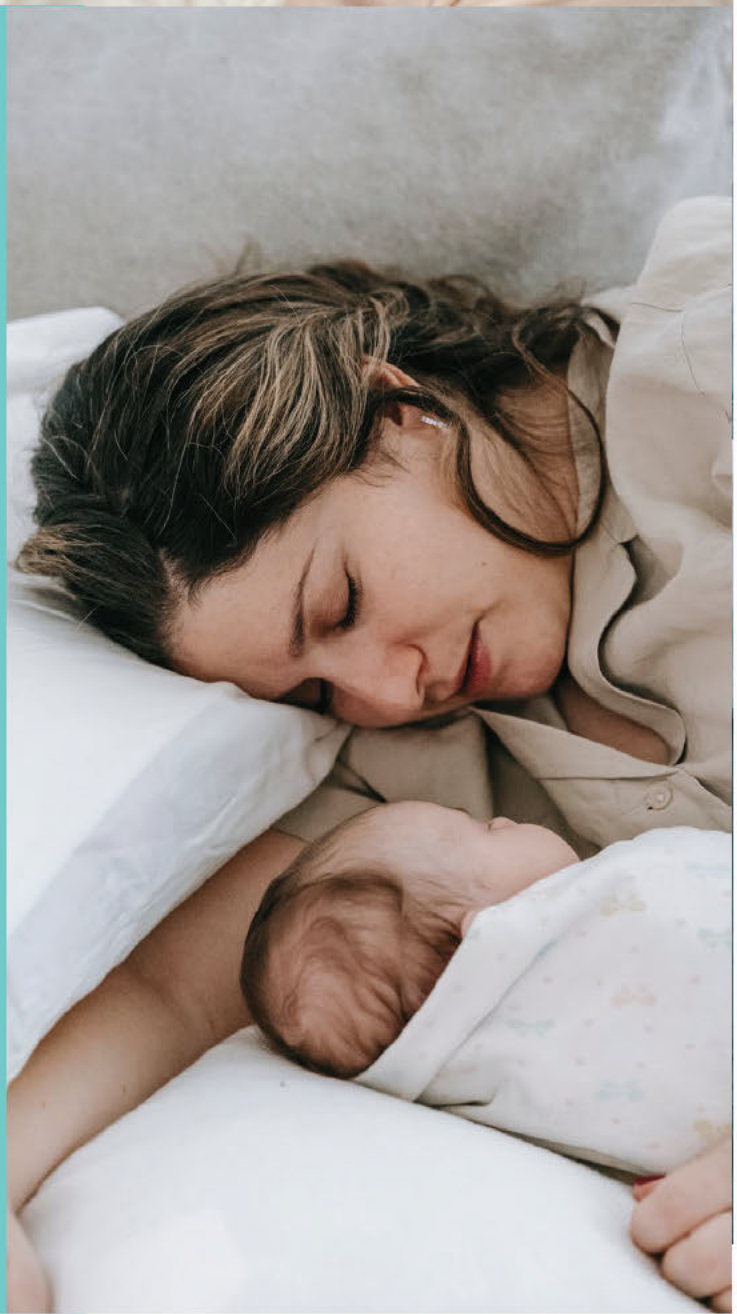
WESTERN SYDNEY UNIVERSITY
SCHOOL OF NURSING AND MIDWIFERY

Submission to the Tasmanian Inquiry



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Executive Summary

As leading midwifery academics in Australia, in the School of Nursing and Midwifery, Western Sydney University, we, along with our colleagues and higher degree research students, have been involved in research for over 20 years into women's birth experiences and the contributors to birth trauma.

We have led over 100 publications and graduated /supervised over 20 Honours/Masters/PhD students who have completed or are completing research into women's birth experiences and birth trauma and we have further research planned.

In 2020 Professor Dahlen and colleagues published a seminal book, Birthing Outside the System: The Canary in the Coal Mine, presenting research from around the world into why women are increasingly being traumatised by their birth experiences and choosing to avoid mainstream care as a result (Dahlen, Kumar-Hazard & Schmied 2020).

The global mistreatment of women during the perinatal period has been demonstrated in research and recognised by the World Health Organisation (WHO). In 2014 the WHO issued a statement which said '*Every women has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care*' (World Health Organisation, 2014). This was followed by a WHO Intrapartum Care for a Positive Childbirth Experience Guidelines which listed recommendations for the provision of care, the top four being:

Respectful maternity care
Effective communication
Companionship during labour and birth
Continuity of midwifery care

This submission will highlight the research we have undertaken over more than a decade in relation to the Select Committee on Reproductive, Maternal and Paediatric health services in Tasmania. We will focus in depth on recent data from the national Birth Experience Study (BESt) and in specific present data relevant to women in Tasmania. This report will conclude with five recommendations to prevent further women experiencing birth trauma into the future.

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Our Research Projects

PROJECTS	DETAILS	PUBLICATIONS
The Birth Experience Study (BESt) 2021 - ongoing	National maternity survey in 2021 with 8,804 responses	• Birth Trauma poetry inquiry • Obstetric violence content analysis • What women want content analysis
The Birth in the Time of COVID (BITTOC) Study 2020-ongoing	Longitudinal survey of women's, experiences of maternity services during the COVID-19 pandemic and following 2 years	• Vaccine hesitancy • Prenatal stress & anxiety • Positives from disruptive care • Perinatal depression
Clinicians' Perspectives of obstetric violence during childbirth Ongoing	PhD study - Emma Collins Hill - survey and interviews with clinicians	
Midwives' Perspectives of obstetric violence during childbirth 2023	Master of Research study - Emma Collins Hill - interviews with 15 midwives	• Thesis
The development of a trauma-informed professional development resource for practitioners caring for women planning a birth after caesarean Ongoing	PhD study - Katherine Young - co-designing workshops and resources for practitioners	
Understanding the Development of Post-Traumatic Stress Disorder Following Childbirth and It's Impact on Women Who Access Residential and Day Parenting Services in NSW Ongoing	PhD study - Madeleine Simpson	• Postnatal post-traumatic stress: an integrative review
What are the experiences of midwives returning to work in a maternity unit after they have experienced a perinatal loss? Ongoing	PhD - Wimbayi Musodza - Phenomenology	• Scoping review
What determines optimal management of midwifery group practice in Australia Ongoing	PhD study - Leonie Hewitt- Mixed methods	• Scoping review • Qaul paper management and leadership MGP • Qual paper thematic and lexical analysis interviews

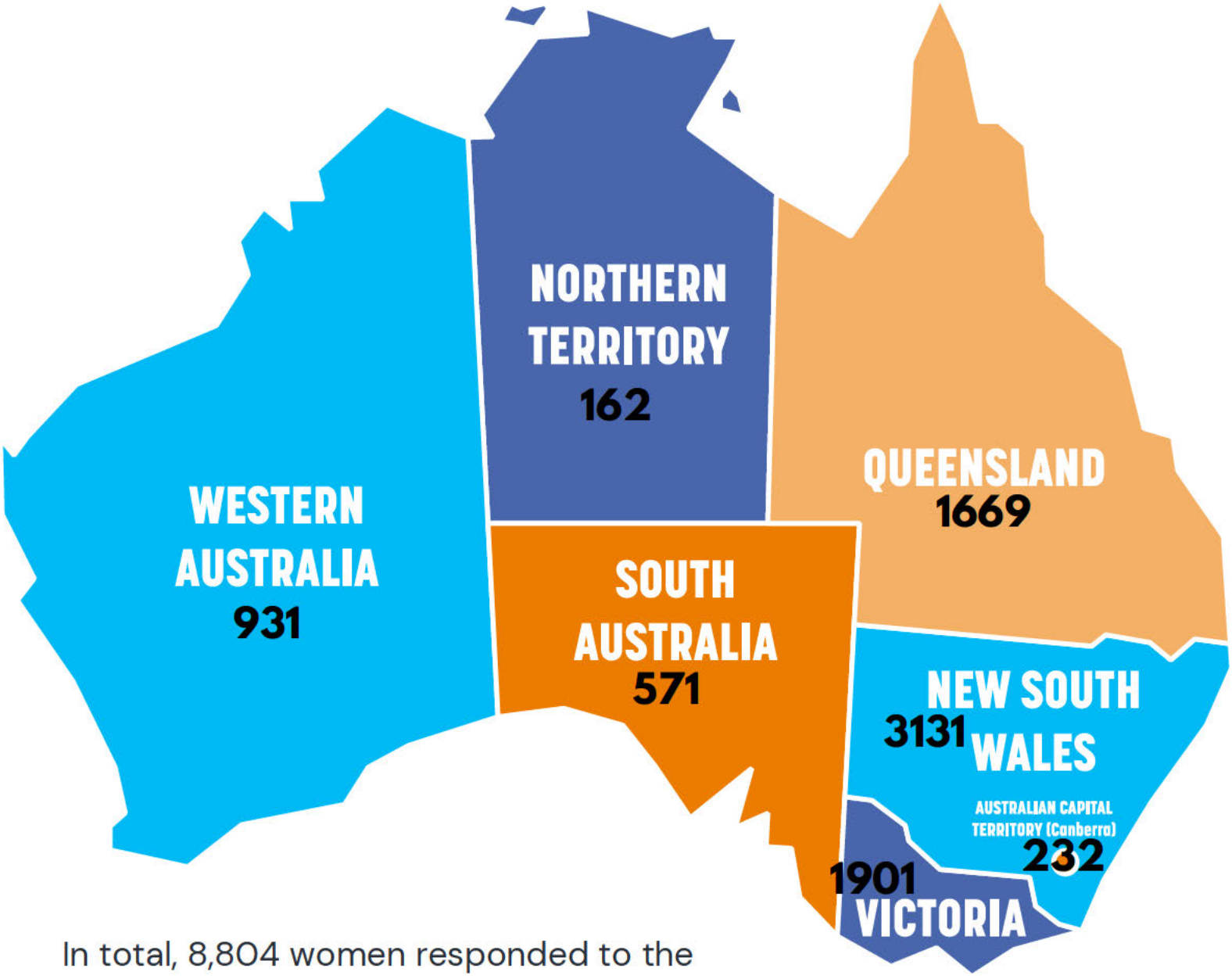
Our Research Projects

PROJECTS	DETAILS	PUBLICATIONS
Experiences of pregnancy and childbirth in women who are midwives: A mixed methods study of Australian midwives Ongoing	PhD study - Sharon Coulton Stoliar- Midwives experiences of childbirth	• National survey results paper • Integrative review
The use of unregulated birth workers 2021	PhD study - Elizabeth Rigg - interviews then survey of unregulated birth workers across Australia	• Interview data • Analysis of submissions to SA Gov inquiry • survey results
The experiences of women planning a VBAC in Australia 2021	PhD study - Hazel Keedle - women planning a VBAC in Australia	• Narrative analysis results • Model of care and VBAC Survey • Interactions with HCP
Jordanian women's experiences and constructions of labour and birth in different settings, over time and across generations : a qualitative study 2021	PhD study - Suha Hussein- review of services in NSW, analysis of recurrence, interviews with women	• Narrative review • Qaul paper exp of privacy • Qual paper constructions of lab and birth • Qual paper improving birth exp
Experiences of PPMs in Australia who have been reported to the AHPRA 2018	Honours study - Jo Hunter - interviews with PPM who had been reported to AHPRA	• Interview results
What attributes do Australian midwifery leaders identify as being essential to effectively manage a Midwifery Group Practice (MGP)? 2018	Masters of Research - Leonie Hewitt - interviews with midwifery leaders	• Qualitative paper • Thesis
The Perfect Storm of Trauma: The experiences of women who have experienced birth trauma and subsequently accessed residential parenting services in Australia 2018	Priddis, Keedle & Dahlen - interviews with women who experienced birth trauma and accessed a residential parenting service	• Qualitative paper
From Worry to hope: An ethnography of midwife-woman interactions in the antenatal appointment. 2018	PhD study - Alison Teate - Video ethnography of appointment with midwives	• Thesis • Qual results from study paper

Our Research Projects

PROJECTS	DETAILS	PUBLICATIONS
Facilitators, barriers and implications of immediate skin-to-skin contact after caesarean section: An ethnographic study 2018	PhD study - Jeni Stevens - video ethnography of women during caesarean	• Literature review • Video ethnography methods paper • Facilitators and barriers paper • Impact of clinicians on skin to skin paper
The characteristics, needs and experiences of women choosing to have a homebirth in Australia 2017	Honours study - Heather Sassine - on a national homebirth experience survey	• Survey results of 1681 responses
Birthing Outside the System: A grounded theory study about what motivates women to choose a high-risk homebirth or freebirth 2016	PhD study - Melanie Jackson - on interviews with women who had a homebirth	• Motivations for place of birth • Perceptions of risk
Experiences of women who have severe perineal trauma, their associated morbidity and health service provision in New South Wales, Australia: a mixed methods study 2015	PhD study - Holly Priddis - review of services in NSW, analysis of recurrence, interviews with women	• Autoethnography paper • Risk of recurrence paper • Trends and risk factors • Qualitative interviews
Effectiveness of a complex antenatal education program incorporating complementary medicine techniques for pain relief in labour and birth for first-time mothers 2015	PhD study - Kate Levett - 171 pregnant woman, randomised control trial comparing education with complementary therapy techniques to standard care.	• Systematic review • Cost analysis • RCT results • Qualitative results
Women's experiences of planning a vaginal birth after caesarean at home 2015	Masters Honours thesis - Hazel Keedle - Interviews with women who had a HBAC	• Qualitative interviews paper • Thesis
The barriers and facilitators of introducing evidence-based practices around the use of episiotomy in Jordan 2014	Masters Honours - Suha Hussein - review of files, interviews and with midwives and stakeholders.	• Quality improvement paper • Thesis

The Birth Experience Study



In total, 8,804 women responded to the cross-sectional maternity experiences survey from all States and Territories across Australia in 2021.

There were 202 women who responded from Tasmania.

This report is based on the responses of those 202 women.

Birth Trauma

Birth trauma is the experience of feeling the perinatal journey (or parts of it) were traumatic from the women's point of view. The feelings of trauma can include fearing for their life or their baby's life, a loss of control, perineal trauma/pelvic floor damage, disrespectful care and obstetric violence.

The experience and prevalence of birth trauma has been explored in the Birth Experience Study (BESt), Birth in the time of Covid (BITTOC) and VBAC study.

In BESt and BITTOC, 28% of women in Australia experienced birth trauma. In the VBAC study, which only included women with a previous caesarean, the birth trauma rate increased to two thirds of women (Keedle et al, 2020).

> *I told them over and over that the epidural hadn't worked. They ignored me and cut me open anyway. Obviously I was in extreme pain and was knocked out half way through*
>
> (Participant from TAS, BESt)

In Tasmania

In the BESt study we explored the rate of women in TAS who had experienced birth trauma. We found 29% of women giving birth in TAS (similar to the national rate of 28%) reported their most recent birth was traumatic.

Obstetric Violence

In Tasmania

Obstetric violence is recognised by the United Nations as a form of gendered violence (Simonovic, 2019; United Nations, 1994) and internationally rates can range from 17% to 58% (Perrotte et al., 2020). Legislation in Venezuela recognises obstetric violence as "*the experience in childbirth which becomes dehumanizing, physically and/or mentally abusive, and intrusive*" (Michaels et al., 2019).

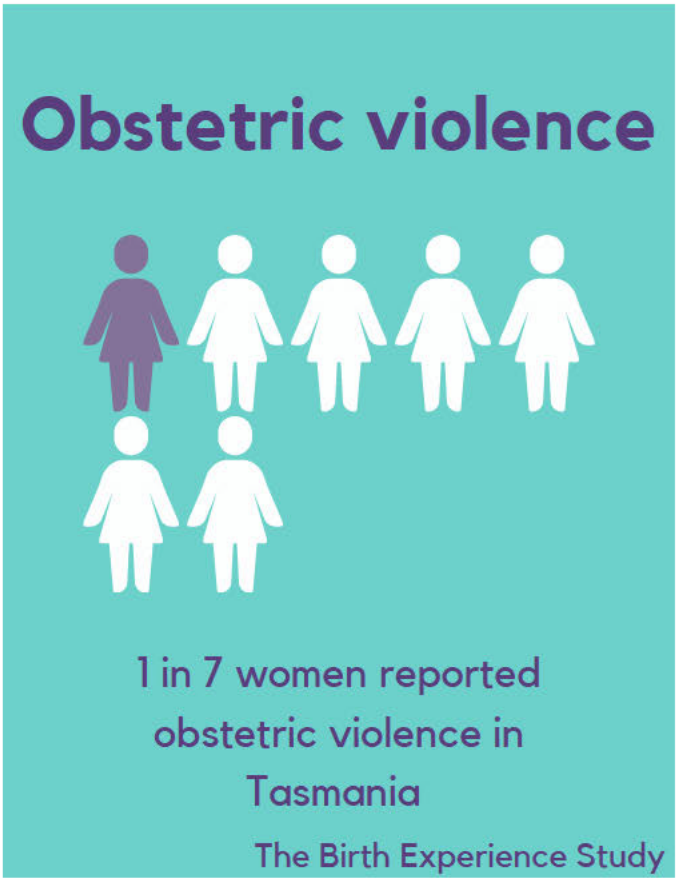
The experience and prevalence of obstetric violence has been explored in the Birth Experience Study (BESt).

In BESt we found one in ten women in Australia reported experiencing obstetric violence. The open text comments left by women showed that experiencing obstetric violence left women feeling dehumanised, powerless and violated. Examples included the use of coercive language, a lack of informed consent and a lack of informed choice.

Shockingly, some women described internal vaginal examinations in language used to describe sexual assaults.

> *They used the vacuum/forceps on me without my consent and ignored my cries for them to stop. It doesn't matter whether that was in my best interests or not, they had no right to do those things to my body without my consent, PERIOD.*
>
> (Participant from TAS, BESt)

In the BESt study we explored the rate of women in Tasmania who had experienced obstetric violence. One in 7 women in Tasmania, reported obstetric violence, which was the higher than the one in 10 national rate.



Mistreatment

Mistreatment of women during the perinatal period is a broad term that includes "*physical and verbal abuse, lack of supportive care, neglect, discrimination and denial of autonomy*" (Bohren et al, 2015). The Mistreatment Index (Vedam et al, 2019), developed by the BirthPlace Lab in Canada, is a validated survey instrument designed to measure instances of mistreatment from the women's perspective. Each statement refers to a different type of mistreatment and was created through a process of co-design and consumer consultation. The MiST index was included in the BESt national survey.

The Mistreatment Index is a series of seven items identifying disrespect and abuse by maternity clinicians. Across Australia the item with the highest 'yes' responses (more than 1 in 6 women), was being ignored, refused request for help or failing to respond to requests for help. This was followed by withholding treatment or forcing treatment (more than 1 in 7 women) and being shouted or scolded at by a HCP (more than 1 in 8 women).

MiST Statements

- Your private or personal information was shared without your consent
- Your physical privacy was violated, for example being uncovered or having people in the delivery room without your consent
- A healthcare provider shouted at or scolded you
- Healthcare providers withheld treatment or forced you to accept treatment that you did not want
- Healthcare providers threatened you in any other way
- Healthcare providers ignored you, refused your request for help or failed to respond to requests for help in a reasonable amount of time
- You experienced physical abuse, such as aggressive physical contact, inappropriate sexual conduct, a refusal to provide anaesthesia for an episiotomy, etc.

36%

Of women in Tasmania experienced at least 1 type of mistreatment

18%

Of women in Tasmania felt ignored by clinicians

2%

Of women in Tasmania experienced physical abuse

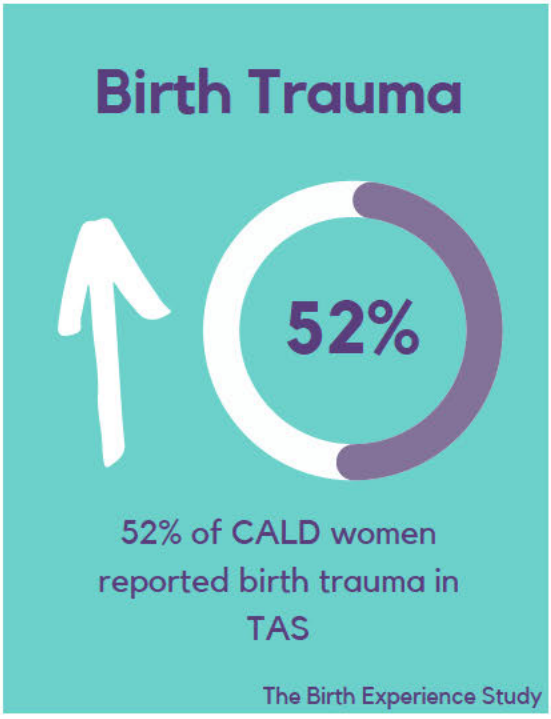
> *I had a vaginal exam performed without my consent and it still affects me sexually.*
>
> (Participant from TAS, BESt)

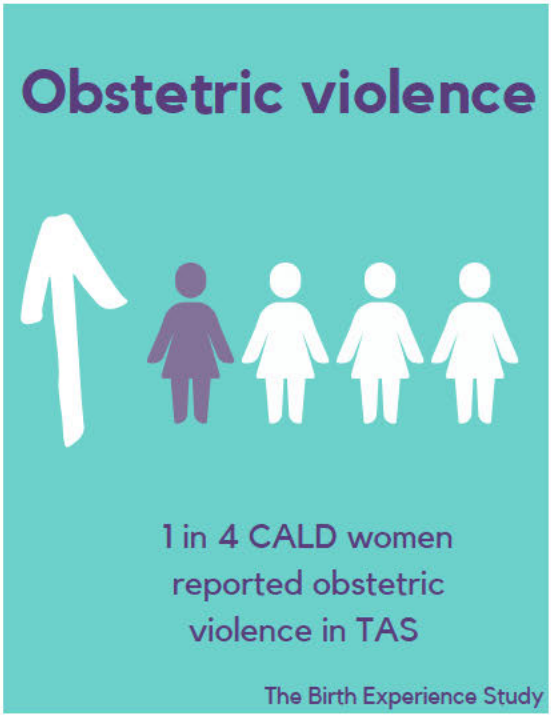
Impact on CALD women

In Tasmania 20% of women who had a baby in 2022 were born overseas, with the top four regions being Southern Asia, South-East Asia, Chinese Asia and Southern and East Africa (AIHW, 2024).

The experience and prevalence of birth trauma for women from culturally and linguistically diverse backgrounds has been explored in the Birth Experience Study (BESt). The BESt survey was available in English and seven other languages, Arabic, Chinese, Filipino, Hindi, Persian, Thai & Vietnamese.

Migrant women from non-English backgrounds had higher birth trauma and obstetric violence rates than those from English speaking backgrounds.





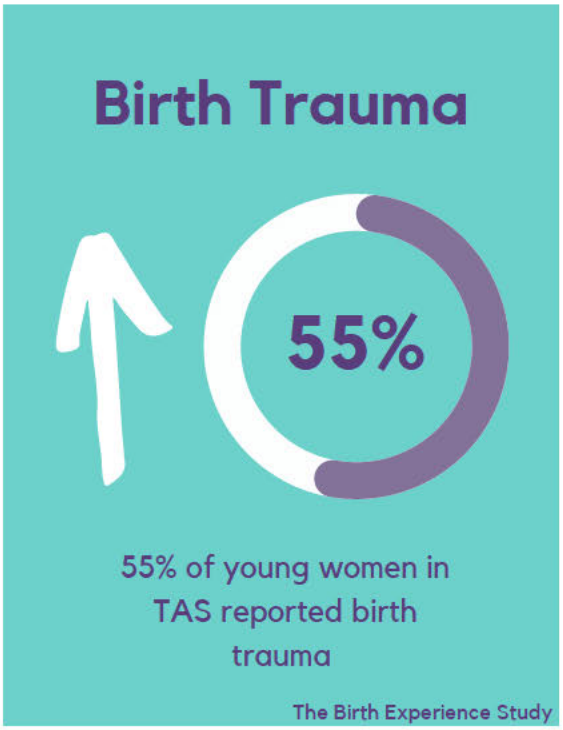
> *I felt I was in the wrong place. I didn't to be in the hospital. I felt watched and observed but also unsupported. I felt the midwives didn't care about me and did not support me to have a physiological birth. I felt abandoned and let down because they didn't offer any encouragement or soothing words to me. I was coerced into VEs that were painful. I was not told what was happening in the theatre*

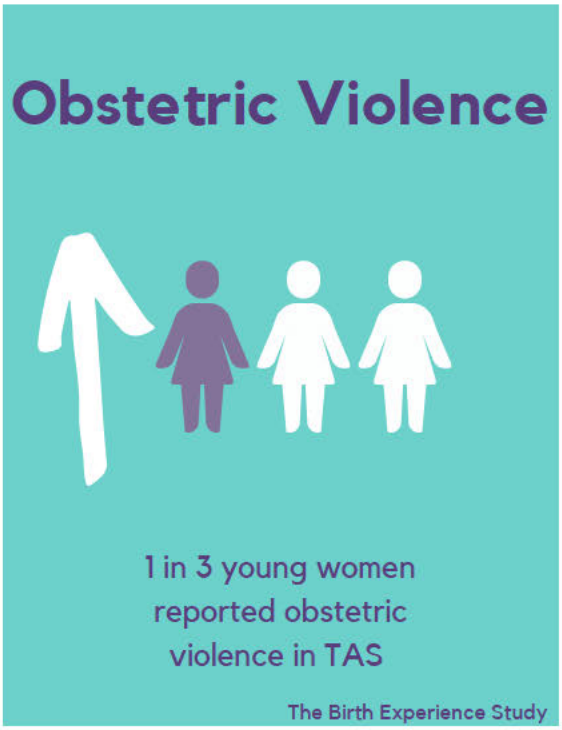
(CALD Participant from TAS, BESt)

Impact on young parents

Women aged 24 years and below represent 11% of birthing women in Tasmania (AIHW, 2024). Across Australia babies of young women have higher rates of perinatal deaths (27.3 per 1,000 vs 8.5 per 1,000) (AIHW, 2024).

The experience and prevalence of birth trauma for young parents has been explored in the Birth Experience Study (BESt). Women aged 24 years and below had significantly higher reported rates of birth trauma and obstetric violence rates.





> *I wasn't listened to, rushed labour as it was easier for them, not given proper after birth care, left alone for long periods before and after having baby.*
>
> (18-20yrs Participant from TAS, BESt)

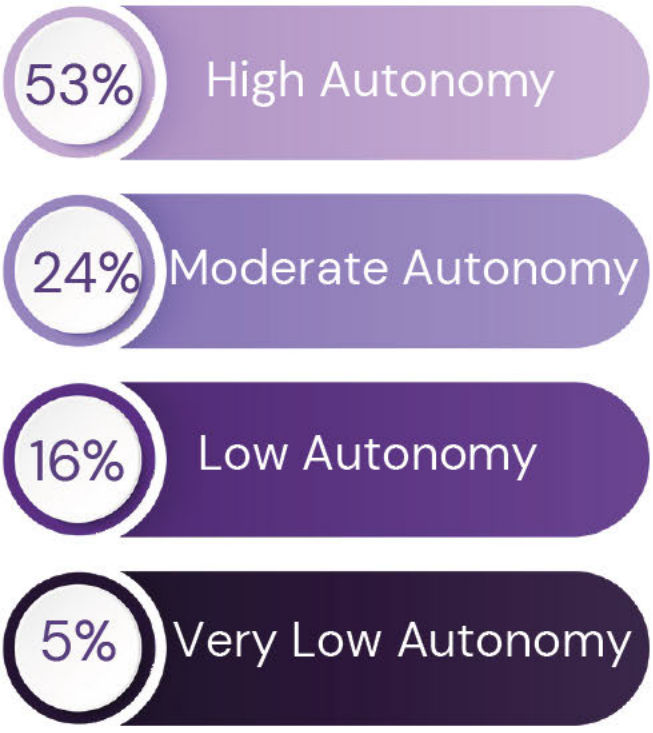
Informed Choice

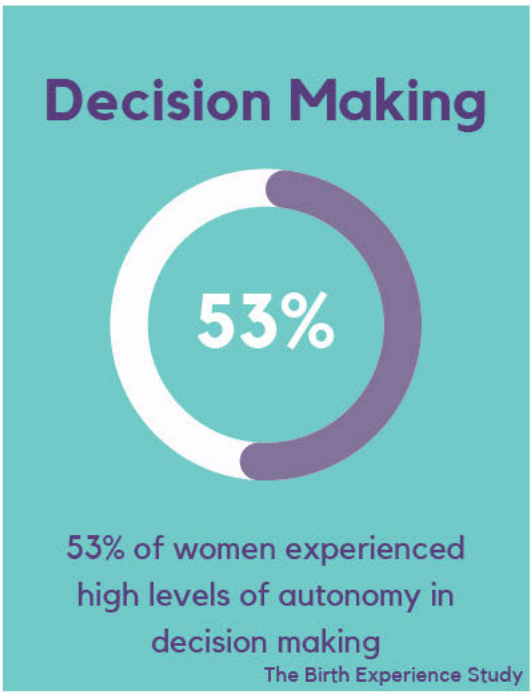
Informed choice has been defined as *"one that is based on relevant knowledge, consistent with the decision maker's values and behaviourally implemented"* (Marteau et al, 2001).

In both the BESt survey and the VBAC survey the Mothers and Decision Making (MADM) scale (Vedam et al, 2017) was included. This scale, produced by Birth Place lab in Canada and explores the level of decision making (autonomy) women felt they had regarding their wishes and choices during the perinatal period.

This has an impact on birth trauma as many women identify a loss of control and choice when they describe their experiences of birth trauma.

In the BESt study we explored the MADM scores of women in Tasmania. We found just over half of women giving birth in Tasmania felt they had high autonomy during the perinatal period.





> *I felt like my consent was not sought and my rights as a human being were totally violated. I felt less than human.*

(Participant from TAS, BESt)

Information for women

There is a variety of information sources and resources available to women before and during the perinatal period. In the Birth Experience Study (BESt) we asked women what sources of information they found most useful for pregnancy and birth.

There were a variety of options but the resource with the highest reported usage was the maternity care provider. This was followed by websites, friends and family, childbirth education classes and apps with childbirth and pregnancy information.

Top 5 sources of childbirth and pregnancy information

Regulation and Legislation

In the Birth Experience Study (BESt) we asked women whether they made a formal written complaint about their birthing experience.

We found 16% of women were unaware of how to make a complaint about the care they received. There were many women who did make a complaint, with most of these directly to the hospital.

Comments from women highlighted the lack of knowledge about the complaints process and the challenges of navigating this process.

Number of women answered complaints question
(multiple responses were possible)

Recommendations

1 Make respectful care a reality, not a mantra

- Get consent from women and respect refusal. Don't coerce, punish or give women inflated risk data or ultimatums
- Uphold maternal autonomy and advocate for women
- Provide women with judgement- free, evidence- based information so they can make informed decisions and maintain trust in the maternity service and health providers
- Provide culturally sensitive information and care, including more midwives of colour. Support and celebrate cultural diversity by being open and curious rather than ignorant and nervous
- For Indigenous women, remember that connection to country and cultural traditions carry deep significance and must be respected. Cultural safety is paramount to positive experience

2 Emancipate and support midwifery to emancipate and support women

- Ensure midwifery regulation protects women's rights by not punishing the midwives who support them
- Enable clear respectful pathways of consultation and referral for midwives working in the community
- Make continuity of midwifery care a reality with genuine support given to this model and the midwives who work in it at every level of the maternity service
- Support the development of private midwifery, including giving these midwives visiting rights access to health
- Facilitate the education of more midwives of colour and/ or from culturally diverse backgrounds through targeted pathways and genuine and ongoing support
- Appoint a Chief Midwife in the State as midwifery is not adequately represented by the current structure

3 Support women's access to their chosen place of birth and model of care

- Every woman should have access to a known midwife where trust can be developed across the childbearing continuum, regardless of her obstetric risk
- Provide environments that promote, facilitate and respect physiological birth
- Enable and facilitate access to homebirth that is equitable and available to women who request this option
- Make sure transport and transfer from home to hospital is seamless and formalised handover expected and respected.
- Expand birth centres that are both standalone and alongside hospitals

4 Offer more flexible, acceptable options for women experiencing risk factors during pregnancy and/ or birth

- Support midwives and obstetricians to develop skills, such as with breech and twin birth within the system so confidence is built in 'complex normality' and more options become available
- When women express their specific needs, be willing to compromise. It is not your body or your baby
- Multidisciplinary clinics and models are needed for women with risk factors who make 'off- menu' choices
- Engage allied health workers when caring for women with social, perinatal mental health and special physical requirements (i.e. social workers, mental health teams, disability teams, physiotherapists, psychologists etc.)
- Midwives and obstetricians need to have more honest conversations about risk and work together to protect the therapeutic alliance with women

5 Get the framework right and the rest will follow: policy, guidelines, education, research, regulation and professional leadership

- Explicit international human rights treaties and country based legislation is needed to protect women's reproductive rights including care during pregnancy and childbirth
- Include women in service and policy development, guidelines and research from inception
- Design funding models focused on women and involve women in the design of these models
- Sustainability and fiscal responsibility need to be considered in the debate on place of birth and model of care as the long term implications on society of birth trauma are unknown
- Clear documentation processes and living flexible care plans and pathways are needed for women who make 'off- menu' choices
- A respect for birth plans is urgently needed as these are often laughed at and dismissed.

Recommendations adapted from Birthing outside the System, Dahlen et al (2021)

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THE BIRTH EXPERIENCE STUDY

The Birth experience study has been co-designed by representatives from ten maternity and consumer organisations through a consumer reference group. This group informed the design, distribution, funding and dissemination of the study. We would like to thank those representatives for their dedication and support.

BESt has also supported students and visiting scholars with analysing different sections of the study, including seven undergraduate midwifery students on summer and winter scholarships, one medical student, two psychology honours students and a Fulbright Scholar from the USA.

At the time of writing there have been three published papers on the BESt data on birth trauma, obstetric violence and women's wishes for future pregnancies.

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THE BIRTH EXPERIENCE STUDY

INTERNATIONAL COLLABORATION

10 Research Groups across the World

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東京大学 THE UNIVERSITY OF TOKYO

1 in 7

Women experience obstetric violence in Tasmania

29%

women experience birth trauma in Tasmania

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We thank the women who participated in our studies by sharing their stories.

We acknowledge the pain they have, and do experience.

We hope this Inquiry finally gives them a much needed voice.

Acknowledgements

This report has been created for the Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania .

Written by **Dr Hazel Keedle** & **Professor Hannah Dahlen**

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The design of the report by **Dr Hazel Keedle**

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