

Supplementary
Submission
No 1466a

INQUIRY INTO BIRTH TRAUMA

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I am writing a submission for the birth trauma inquiry as a counsellor, life coach and women's circle facilitator who has significant vicarious trauma from the stories I've been told and supported women through. The terms of reference relevant to this inquiry that I am focused on are those concerning the physical, emotional, psychological and economic impacts of birth trauma on women and their health workers, the experience and prevalence of birth trauma, all causes and factors contributing to birth trauma, exacerbating factors in accessing maternity care that impacts on birth trauma (especially for marginalised groups and those at financial disadvantage), barriers to the provision of continuity of care, whether current legal and regulatory settings are sufficient to protect women from birth trauma and legislative, policy and other reforms which could help prevent and reduce the prevalence of birth trauma.

Throughout the time I have supported women in my roles as a counsellor, life coach and women's circle facilitator, I have listened and held the stories of abuse, disrespect and trauma, and also witnessed the self-blame and guilt associated with these stories. I have personally sustained significant vicarious trauma through listening to dozens if not hundreds of traumatic birth stories, stories where women describe feeling completely betrayed and let down by those who were supposed to be supporting them in a hugely vulnerable moment of their lives. We are aware that women's and baby's experiences of birth have a significant impact on their physical and psychological health for years, impacting brain growth, development and potential of those being born for a lifetime to come. Many of the women I speak with carry guilt for what happened to their babies even though it shouldn't be their burden to carry; it is not their fault they weren't given the support they deserved throughout their pregnancy, birth and postnatal experience, that they weren't given the information or time to make informed decisions. These are only the women who have the mental health capacity and support to be able to acknowledge that their experience was traumatic and that it shouldn't have, or didn't need to, happen that way and can speak about it; I also have friends and women I know that suppose that it was their fault, that their bodies were dysfunctional, despite the research (these women don't know about) that categorically states that actually, there are reasons behind why labour can stall, why interventions lead to more interventions, why intervening can cause more complications for mothers and babies and that these are not women's fault, that these are things that happen because of choices by care providers. There are many women who take ownership of the fault of the bad outcomes happening in their own births, despite these not being their fault. As a counsellor I've had to take a position of helping these women to see things from a different angle, to see that their bodies did not fail them, that they were failed by a system that does not support them.

I feel that the issues with the current maternity system are that:

- Women are not provided with access to all of the information, to unbiased, support and information throughout their pregnancy, birth and postpartum journey
- There is a lack of support after experiencing birth trauma, and a lack of responsibility taken by the care providers for playing a significant role in causing that trauma. So many women are asked to have a debriefing session with the care provider or hospital only to be talked at by the care provider and have their traumatic experience 'justified' by the care provider/institution. We know that trauma isn't necessarily the same across different women and stories, that the main component is how a woman is made to feel in the moments of her pregnancy, birth and postpartum – this is something that every care provider should be well aware of and knowledgeable about, as the way they approach situations can have a massive impact on whether that woman's experience is traumatic or not (trauma informed care).
- Continuity of care with a known midwife, something that is known to improve outcomes for mothers and babies, is inaccessible for the vast majority of women in Australia.

- Homebirth with a known midwife is only available in most areas for those who are financially able to afford it, and also have the information and connections to be able to secure a midwife within the first month of their pregnancy (because they book out so quickly).
- Information about models of care, birthing options and supports available are extremely difficult to find and require so much investment of time and energy to obtain.

I believe the solutions to this would be to:

- Implement midwifery continuity of care models in more hospitals
- Ensure all maternity care providers are educated in trauma informed care and willing to use it throughout their practice
- Provide Medicare rebatable care for Privately Practising Endorsed Midwives to ensure more affordability in this model of care
- Increase the accessibility of Publicly Funded Homebirth options
- Create bundled funding reform so that women are allocated money that they can choose to use as they please, whether that is to hire a private obstetrician or midwife or birth through the public system, as this would improve the services being provided by care providers
- Have more information freely available and ensure that care providers are offering this information readily, regardless of the model of care they work within.