

# baby blues



THE BIRTH *of one's*  
*child is* SUPPOSED  
TO BE *a* MOMENT *of*  
UNBRIDLED JOY – *or*  
*so we are* ROUTINELY  
TOLD. *But for the*  
*approximately* ONE  
THIRD *of Australian*  
MOTHERS *who*  
ENCOUNTER  
BIRTH TRAUMA, *the*  
EXPERIENCE *can be a*  
*very* DIFFERENT *one*

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hen British-born, Queensland-based personal trainer Amy Dawes gave birth to her first child via a forceps delivery, she sustained a significant perineal tear. But she only learned the true extent of her injuries 16 months postpartum, when she was diagnosed with severe pelvic floor muscle damage and prolapse. “I went into that physiotherapy appointment a 35-year-old woman and I left being told that I couldn’t exercise, that I shouldn’t lift my daughter,” she recalls. “I felt like my life had irreparably changed and I thought I was the only one.”

The diagnosis proved the genesis of the Australasian Birth Trauma Association (ABTA), which Dawes co-founded in 2016 with Liz Skinner, a midwife who at the time was writing a PhD thesis on ‘The Psychological Impact of Somatic Trauma’. Since then, the charity has delivered more than \$4.7 million in voluntary support services to impacted families and facilitated around 6000 in-person and online peer-to-peer discussions for those experiencing birth-related trauma. “I just thought, *Why aren’t we talking about this?*” Dawes says.

Recently, two landmark inquiries in NSW and the UK have turned the spotlight on birth trauma. The world’s first parliamentary inquiry into the topic – the NSW Legislative Council Select Committee on Birth Trauma, which published its first report back in May – received more than 4000 submissions from healthcare practitioners, researchers and parents. According to inquiry chair, Animal Justice Party MP Emma Hurst, it was established partly in response to a complaint brought by 30 mothers against Wagga Wagga Base Hospital between 2020-23, with allegations including “women being held down against their will for episiotomies and forceps deliveries, being induced to free up hospital beds and having their perineums sutured without pain relief”.

At the inquiry, Professor of Midwifery at Western Sydney University Hannah Dahlen said: “This is the #MeToo movement of birth that is now finally coming to fruition”. A British equivalent, Listen to Mums: Ending the Postcode Lottery on Perinatal Care, was led by MPs Theo Clarke and Rosie Duffield and was also handed down in May.

Birth trauma has long been – and continues to be – shrouded in shame. “Societally, we perceive birth to be the happiest event in somebody’s life. When it’s not, it’s incredibly isolating,” notes Dawes. “If we look at birth injuries such as bladder damage, perineal tears or pelvic organ prolapse – you think about it, we’re talking about the most intimate parts of your body. That is like a taboo within a taboo.”

A 2022 report undertaken by the ABTA and Make Birth Better, a collective of experts in the field, titled ‘Birth Injuries: the hidden epidemic’, found that of the 801 women surveyed who self-identified as having experienced birth injuries, for more than half the injuries prevented them from bonding with their baby. For 65 per cent, these also impacted partner relationships, and approximately 22 per cent of the women were left unable to return to work. “We just accept [these consequences] as a normal part of birth,” Dawes says. “That’s a sad reality.”

Given suffering is baked into society’s expectations around birth, in Dawes’ experience women are often made to feel that it’s unreasonable to make a fuss – especially if things could have turned out worse. Where, for instance, a mother sustains dramatically life-altering injuries, says Dawes, “The prevailing narrative is, ‘But at least you have a healthy baby, so you should be grateful.’”

According to the 2023 study ‘Assessment of childbirth-related post-traumatic stress disorder in Australian mothers’ – undertaken by researchers from the University of Sydney and the University of Technology Sydney and published in the *Journal of Affective Disorders*, around one third of Australian mothers experience a traumatic birth. Birth trauma, according to an April 2022 article in academic journal *Birth: Issues in Perinatal Care*, is “a woman’s experience of interactions and/or events related to

childbirth that cause overwhelming distressing emotions and reactions, leading to short and/or long-term negative impacts on a woman's health and wellbeing”.

Alysha-leigh Fameli, a PhD candidate at the University of Sydney's School of Psychology and a registered psychologist, considers birth trauma highly subjective. “If something goes wrong [during birth], but you feel supported and respected, you might look at your birth and think, *Wow, that was really hard*. But you might not be traumatised,” she says. “It's not so much about the process or the outcomes, but what happens in that interpersonal sense.”

Even in high-income countries like Australia, there is a risk of complications – and, on rare occasions, death – occurring during childbirth, realities that can understandably feed into women's anxiety around the process. According to the *Journal of Affective Disorders* study, of the Australian mothers who experience a traumatic birth, one in eight show signs of post-traumatic stress. Yet, as the study notes, most women exhibiting symptoms of birth-related PTSD receive no diagnosis. At the six-week checkup after her first birth, which she describes as traumatic, Fameli was screened only for postnatal depression. “I could see that I wasn't at threshold [for depression] because I'm a psychologist and I had interpreted my scores. [But] I didn't feel like myself,” she reflects. Despite her concerns, the nurse reassured Fameli that her state was just part of adjusting to life as a new mother.

“I was so scared the baby would die in his sleep. I didn't want to put him down or let him out of my sight,” Fameli shares. “I knew that wasn't normal [but] I didn't know that [birth-related] PTSD could be a thing,” she says, which is one of the reasons why Fameli advocates for the implementation of the City Birth Trauma Scale in maternal-care settings, a tool that helps detect the condition in women perinatally.

The NSW inquiry made 43 recommendations, which run the gamut from appointing a Chief Midwifery Officer to adopting trauma-informed maternal care practices and expanding perinatal mental-health services. But the inquiry's “primary” proposal is to achieve universal access to continuity-of-care models with a known provider. Of these, the report labelled Midwifery Group Practice (MGP) as “the gold standard”.

“[With MGP], a woman is allocated a known midwife and a backup midwife,” explains chief midwife at the Australian College of Midwives, Alison Weatherstone. “Care is provided from early pregnancy through to labour, birth and postnatally.

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MGP improves outcomes for women and babies phenomenally.” Says Fameli: “If [complications] arise, you have a medical professional you trust who can guide you through the process”.

According to the Australian Institute of Health and Welfare, 14 per cent of maternity models of care Australia-wide currently comprise MGP. As to why more women aren't accessing MGP, Weatherstone cites workforce shortages, an uneven balance of midwives between cities and rural areas and a lack of knowledge in health-service leadership and the wider public about the model's benefits and existence. A NSW Health spokesperson said: “NSW Health is committed to improving access to maternity continuity-of-care models, including midwifery models”. In late August, the NSW government formally responded to the inquiry, supporting 42 of its 43 recommendations in full or in principle.

The mutual understanding afforded by continuity of care also allows medical professionals to best obtain informed consent, where mothers are educated of all the potential repercussions to a procedure or intervention during birth and whether there are safe alternatives. The inquiry recommended that all maternity-health practitioners in NSW undertake training in the area.

A key aim of both the NSW and British inquiries is to ensure information is delivered in a way that is appropriate for women from minority groups, with the 2022 Australian Birth Experience Study from Western Sydney University finding higher rates of birth trauma in culturally and linguistically diverse mothers in NSW. According to the Australian Institute of Health and Welfare, the maternal-mortality rate for Aboriginal and Torres Strait mothers is nearly three times that of non-indigenous women.

Because of a lack of long-term data, it's difficult to quantify whether the incidence of birth trauma is rising – but it's certainly not a modern phenomenon. The recent inquiries have merely tapped into a rich seam of women's experiences that have, for millennia, been minimised or ignored. “If you listen to the stories of women through time, you will hear threads of birth trauma in their narratives,” says Fameli. “As society progresses, we start to see the things that have always been the case but have never been okay.” **HB**

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