

INQUIRY INTO BIRTH TRAUMA

Organisation: Hygieia Health Ltd

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Partially
Confidential

Hygieia Health is a not-for-profit organisation that is dedicated to supporting the prevention, and healing of birth related trauma. We are dedicated to the sacred work of birth (inclusive of pregnancy and postpartum) and the impact it has on the physical, emotional, and psychological well-being of women, their families, and birth workers.

Our mission is to support women on their journey to childbirth, ensuring that they receive safe and trauma-free birth services and support. We aim to raise awareness of the occurrence and consequences of birth trauma and provide women and birth workers with the tools and support they need to prepare for and experience a safe, positive birth.

Long before this inquiry was established, we started collecting women's stories of their experiences with the maternity system here in Australia, and we will continue to do so after the inquiry to continue to build the evidence that there is a requirement for a complete overhaul of the system. We know that 1 in 3 women report birth trauma... yet we fear the number is much higher and we have not got a full picture due to the many incidents where women are gaslighted, they are disassociated, they can't think about it let alone talk about it, or they just end up thinking that this is all 'just a part of birth' and don't even realise that they should have been treated better.

Our goal is to ensure that every birthing woman is equipped with the knowledge and resources they need to have a safe, empowering, and transformative birthing experience.

We understand that birth trauma can have long-lasting effects on both the mother and the baby. We believe that understanding the impact of how one is born is crucial to reducing the incidence of birth trauma, not only for the mother but also for the baby.

We also, sadly, know from research that the treatment of women by birth workers during childbirth results in 70% of birth trauma. Which means, 70% of it is preventable. The root cause of this issue is often due to factors such as burnout, stress, and overwork. Such stress hinders one's ability to provide care and support in a compassionate and respectful manner, which can lead to traumatic experiences for both the mother and the baby.

We aim to bring attention to this problem, hold birth workers accountable, and support them by providing better resources and education. We understand that birth workers must take care of themselves to provide optimal care to birthing mothers and babies. That's why we are committed to assisting birth workers in healing from their own traumas, biases, and unconscious beliefs and behaviours.

Through our work we have come to see that we are not at a point with maternity services in Australia where we're in a position to 'blame' any one particular profession ie midwives or obstetricians. What we can see is that this is a systemic issue and one that we feel requires a complete overhaul of the system.

We recently held a free community event in the _____ focused on raising awareness about birth trauma and 500 people turned up. When we asked the room of people who had experienced or witnessed birth trauma every person put their hand up. That's 500 case studies right there. Some of them had their children with them and when we think about how traumatic births also affect the babies, that's another 500 affected people at least. And this is just one area of the country.

We also held trauma-informed care workshops in the following two days working closely with obstetricians and midwives. It was incredible to realise that they don't get access to debriefing, are lacking support for challenging situations or experiences, are overworked, under-resourced, underpaid and are also experiencing vicarious trauma as a result of operating within a system that is not set up to serve the women, or the practitioners. Some of them had to leave the profession due to their experiences. We need midwives. The women need midwives. We need to try to stop the attrition rate which is far too high.

What we are seeing more and more in our work, is trauma being laid upon trauma, traumatised people, causing more trauma, and our hearts ache for what this means for our community in the near and distant future.

For the purpose of contributing to this inquiry we have include transcripts of each of the speakers. When looked at cohesively you can see how far the trauma reaches. It's not just the woman who experiences something traumatic on one day of her life (like a car crash). This is long lasting, and it affects the women, her hormonal make up, her neurobiology, her relationship with all of the people in her life including her baby. It also affects the babies, the partners, the birth workers, the entire community. We urge you to read through these to see a broader picture of the depth and distance the trauma spreads.

Also for the purposes of this inquiry we've submitted transcripts of a number of the birth stories we listened to as a result of our qual research and are happy to share further details. We do ask that the names, locations and details of these birth stories are kept confidential.

We appreciate there being an inquiry, we acknowledge this is the first of its kind and we see this as a rare and unique opportunity to do something significant, positive and lasting to create better maternity services for all women and babies and better working environments for all birth workers all across Australia.

Some things we propose as outcomes of this inquiry:

- Enhanced training and education; improving the understanding of birth trauma, trauma-informed care, and evidence-based practices among healthcare professionals to foster more respectful and compassionate birthing experiences.
- Subsidised antenatal education classes for couples outside of the hospitals
- Women-centred midwifery care – accessible for everyone. Care that recognises the unique needs and preferences of women. Investing in models that prioritise personalised care and shared decision making.
- Implementation of continuity of care models all over Australia... currently only available to about 8% of the population, we call for a known midwife or healthcare professional throughout the entire pregnancy (eg via all-risk MGP models, or publicly funded homebirth programs)
- Publicly funded homebirth programs in ALL LHDs: taking the births out of the hospital and into the home, and utilising the hospital in the small number of occasions where it's necessary. We feel this would lead to lower intervention rates, and would actually be cheaper

for the health department overall. Birth is not a medicalised event, yet it is increasingly becoming one.

- Expand availability of birth centres where homebirth is not a preference, see point above for rationale. If women have the support of a midwifery team in birth centres rather than in the hospital they will have safer and more empowering experiences.

- Funding and support for postpartum care; including birth debriefing, counselling or therapy, medicare rebates for lactation consultants or other follow up care, access to pelvic floor specialists, funding for in home care and support such as postpartum doulas (eg looking at the model that exists in the Netherlands)

- A review of best-in-class models of care all around the world (eg Netherlands)

We are greatly appreciative of your time reading through our submission and reflecting on our suggested changes to the system.

We are willing to provide additional evidence during a hearing to further support my perspective.

Hygieia Health Ltd.