

From: [REDACTED]
To: [Reproductive, Maternal and Paediatric](#)
Subject: Birth Trauma submission
Date: Friday, 13 September 2024 3:19:18 PM
Attachments: [Outlook-A close up.png](#)

To whom it may concern,

This submission is on behalf of MAMA – Mothers & Midwives Australia. We are a private midwifery company in Victoria that support women in pregnancy, labour, birth and postpartum. We support all risk pregnancies, from home births to hospital births across Victoria. We have been operating for 13 years and have supported thousands of women throughout their childbearing journey.

While we are based in Victoria, we feel we are well placed to make this submission as we have had numerous women attend our services after birthing in Tasmania. We don't believe there is a big difference in birth trauma from state to state. We are also cognisant of the hospital policies that are utilised in Tasmanian hospitals are indistinguishable from Victorian hospital policies. As such we feel we have the expertise to comment on Tasmanian women's experiences of birth trauma.

At current, the maternity systems across all states of Australia, including Tasmania, are experiencing significant challenges in meeting the needs of women and babies. Midwives and doctors are expected to have allegiance to hospital policy and/or cultural expectations which are not necessarily informed by best practice or up-to-date evidence base and which often do not consider the needs and preferences of the decision makers; the women. Women are coming out of birth traumatized in rates that are unimaginable. Midwives and doctors are burnt out, experiencing PTSD and leaving the profession. Our hospitals are over-crowded and under-resourced and we haven't decreased the perinatal mortality rate in 20 years.

Every day we at MAMA see women come to us after a traumatic birth and looking for a redemptive birth, often outside of 'the system'. Their stories are so often the same, an induction (that in hindsight, may not have been necessary), which led to an epidural because the contractions were too strong, too close and altogether too quick to process and work with, which led to a forceps birth and episiotomy, or a caesarean birth. This is frequently coupled with a postpartum hemorrhage and a baby that is unable to breastfeed successfully, either because the blood loss at birth caused a low milk supply or a baby with a sore head from an instrumental birth that they are unable to feed, or a combination of many factors. Years later, women report that they are still trying to process how as a young healthy woman, she ended up with severe perineal trauma that took much longer to heal than she was led to believe, a prolapse, left with decreased perineal sensitivity and decreased sexual function or major abdominal surgery. This is not to mention the psychological trauma that impacts the woman as an individual, her ability to parent and all facets of life thereon. And all without any significant or ongoing follow up from any healthcare professional. This can't be the maternity system working well.

This is not just a women's issue, this is a human rights issue, that affects women, partners, children, families, midwives, doctors, and countless others.

At MAMA we provide individualized, holistic care, continuity of care with a known midwife, hour long consultations and midwifery led labour and birth support. Women not only have much higher rates of normal vaginal, no intervention and low adverse effect births, but women describe their births as empowering, incredible & transformative events. They

leave birth physically and emotionally well, often moving into parenthood with a deep sense of pride and confidence in themselves, their bodies and capacity to care and nurture their babies.

The following are key recommendations which in our view would have a significant impact on the maternity system within Australia. Firstly, we feel that birth trauma is not an issue that is isolated to Tasmania, it is national issue and requires a Royal Commission for an in-depth analysis. We believe all women should have access to a known midwife regardless of risk status or birth plans. We believe all low-risk women should have access to publicly funded home birth, as well as funding options to seek private midwifery care. Women should have publicly funded access to support in pregnancy and postpartum with essential services such as lactation consultants and pelvic floor physiotherapy. While this might appear to be costly, these programs would save millions of dollars on unnecessary interventions in the hospital system, epidurals, inductions, instrumental births, and caesarean births. It would save beds that women birthing in hospitals require when they could be safely birthing at home. It would save the cost of childhood illnesses that are associated with formula feeding babies from birth. We need only look to other maternity systems such as Sweden and New Zealand to see how these programs can change the lives of women, their families and healthcare professionals. Birthing in hospital with a known midwife is also known to reduce trauma and improve outcomes; thousands of submissions from the NSW birth trauma report supports this.

While home birth is a contentious issue, the research is strong and continuing to show the safety for women and babies. In fact, a meta-analysis recently found that women who have birthed vaginally previously, are in fact safer to birth at home than in a hospital. They are less likely to have a third- or fourth-degree tear, they are less likely to have a hemorrhage post birth, and more likely to have a normal vaginal birth with no interventions. The babies had the same outcomes at home and in hospital.

A representative of MAMA will be pleased to discuss this submission in more detail if required.

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I acknowledge the traditional owners and custodians of this land, the Wurundjeri people of the Kulin nation and their elders past, present and emerging.