against her wishes because she had a history of child sexual abuse and the doctor on was convinced she would need a forceps birth. The woman had repeatedly declined an epidural, and did in fact have a very positive birth experience.
- I have observed several times when a doctor has talked a woman into a caesarean birth for "failure to progress" only to find once in theatre that the woman is in fact now fully dilated. I've seen this occur when the woman was so distressed by the need for a caesarean and repeatedly begged to be given more time. I've seen doctors then whisper that they'll just have to carry on with the caesarean as the spinal anaesthetic would be too dense for the woman to push effectively. They have then not told the woman of this finding, so when she is counselled for her next birth options she won't realise that she in fact got to fully dilated and would be a good candidate for a VBAC if she wanted.
- I saw an operation report recently that stated the doctors did a manual removal of placental tissue expressly against the woman's written consent - because of the anaesthetic they felt they could do the procedure against her consent as she would not know.
- When caring for patients of private obstetricians in the public system, I've heard the private obstetricians talk outside the room on the phone and state they will carry out a ventouse or caesarean so that they can be back home or to their private rooms earlier. This is of course never conveyed to the woman

These are just some examples I can recall. I am so relieved this inquiry is happening, I have seen birth trauma repeatedly written in women's notes from previous births and have observed the impact on women again and again over the years. Whilst I am lucky to not have experienced birth trauma myself when birthing my babies, I believe it is only because I am a midwife, who is aware of my rights and how to advocate loudly for myself. It is only also that I knew how to get continuity of care with low risk group practise midwives that I could then have the positive experiences I did.