

Submission
No 1366

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

I am a midwife working in a major hospital in NSW and tragically witness Obstetric violence and the flow on effects of birth trauma. The situations which lead to trauma can be so varied but always leave Women and families feeling powerless and unheard which destroys their confidence in not only their birthing ability but also their journey into parenthood.

Examples include:

Obstetrician ignoring a woman's lack of consent and applying forceps to a baby that was not in fetal distress as it was his preferred practice despite not being evidence based and the woman screaming 'No No No' at him.

Women arriving to the unit for a planned induction of labour and not knowing what their induction is for and why this intervention is required. This clearly shows a huge problem around a lack of informed consent and education, likely caused by a lack of continuity of care provider.

Women being left in recovery and their baby being taken away from them back to the birthing suite, as staffing shortages could not allow a midwife to stay and support the mother and baby. Not only is this separation traumatic for the mother but also interrupts the opportunity for skin to skin and breastfeeding initiation which fills a massive oxytocin hormone gap following a C/S or stressful theatre delivery. We know that keeping mother and baby together in this essential time post birth dramatically improves bonding, breastfeeding rates and mental health in the early postpartum period.

Poor language and coercion being used towards families to influence their decisions rather than listening to women, providing information and evidence based recommendations, and then respecting their choice.

Hearing the majority of women in the community talking about their birth as an awful, scary event in which they felt they had no control over who was there and what happened.

Women in the postnatal ward left feeling like they couldn't care for, or feed their babies the way they envisioned due to lack of support and rigid policies with no individualisation of care.

Obstetricians and midwives joking (in a frustrated way) about keeping the 'production line' of women birthing and moving through the system.

Most women and families in the current maternity system do not have access to continuity of care models which allow them to build up trust with a care provider and have their care individualised to their physical, emotional, spiritual and cultural needs. Research shows this model of care drastically improves outcomes for women and babies, allowing women to feel empowered and supported despite their mode of birth and whether unexpected complications arise. It is essential that this mode of care be available to all pregnant women throughout the low-risk to high-risk spectrum they are categorised in during pregnancy.

I myself was able to access a continuity of care midwifery program for my first baby. Had a very empowering antenatal, birth and postnatal period. This is despite requiring an unplanned surgery for removal of placenta during the 3rd stage of my labour and a subsequent 2.4L PPH followed by 3 blood transfusions. Even with this complication I went home feeling empowered, confident and even excited at the prospect of having more children and labouring again. This is because I deeply trusted my known care providers who made me feel capable and valued, and I received respectful care throughout my journey.

Let's listen to the research and the clear evidence it shows on how we can make a huge difference to all women and families through allowing widespread access to continuity of care models. To not only give them a positive pregnancy and birth experience, but also support their confidence and self-worth, that will provide rippling positive effects throughout their parenting journey.