

From: [REDACTED]
To: [Reproductive, Maternal and Paediatric](#)
Subject: submission regarding birth trauma and choices in Tasmania
Date: Wednesday, 11 September 2024 10:00:27 AM

To the Committee on Reproductive, Maternal and Paediatric health services in Tasmania,

My name is Heather Sharpe.

I am currently pregnant with my third child. My second child was born in [REDACTED] during the pandemic in Southern Tasmania.

I was fortunate to be able to financially and logistically access a homebirth service for my 2nd child's birth.

I would like to raise some of the issues that come out of the contrast between my maternity experience for my 2nd child, during which my consent, choices and mental health were prioritised by my homebirth provider ([REDACTED]) and the ways in which I have been treated during this 3rd pregnancy.

Due to a lack of homebirth midwives in the current maternity climate, I have been forced to go through the hospital system for this 3rd birth.

I would like to raise the issue that homebirth is regularly represented in the media and by hospitals as risky. However, hospitals have a very specific measure of risk. The risk of experiencing birth trauma is not even on the radar when "birth risks" are discussed. I would suggest that if one compared the data of people who homebirthed and people who birthed in the hospital system, the risk of experiencing birth trauma of any kind is far, far higher in the hospital system.

Here are some examples of the differences in the hospital system that simply did not happen in my home birth experience:

Medical measurements and interventions were not presented as a choice, alternatives were not discussed unless I specifically asked for them. For example, as a 40 year old it was said to me that I "would need to get a 30 week scan." Another example is that regularly during appointments my "risk factors" would be focused on. The discussion was always about how not using medical processes to mitigate these "risk factors" increased risks of the baby suffering or dying. For example, it's presented as a non option that I would do 2 glucose tests during my pregnancy. A glucose test is massively stressful to your body, it makes people quite sick, it dumps an amount of sugar into my system that I would never ordinarily consume. There are other options for measuring for gestational diabetes. These are not discussed. They are never presented. When I refused to do 2 blood glucose tests, I was treated like I was being difficult by doctors. I had to ask specifically for other options. This is a choice, when it is not presented as one, or discussed as one option, it takes away people's agency in their birth experiences.

In my initial midwife phone call the midwife mentioned that my BMI placed me at a risk factor. BMI is now very much considered an out of date measurement. Yet it is still being weaponised against birthing people to remove their choices.

The risk factors all work one way, there's never a lowering of risk because you eat well or have a supportive community or grow your own food.

Throughout this process I have had to set strong boundaries around what I am willing to accept in my birthing process. Generally speaking the midwives at the royal have been supportive of my right to choose, however, on multiple occasions I have not been presented with choices and the language used has suggested that there are no other options and this is just what happens. I have had to ask about options, most people would never realise that they can ask. I only know I can because of my previous experience.

During my appointment with the doctor at the royal, because I am "refusing medical care" (read making alternative choices to medical intervention) I was pressured to make choices that I did not prefer by the discussion focusing on the risks to the baby. The process of birth was discussed as if it was mechanical, rather than something an emotional human would be doing. Birth is not mechanical, two humans do it together, their anxiety, their emotions, their ability to be present in birthing significantly impacts how easily birth takes place. At no point is there a discussion that interventions increase risk of further intervention, that these interventions also place risk on the baby. Pressure for induction was high because of my age, induction can raise risks in birth. This risk is never talked about. Constantly referring to the risks of being of advanced age, or not using monitoring throughout birth, or refusing to engage in constant medical "care" creates risk. It heightens the anxiety of someone who is going to give birth. The hormones that we need to access to give birth easily are calm, happy hormones. If we stress birthing people by constantly interfering with them and presenting these interferences as "lowering risks" we actually heighten their risks of having traumatic births.

I have had to be incredibly hard line about some of my birthing boundaries in the system. The focus has been entirely on the mechanics of birth, not the mental health or emotional stability of the parent. There is no recognition of how the discussions, the means of discussion and the focuses of discussions disempower the birthing person or stress them out.

These experiences have made my stress levels higher, they make me feel more anxious about birthing in the hospital, I feel less confident that my wishes will be listened to. During birth I do not want to have to speak. It concerns me that the consequence of this could mean that my birth wishes will not be followed through on unless I constantly reaffirm them during birth, this would mean I would have to be constantly vigilant during birth, rather than relaxing and allowing my body to birth. For this reason I have chosen to take on the expense of a doula to maintain my birth boundaries. Not all birthing parents can financially afford to access a doula to ensure they are safe and respected during birth. The fact that in order to ensure I feel safe and my boundaries will be respected during birth is unjust and ensures that those without financial access are less likely to have their boundaries maintained. I want to have a birth without use of drugs, epidural and intervention, not once has it been discussed that this kind of birth is "lowering risks" - it is. There are risks associated with medicating during birth, setting oneself up mentally and emotionally to be able to birth without these medications lowers risks, however decisions that I make to be able to birth without medication are treated as if I am "being difficult" but doctors. Midwives, while they have largely been supportive, also have to focus on risk for their legal requirements whenever I bring up ways I need to be able to experience birthing as a process. I am not treated as an expert in my own birthing by doctors, even though I am the one who has given birth, with my body, twice already.

None of these issues happened during my homebirth journey.

Homebirth is a really important part of how we can reduce the risks of birth trauma. Access to homebirth should not be linked to financial privilege (a homebirth in Tasmania costs \$6000+). Homebirth midwives need more support and more positive support from the mainstream system. I would encourage the committee to seek out homebirth stories and compare them to hospital stories in relation to birth trauma and consider this in their focus on reducing birth trauma.

Many thanks,
Heather Sharpe

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