



# **The Mother's Tale**

**Women's Experiences of Birth Care in Australia**

**The Birth Dignity Survey 2017**

**Safe Motherhood for All Inc.**

15-May-17

## Contents

Women’s Experiences of Birth Care in Australia .....	2
Introduction .....	2
The Australian Birth Dignity Survey 2016 - 2017 .....	3
Our findings .....	6
Commentary .....	16
Survey conclusions .....	19
Acknowledgements .....	20
References .....	21

# The Birth Dignity Survey 2017

## Women's Experiences of Birth Care in Australia

### Introduction

*'A woman's relationship with her maternity providers is vitally important. Not only are these encounters the vehicle for essential lifesaving health services, but women's experiences with caregivers can empower and comfort or inflict lasting damage and emotional trauma. Either way, women's memories of their childbearing experiences stay with them for a lifetime and are often shared with other women, contributing to a climate of confidence or doubt around childbearing.'*

White Ribbon Alliance, Respectful Maternity Care, 2011

The concept of "safe motherhood" is usually restricted to physical safety at birth. Safe Motherhood is more than the prevention of death and disability. It is also respect for every woman's basic human rights: autonomy, dignity, feelings, choices, and preferences. Cultural, emotional, social, psychological and spiritual safety rarely appear in the discussions. Yet, not only do these factors dominate women's thinking, research indicates ignoring its importance is potentially deadly." (Lock, 2014) & (Dahlen 2015).

Research has consistently shown that two of the most important factors in ensuring positive experiences of childbirth are:

1. supportive relationships with health professionals; and
2. sense of control over decisions made during birth.

(Waldenström, 2004; Stadlmayr, 2006)

Australia is signatory to the Universal Declaration of Human Rights and is obliged to promote, protect, and fulfil the right to health; this includes maternal and prenatal health. The violation of women's human rights within maternity services has largely evaded the attention of the Australian community (Freedman & Kruk, 2014).

*'All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.'* (Article 1, Universal Declaration of Human Rights).

Dignity encompasses the twin ideals of respect and autonomy. It resonates loudly in the maternity context, where women are often vulnerable and exposed, both physically and emotionally. Dignity in childbirth is largely dependent on the care that women receive from their professional caregivers. Respectful care and respect for women's autonomous choices are essential to positive maternity experiences and a woman's long-term health, (Birthrights, 2013).

Promoting dignity in healthcare has become an overriding imperative for healthcare professionals and policymakers alike. But what does it mean for women receiving maternity care? While the focus of human rights in healthcare is often on end of life care, human rights values are similarly fundamental to care for women, their babies and their partners at the start of life.

In Australia, there has never been a large-scale maternity survey focusing exclusively on dignity-related issues. This survey conducted by Safe Motherhood for All Inc. provides a fuller picture of Australian women's experiences of dignity during their births.

The questions focused on choice and respect. Over 1,735 women responded. Our results reveal that many women still do not receive respectful care or choice in childbirth. Only 62% of the women we surveyed had the birth they wanted. The majority believed that their childbirth experiences affected their self-image and relationships with their baby and their partner. A significant proportion of these women believed that the effect was negative.

We believe that understanding, embedding and monitoring dignity in maternity care has the potential to make a real difference to women's experiences of pregnancy and childbirth. We aspire to lead the discussion on dignified treatment in maternity care.

## **The Australian Birth Dignity Survey 2016 - 2017**

### ***Methodology***

In November 2016, Safe Motherhood for All Inc. hosted a survey about women's experiences of childbirth using Survey Monkey. Responses were collected using an online questionnaire taken from the 2013 Dignity in Childbirth survey conducted by Birthrights, the UK human rights in childbirth charity, though they have no involvement with this survey or analysis of the data.

The survey was open to any woman who had given birth in the past 2 years. Women were informed of the survey through social media and women's health organisations.

Women self-selected to undertake the survey. Respondents answered multiple choice questions about their most recent birth experience and were given an opportunity to provide further details in a free-text box at the end of the survey.

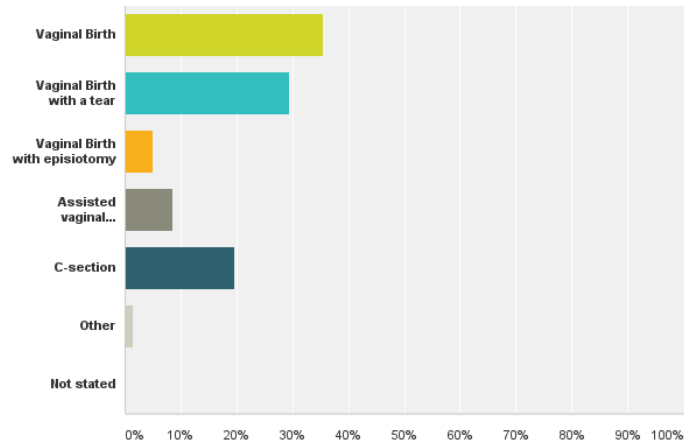
Quotes cited in the findings below are taken from the comments in the free-text boxes. The survey questions reflected themes that have been identified in existing research on dignity in healthcare. The themes we identified included choice, control, compassion, communication, kindness and respect. The questions also reflected the principles of respectful care set out in the White Ribbon Alliance Respectful Maternity Care Charter.

### ***The sample***

1,735 women completed the survey. 46.34% of respondents were first-time mothers and 52.39% were second-time or more mothers. 98.56% of births were of a single infant. 67.88% received public maternity care. 70% of respondents had spontaneous vaginal births, 8.50% had instrumental births and 19.65% had a caesarean section (CS). We have chosen throughout this report to refer to types of births as: spontaneous vaginal, instrumental and Caesarean Section.

**Q2 What kind of birth did you experience?**

Answered: 1,730 Skipped: 5

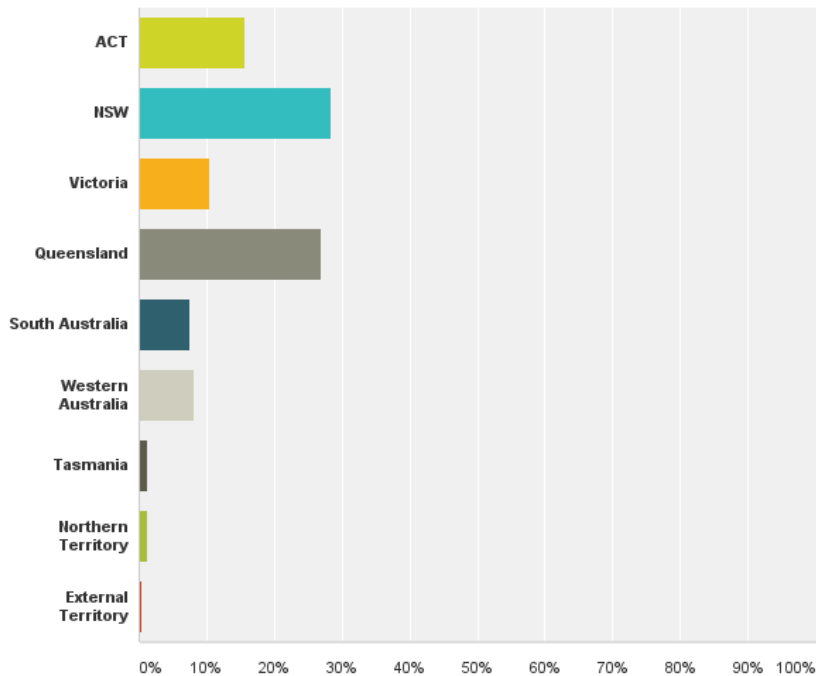


**Figure 1: Respondents answers for type of birth**

We asked women where they gave birth. 72.46% gave birth in hospital, 13.63% in a birth centre, either stand-alone or an alongside unit, and 11.55% gave birth in their own home. There was a wide regional spread of respondents. The largest number of respondents came from NSW at 28.43% Queensland at 26.99%; and the ACT 15.63%.

**Q20 In what state or territory did you give birth?**

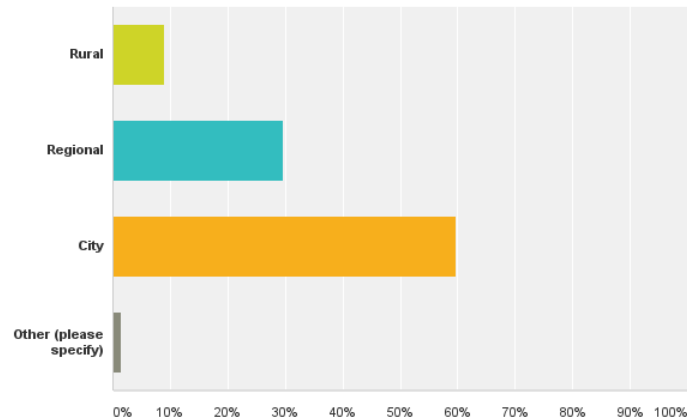
Answered: 1,734 Skipped: 1



**Figure 2: Respondents by State or Territory**

### Q21 Was the region you birthed in?

Answered: 1,732 Skipped: 3



**Figure 3: Respondents by birth region**

The survey sample was relatively ethnically homogenous, with 89% of respondents who identified their ethnicity identifying as Australian/Caucasian/Anglo Saxon. The remainder were Asian, African, Middle Eastern, European, Indian, Maori or Pacific Islander. 30.33% preferred not to specify their ethnic origin. 29 (1.67%) of respondents stated that they had a disability.

In the survey sample the birth centre rate at 13.63% was significantly higher than the national average of around 1.8% (AIHW, 2015).

In the survey sample The CS rate at 19.65% was lower than the national average of 33% (AIHW 2015). The instrumental birth rate at 8.50% is also lower than the national average of 13% (AIHW 2015). This may be reflective of the higher proportion of respondents attending birth centres.

In the survey sample 40 respondents categorised their birthplace as other. In the comments it was apparent that some women started their labour in one place and transferred to another facility during labour, while 4 women birthed on the way to hospital, one had an unplanned home birth.

In the survey sample the home birth rate at 11.55% was significantly higher than the national average of around 0.3% (AIHW, 2015). We *removed* the responses of women who had their babies at home from the findings below on the grounds that the experiences of women who give birth at home will not be typical of the general population. When home births were removed, the sample size was reduced to 1535. Homebirth data is included in the report in a separate section.

## Our findings

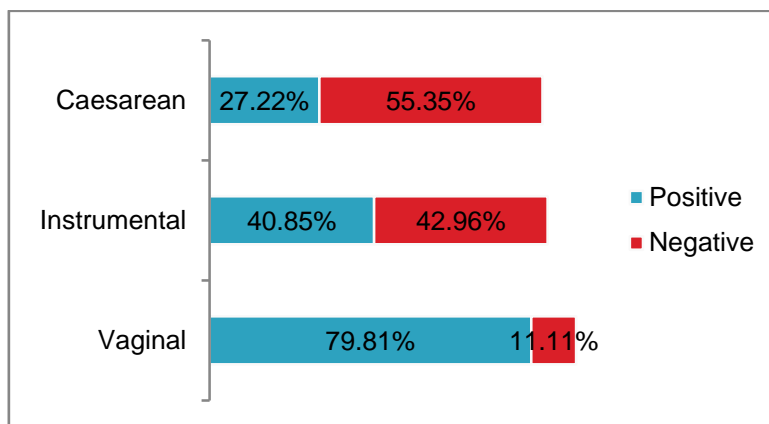
### How women felt about their births

We asked women about the impact that their experience of childbirth had on their feelings about themselves, their relationship with their baby and with their partner.

76.71% of women felt their baby's birth affected how they felt about themselves. Of those women 61.2% felt the impact was positive and 26.07% felt the impact was negative. The negative impact rose to 43% of respondents who had instrumental births, 55.35% of respondents who had a CS and 35.86% for first time mothers. Only 3.6% of respondents who gave birth in birth centres felt that their birth experience had a negative impact on their self-image.

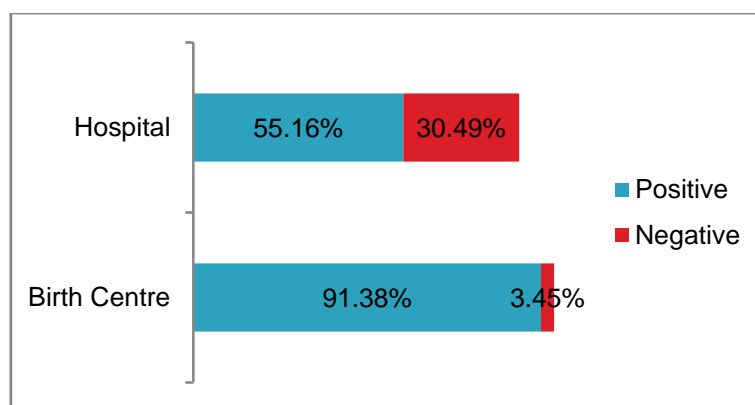
61% of women felt that the birth affected their relationship with their baby. Of those women, 12.76% felt the impact was negative. The negative impact was higher for first-time mothers at (20%). Again, it rose for women who had an instrumental birth (33.33%) or a CS (34%). Only 3.2% of respondents who gave birth in birth centres reported a negative impact on their relationship with their baby.

*“My Midwife was fantastic and the hospital care was to a high standard. My negativity in regards to my birth experience comes from the cascade of intervention I endured following an induction, resulting in a very scary and prolonged labour which was traumatic for myself and my husband. I felt very anxious and scared following the birth of my baby and believe this affected our initial bond.”*



**Figure 4: How did your experience of childbirth affect your feelings about yourself? (By type of birth)**

Similar responses were received in relation to women's feelings about their relationship with their partner. 14.5% of respondents overall felt childbirth had a negative impact. The figure was higher for instrumental births (30.43%), CS (27.9%) and first-time mothers (18.75%).



**Figure 5: How did your experience of childbirth affect your feelings about yourself? (By place of birth)**

Over half of women said that childbirth affected their desire to have more children. Half of those women (62.66%) felt that their birth experience led to positive feelings about having children in the future, while 28.53% felt it had a negative impact. Of these, 31.07% of first-time mothers, 47.90% of respondents who experienced an instrumental birth and 46.42% who had a CS were put off having future children. 88% of respondents who gave birth in a birth centre felt positively about having children in the future.

### Choice in childbirth

We asked women whether they agreed with the statement: 'I had the birth I wanted'. More than half (58.25%) said that they agreed, while more than a quarter (27.1%) said that they disagreed and 13.02% neither agreed nor disagreed.

A greater proportion of women who experienced vaginal births reported that they had the birth that they wanted (79.8%) compared to 30.61% of women who had an instrumental birth and 57.83% of women who had a CS. 47.55% of first-time mothers reported that they had the birth they wanted compared to 69.39% of women having subsequent babies. 35.65% of respondents reported that they did not have a choice about where to give birth either in a hospital or a birth centre.

*"I was able to choose between birth centre and labour ward but not between home and hospital as I would have loved to."*

It is important that women are given information about their options in childbirth in order to make informed decisions and give informed consent to medical examinations or procedures. 15.05% of respondents reported that they were not given adequate information by their maternity care provider about their choices about their birth. The figures were higher for women who had an instrumental birth (18.25%) or a CS (20.39%). Our small sample of disabled respondents reported receiving inadequate information about their choices more often than the average respondent (13 of the 29 disabled women who answered the question).

*"Being my first pregnancy and birth. I feel I wasn't aware of my options and now being pregnant with my second baby, using a different hospital and type of care I can see a number of flaws in my first birth experience. I suppose knowledge and confidence is key for a labouring mother, this I lacked at the time."*



*"I had to jump through so much paperwork and bureaucracy to have midwife led care - even being assessed by two obstetricians before Defence was satisfied with the care provided to me by my midwife/the Birth Centre."*

*"It was never made clear that policies are not law."*

*"I chose the hospital birth centre because it is the safety low intervention situation for me. I had a lot of intervention south my first birth after an induction that I didn't really want but felt pressured into. This second birth was perfect and helped me recover from the trauma of the first"*

*"I wish my GP had explained the difference between public and private care - I would have chosen public despite having priv. health insurance. Also I was glad I did calm parenting - the info was much more comprehensive than that in the hospital sessions."*

*"To an extent - the information provided was limited and skewed toward how he wanted the birth to proceed."*

A proportion of women reported dissatisfaction with choice and availability of pain relief. 10.22% of respondents overall were unhappy with the choice of pain relief. This rose to 13% of respondents who had instrumental births. Only 3.62% of respondents who gave birth in birth centres were unhappy with the choice of pain relief. 13% of respondents overall were unhappy with the availability of pain relief. For women experiencing an instrumental birth, this rose to 17.69%.

We asked women whether they were happy or unhappy with their ability to choose their position in labour. 66.88% of respondents overall were happy with the choice of position in labour. This figure was significantly higher (97.02%) in birth centres than in hospitals (75.27%).

*"What I needed was an experienced midwife who could coach me through it and be aware of the impact of my emotional state on my birthing abilities. When the experienced midwife entered she was very helpful. She was amazing and helped me to change positions when I wanted to, while other less experienced midwives had previously encouraged me to stay on my back which was very difficult for me and I believe this was the reason for slow progress. I had a natural birth and everything went well and I feel very proud of myself and grateful to the staff, however was definitely aware of different bedside manner existing with different staff and I think this is a hugely important issue".*

### **Control in childbirth**

Research has shown that feeling in control during childbirth is associated with positive feelings about birth experiences, while women who do not feel in control of their birth have higher levels of dissatisfaction and may experience long-term psychological trauma (Gibbins and Thomson 2001; Waldenstöm 2004).

We asked women whether they felt in control of their births. 62.96% of respondents said that they did, while first time mothers felt less in control of their birth (58.34%). Control was significantly higher for women who gave birth in a birth centre (94.07%) than in hospital (57.14%). 22.62% of respondents felt they were not in control of their births,

*“My birth was induced. I did not want this & did not feel I could discuss my options or say no.”*

*“I am a very strong willed, well informed person. I have no doubt that had I not been so, I would have experienced interventions simply because they are part of hospital protocol (ie internal examinations).”*

*“I was booked to be induced because I was overdue and I agreed because I was made to feel concerned about the risks of being overdue. Being induced was a horrible experience that basically took away my options/control to have the birth I had hoped for, and resulted in everything I didn't want to have happen (short of a c-section). I felt ashamed at my birth, that people saw me in so much pain, I felt I didn't deal with it well, and I had absolutely no control over how things progressed. The induction resulted in further interventions that resulted in complications that took 7.5 months to heal.”*

*“The continuity of care was amazing, the transfer to hospital after birth was smooth and at all times I felt empowered, respected and in control of my situation.”*

*“I feel fortunate to have experienced a second birth in a way that I felt much more in control and my voice heard.”*

*A lot of choices and control was removed for me*

*“I had a wonderful (although intense) birth experience. I felt very empowered, in control, strong and in partnership with my partner. This was largely due to the continuity of care midwifery model that I experienced. I can't speak highly enough of it. With the midwives at midwifery group practice, I felt respected, important, listened to, and in control of my choices. The labour ward was not like that - I was booked in and told I had to have sintocin and that the baby was at risk, then left alone for four hours while in transition and active labour. I felt powerless and very frightened, thinking that things were going wrong but with no one to ask. It took a long time before I stopped feeling anxious and scared after my baby was born, eventually being diagnosed with PND / post-natal anxiety, and I think the birth played a big role in that outcome.”*

## Consent

Obtaining a person's consent to medical examinations and procedures is a legal requirement. Where a woman is conscious and has mental capacity, there is no justification for failing to obtain her consent. In order for consent to be considered valid, a woman will need to have been given information about the procedure in question.

Overall, 10.68% of respondents considered that they had not given their consent to examinations or procedures. Respondents said that consent was obtained more frequently in birth centres than in hospitals. 93.72 % of respondents considered that their consent had been obtained before examinations and procedures in birth centres, while 78.34% of respondents reported that their consent had been obtained in hospital. It was more common for consent not to be obtained from first-time mothers (13.2%) and for women who had an instrumental birth (17.27%). Failure to obtain consent was only slightly higher for women who had a CS (13.58%).

*“I felt I was only given one option. Everything was explained but no alternatives were given. One must be informed of all options to give consent.”*

*“The public hospital where I chose to birth was less positive. Throughout most of the experience I felt I had to fight for my (and my baby's) rights, advocate for my choices by justifying myself based on evidence based research & fight against fear based advice & coercion.”*

*“Felt there was no choice but to agree”*

*“I had numerous internal examinations. The midwives always checked if it was ok to examine me but not all the doctors did.”*

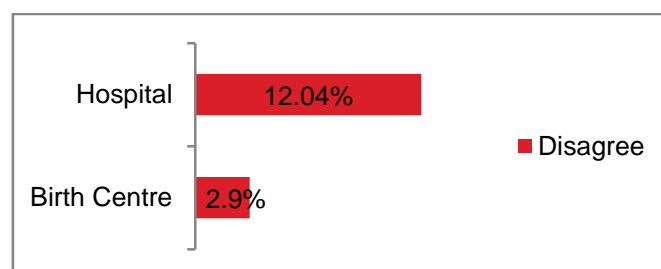
*“I asked if I had a choice but was told the induction and associated interventions were necessary.”*

*“I was told, not asked.”*

*“A lot of people don't know their rights when I comes to dealing with the health system and just follow what the doctor says, in my opinion that is what leads to negative experiences.”*

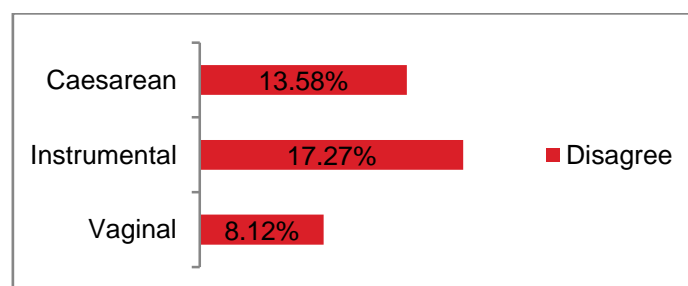
*“Except that I was told I didn't have a choice about an early induction.”*

*“Sure I was given information, but I was backed into a corner where only a very strong willed woman would have been able to walk away.”*



**Figure 6: I was asked if I agreed to each examination or procedure before it took place (by place of birth)**

Respondents gave similar answers to the question about whether information had been provided before an examination or procedure. 11.16% of respondents overall considered that they had not been given information about each examination or procedure before it had been performed. This figure was higher for first-time mothers (12.31%) and in relation to instrumental births (17.27%).



**Figure 7: I was asked if I agreed to each examination or procedure before it took place (by type of birth)**

## Respectful care

Caring and respectful relationships with healthcare professionals can make the difference between a positive and a negative birth experience, but the basic principles of respectful treatment are sometimes neglected in large-scale healthcare facilities, investigations into failing health services have repeatedly shown. The 7.30 Report on Bacchus Marsh Hospital revealed a profound lack of respect for patient rights that has gone hand in hand with clinical and systemic failings, which compromised patient safety, (Reynolds, 2016). The Mid-Staffordshire public inquiry revealed the impact of failure to respect basic dignity had on patients. The labour ward at Stafford Hospital was implicated in the scandal. Human rights claims brought under Article 3 on behalf of over 100 patients of the Mid-Staffordshire have succeeded. This is a salient reminder that maternity care must be based on respect for human rights. We asked women a variety of questions designed to elicit their experiences of respectful care, (Francis, 2013).

In answer to the general question - did you feel respected by midwives and other medical staff? 84.72% of respondents agreed. The figure was lower for women who had an instrumental birth (81.43%).

*"I felt fear, terror and completely disregarded as a human being during my labour of my first and only child. I did not know if I was going to be alive to meet my baby it was that bad. Thankfully there was a shift change during labour and I received appropriate care for the actual birth of my baby however the damage (denial of dignity, waters broken forcefully, syntocin IV and continuous fetal monitoring, no regard for my consent for any of this) had been done. I was given a voice with the shift change and salvaged my vaginal birth with an epidural and an episiotomy (both causing horrible side effects and trauma after birth) due to birthing on my back. Everything my low risk perfect pregnancy didn't need, and everything I didn't want happened because my assigned midwife needed things done on her time frame and schedule. I have since sought amazing support and am healing my PTSD and birth trauma."*

*"My midwife only ever gave her opinion if directly asked, & respected our wishes even when they differed to hers."*

*"gave birth the way I wanted, naturally, with the assistance of a midwife who I found very competent and respectful and caring."*

*"I had the most incredible, respectful and empowering labour. I owe so much to my midwives."*

*"Felt I was treated rudely by obstetricians at public hosp and felt very scared leading up to birth because no one seemed to listen or take my concerns or queries seriously."*

*"I was fortunate to receive a low intervention approach, with decisions made to intervene carefully and respectfully."*

*"My Public system births were all amazing. The midwives and doctors I saw were respectful and great. They read my 'birth preferences' before they saw me."*

*"When I was being repaired after a third degree tear, the Dr refused to take me to theatre. I didn't have any pain relief, I could feel what he was doing and he wouldn't stop. He was too busy teaching, it was embarrassing to have two men sitting between my legs staring at me. I felt so violated. I didn't know what was happening, I didn't realise the effect this would have on me, I have anxiety now and haven't had sex for almost three years."*

*"I was not listened to and my individual circumstances were not considered."*

*"I will never forgive myself for not listening to my intuition and not standing up for myself and my baby and caving to medical pressure. The cruel irony is that I wanted to have a home birth. Due to family pressure I decided to go to the birth centre in case anything should arise. Little did I know that that almost guarantees some sort of pressure to intervene in my circumstances."*

We asked whether healthcare professionals always introduced themselves. 9.95% of respondents said that they did not.

*"No introductions not even the slightest interest in the fact I'd just been through the most terrifying yet incredible experience of my life. I felt my dignity was taken from me in that moment. It was an awful experience. I just wanted to be with my baby and husband."*

*"No the doctors walked in and out no introductions."*

*"The doctor who came in to assist acted as though I wasn't there and didn't ask me my opinion."*

The majority of women (87.75%) reported that healthcare professionals spoke to them in a kind and friendly way. Asked whether healthcare professionals listened to them, 80% of respondents agreed that they did.

*"All nurses and my OB were every kind and gentle supporting me through emotionally."*

*"My healthy baby was interfered with, I was not listened to and my individual circumstances were not considered."*

*"I felt not listened to, and that I was being dramatic. This baby was my 7th birth, I knew my body and how it works through the birthing process. I tried to be as informative as possible to ensure the best care for myself and my baby, to which was disregarded."*

*"Birthing at the Birth Centre allowed me to have a natural birth with no intervention. They listened to my wishes and respected them during the lead up to, and during and after the birth."*

*"During my induction process I wasn't listened too when I had concerns about the baby, then it turned into an emergency and I was knocked out for an emergency ceased because the baby was not happy and either was my old placenta! I will never have another baby."*

*"I felt respected, important, listened to, and in control of my choices."*

*"My midwife was amazing!! Listened to everything I asked. My doctor was pushy and put my birth on a time limit."*

*"Although my midwife was kind and supportive the doctors that came and checked on me were horrible. She was rough, spoke aggressively and was not encouraging at all."*

*"Everything was fine by the book in my birth I think. It was a complicated birth and hospital staff tried to respect my wishes as much as possible."*

*“They listened to my wishes and respected them during the lead up to, and during and after the birth.”*

*“Although I was unable to have the birth that I wanted, I felt safe, looked after and cared about the whole time.”*

*“There’s a huge problem with doctors using a mothers fear to help them get things done the easy way by them but not necessarily how the mother wants it to be. I had so many interventions that spiralled into a c section.”*

Privacy is a fundamental aspect of respectful care. We asked respondents whether they felt that their privacy had been respected by health professionals. Overall, 86.4% of respondents said that it had. The figure was lower for women who had instrumental births (79.59%).

*“The lack of privacy was, frankly, awful.”*

*“She was very respectful and knowledgeable about navigating my past experiences of trauma, and provided just enough support while avoiding being in my space when I needed privacy.”*

*“But I still feel like I had no privacy, lots of people came and went and asked questions during contractions.”*

In answer to the question whether respondents felt looked after by health professionals, the large majority of women agreed that they did (86%). Similarly, the majority of women (84.46%) felt safe during their births, though 19.72% of respondents who experienced an instrumental birth did not feel safe, compared to 5.22% of respondents who had vaginal births and 17.11% of CS births. Only 0.86% of respondents who gave birth in a birth centre did not feel safe.

### **The value of dignity**

Respondents commented on the degree to which their dignity during their birth experience was upheld and whether it had a lasting impact on their emotional well-being and entry into motherhood. Violations of dignity had the potential to cause trauma and remain with women for the rest of their lives.

*“The care I received through the birthing centre and hospital was exceptional, caring and respectful, with the exception of 1 obstetrician who I asked to leave the room.”*

*“I had severe complications in pregnancy so was a high risk patient which understandable limited by choices of my birth. I had some excellent specialist public care during my pregnancy but did always feel that the baby came first and at times my levels of pain discomfort and difficulties were not validated and understood as the focus was just on baby.”*

*“I can’t recommend the MGP program enough for the confidence it instilled in me and the dignity it afforded my partner and I during the labour and birth.”*

*“There is more than I can write down here but essentially, I was really traumatised by my labour and birth experience which lasted over three days. Afterwards, I got really angry when people said 'at least you have a healthy baby though' because I felt like it was possible to have a healthy baby and still maintain some dignity for myself. I had*



*PTSD after my son was born and post-natal depression. I found it really difficult to bond with my son and I feel like I was robbed of his babyhood because I just couldn't enjoy this time at all."*

*"17 months on my birth experience and my loss of dignity and control still upsets me."*

Bad birth experiences can and do make women distrustful of maternity care in future pregnancies and this was reflected in the survey responses. In some cases, women choose to birth at home next time with or without a midwife in attendance (Dahlen & Tracy, 2014). Our survey found this to be true for some respondents.

*"For future births I will likely be forced to freebirth as I will not go to hospital for a healthy low risk birth."*

*"Freebirthed first baby due to being treated inappropriately."*

*"I freebirthed because my first birth sucked. The 'healthcare providers' we're not respectful."*

*"My choice to birth freely without prenatal care or a health care provider at my birth is directly related to being mistreated by hospital midwives in my previous births."*

*"If I decide to have another baby I am definitely choosing to birth at home."*

*"For future pregnancies, I plan to freebirth as I know that due to regulatory changes, I will not be able to access the same standard of care. I have a history of childhood sexual abuse and PTSD and would not step foot in a hospital and risk obstetric violence or paternalistic institution-centric care so long as my baby and I are well."*

*"My decision to decline medical care before, during and after my daughter's birth was influenced by a previous negative, injurious experience in hospital."*

*"I lost 2.5L of blood and almost died due to unnecessary interventions and lack of knowledge. I am planning a drug free home birth for my next baby. It is the only way I feel I won't be traumatised again."*

## **Home birth**

We removed figures relating to the experiences of home birth women from the findings above. Analysis of those figures reveals higher levels of satisfaction with care than for women who gave birth in hospital. For example, of those women who reported an effect on their relationship with their baby, 97% of respondents who gave birth at home felt the birth experience had a positive effect. 96% of respondents felt in control of their birth experience at home. However, satisfaction with choice and availability of pain relief was lower at home than in birth centres or hospital (59% of respondents answered not applicable for this question, while 38.50% were happy with choice, 39.50% were happy with availability). For 17.5% of respondent this was their first birth.

*"Unnecessary intervention in previous births is what caused me to have a home birth."*

*"My decision of having a home birth was made after feeling unsafe during a previous hospital birth."*

*"This is a complete difference to my last birth. Same primary caregiver but that time she worked within a hospital setting and whilst she was and is amazing with my first there was trauma associated with the circumstances and the treatment received from other health professionals which was less than fabulous and was my reason for having a private midwife and a home birth this time."*

*"I deliberately chose a homebirth against my obstetrically trained gp's advice due to a tremendously devastating experience in a hospital for my second birth. Feel so strongly against the model of current obstetric care I wouldn't send my dog to hospital. There are no choices for women. In order of importance it is doctors/legalities first, baby second, mother last."*

*"Great home birth experience after having a terrible experience with my first child in a hospital birth that resulted in an emergency c-section."*

*"I felt compelled to engage an independent midwife after my and my baby's horrific treatment in hospital during and following my first birth."*

*"I chose to birth at home because I didn't feel there was enough respect or privacy in the hospital."*

*"I would not have been able to have such a positive experience in our local hospital as it's more medical-centered than woman-centered."*

*"My third birth was only so positive because I had had experience being powerless with the first two. Had I not demanded yet level of care, the birth would have been out of my control. It was the quickest, calmest, most peaceful experience. I will NEVER step foot in a hospital to birth again (unless utterly life threatening)."*

### **Post-natal care**

The survey did not ask about women's experiences of post-natal care. However women commented in the free text. There was a high level of disappointment with the post-natal care offered. The impact of poor post-natal care on future wellbeing of the woman and her child requires further investigation.

*'After birth baby care is as important as actual birth experience.'*

*"The birthing experience was fine but the support afterwards was severely lacking."*

*"My birthing experience was really good but I struggled a lot during the first month after birth. I often felt misunderstood and not taken seriously. This has had a strong negative effect on me and my decision to have more children."*

*"I felt more stress and less support by midwives after the birth of my child."*

*"My child and I were both healthy and I wish I had not forgotten my power and authority in the after birth experience. I was left so distressed by the outcomes that I don't want to have any more children and if I did I would not want a dr to come anywhere near us."*

*"The after care is pretty poor if you have issues feeding etc, medical staff are often pushy."*



*“The birth was fine it was the non existent aftercare that was the problem.”*

*“I couldn't have asked for better care throughout pregnancy, birth and after the birth.”*

*“Not enough support for breastfeeding.”*

## Commentary

The survey gave consumers of maternity care an opportunity to provide structured feedback as well as free text feedback. The high response in Australia indicates a need for consumers of maternity care to provide this feedback. The number of women who completed the survey was higher than anticipated. The UK with a population of 65.14million received 1100 responses, while Australian with a population of 23.78 million had 1.735 respondents. Findings were similar for both surveys.

The Question *Who was your primary carer?* provided interesting insight into the role of the primary carer. Some respondents found it difficult to answer the question.

*“Hard to distinguish between the medical practitioners with the statements as the answers apply differently to different people involved in my place experience.”*

*“Questions about the medical professional were difficult to answer because I had multiple professionals through my labour and birth*

*“Sorry I'm a survey designer. I found it difficult to answer the questions about health professions as I had many and had very different experiences with each. Some made wrong clinical decisions that had a negative impact of my birth and some were great and respectful.”*

Many respondents commented they engaged a doctor during the antenatal period, however in delivery the midwife became the primary carer.”

*“Obstetrician at appointments; midwife for the birth.”*

*“During the birth, a midwife. During pregnancy I had appointments with the obstetrician on duty in the public system.”*

*“Midwife & obstetrician.”*

*“Was supposed to be my obstetrician but he missed the birth. So was midwives for the actual birth and obstetrician pre birth and post birth surgery.”*

*“While my primary carer was an obstetrician, my birth wouldn't have been such a positive experience without the midwives I had helping me.”*

*“Obstetrician before birth as high risk but midwife for birth.”*

Of particular concern is when no primary carer was known especially when the women birthed in a hospital.

*“No idea, I saw a mix of all of them.”*

*“I don't even know.”*

*“Didn’t appear to be anyone at all.”*

*“None.”*

*“All of them, and no one in particular, unfortunately.”*

*“Me - no one medical person in particular.”*

*“Doula.”*

‘Continuity of Care’ is defined as: *“the practice of ensuring that a woman knows her maternity care provider(s) and receives care from the same provider, or small group of providers, throughout pregnancy, labour, birth and the postpartum period”* (Commonwealth of Australia, 2011, p. 121). International and national studies have consistently demonstrated that continuity of care/r improves satisfaction for both women and health professionals, boosts health outcomes, and reduces intervention rates. Though we asked no questions about continuity of care, the respondents commented the value of continuity of care. The examples below speak for themselves.

*“Continued personal midwifery care with one main midwife and a backup group that are all known to me made the experience very comfortable and friendly and personal. We are currently pregnant without second and going through the same midwifery program with the same midwife.”*

*“I had a continuity midwife through the Catch program at the XXX Hospital. Having a continuity midwife made a huge difference to my entire birthing experience.”*

*“Having the same midwife for the duration of my pregnancy through to my birth was the best experience and helped me feel calm, educated, supported and powerful.”*

*“Having midwifery led care and one on one support throughout my pregnancy were critical to my experience being positive.”*

The results highlight very different outcomes for women who experienced birth centre based maternity care. We must ponder what it is about birth centre care that results in better outcomes for women. Is it the continuity of care in a collaborative relationship? Or is it as a Cochrane Systematic Review concluded that midwife-led continuity of care is associated with a higher level of spontaneous vaginal birth; the women were less likely to experience interventions such as episiotomies or use of forceps; more likely to be satisfied with their care; had a lower risk of foetal loss before 24 weeks’ gestation and at least comparable adverse outcomes for women or their infants than women who received other models of care. Midwifery care has also been found to result in fewer women suffering from debilitating post-natal problems such as illness or injury associated with some interventions (particularly operative deliveries) and postnatal depression, (Sandall et al, 2016).

One respondent did not like the language used in some of the questions.

*“No one “allowed me” to make choices. I allowed them to come into my space. Language is important and it either empowers or reinforces old paradigms. Women own their bodies and they don’t need to be told that other people have the right to allow or disallow anything to do with their bodies.”*

Many respondents would have liked the ability to comment on each question.

*“It would have been good to have a comment box for each question so a further explanation could be provided.”*

This report captures the perceptions and experiences of respondents who have experienced maternity care. The information analysed in this report can inform actions to ensure women experience respect in maternity care.

## Survey conclusions

The Birth Dignity Survey paints a mixed picture of maternity care in Australia. The majority of respondents were satisfied with the care that they received. Overall, respondents reported relatively low levels of unkindness; they felt respected during their births and believed that health professionals listened to them. However, there was significant variation in choice and respectful care reported by women depending in particular on type and place of birth.

The experience of respondents who had an instrumental birth was noteworthy. These women reported higher rates of disrespectful treatment. They also reported greater loss of choice and control. The figures relating to consent for instrumental births suggest that forceps and ventouse are frequently being used without proper explanation or consent being obtained. Reasons for the high levels of disrespect and dissatisfaction in among the women who have instrumental births, need to be investigated further.

From our survey, it is evident that there is a disparity between women's experiences in birth centres, both stand-alone and alongside units, and hospitals. Women who gave birth in birth centres consistently reported more respectful care and greater choice and control than women who gave birth in hospitals.

Disabled respondents reported less choice and control over their birth experience. While the sample size was small, the results accord with existing research on the limits on choice for disabled women (Redshaw, Malouf, Gao and Gray, 2013). Our findings suggest that further research should be undertaken into improving disabled women's experience of childbirth.

The majority of women felt that their experience of childbirth had an impact on their feelings about themselves and their relationships with their babies and partners. A positive impact correlated with spontaneous vaginal births and giving birth in a birth centre. A negative impact correlated strongly with experiencing an instrumental birth.

The impact of childbirth on early motherhood needs to be explored further with a particular focus on the effects of choice, control and respectful care on women's experiences. Childbirth should be part of a respectful relationship whereby women are respected to create a final outcome that empowers the woman, ensures a safe delivery for the woman and safe birth for her baby with the help of the health professional *only when indicated*.

The World Health Organisation's vision of quality of care for pregnant women and newborns was published in May 2015. The vision states quality of care for pregnant women and their infants has two equal parts that influence each other: Firstly, the provider's provision of care (evidence-based practices, actionable information systems, and functional referral systems); and secondly the patient's experience of care (effective communication, respect and dignity, and emotional support). Caring and respectful relationships with healthcare professionals can make the difference between a positive and a negative birth experience.

All health professionals have a role in ensuring that they provide evidence based respectful care and that the women they care for are empowered to be equal partners in this process. Australia needs to ensure responsive, sensitive maternity care systems that cater for the individual woman and respect her human rights. This linking of quality of care with the human rights approach to health is the intent of The Respectful Maternity Care Charter. The charter purposely focuses specifically on the patient's experience of care - on the interpersonal aspects of care received by women seeking maternity services. The Respectful Maternity Care Charter provides a platform for change. A focus on maternity care and infant health linked with the Respectful Maternity Care Charter would be an

innovative approach to reform maternity care, has the potential to reduce health care costs and ensure respect for human dignity.

## **Acknowledgements**

Our thanks to the women who completed the survey; you have enhanced our understanding of dignity in childbirth.

We are grateful to Birthrights UK for permission to use their tool and for all who made the survey a reality. We are very grateful to the many organisations and individuals who circulated the survey.

## References

Australian Institute of Health and Welfare 2016. Australia's mothers and babies 2014—in brief. Perinatal statistics series no. 31. Cat no. PER 72. Canberra: AIHW.

Dahlen, Hannah; & Sally Tracy, 2014, *Birth intervention – and harm – more likely in private hospitals*; The Conversation <https://theconversation.com/birth-intervention-and-harm-more-likely-in-private-hospitals-26801>

Francis R, (2013), Mid Staffordshire NHS Foundation Trust Public Inquiry, <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/report>

Freedman LP, Kruk M (2014) Disrespect and abuse of women in childbirth: challenging the global quality and accountability agendas. *PLoS Med*. 2015 Jun; 12(6): e1001849. <https://www.ncbi.nlm.nih.gov/pubmed/24965825>

Gibbins, J & Thomson, AM (2001). Women's expectations and experiences of childbirth. *Midwifery*, vol. 17, 302-313.

Lock K; 2015; Caesarean rates are too high. We should not treat birth as a medical procedure; *The Guardian*; May 2015.

Redshaw M, Malouf R, Gao H and Gray R (2013). Women with disability: the experience of maternity care during pregnancy, labour and birth and the postnatal period. *BMC Pregnancy and Childbirth* 2013, 13:174

Sandall J, Soltani H, Gates S, Shennan A, Devane D; 2016; Midwife-led continuity models of care compared with other models of care for women during pregnancy, birth and early parenting; [http://www.cochrane.org/CD004667/PREG\\_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early](http://www.cochrane.org/CD004667/PREG_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early)).

Stadlmayr W1, Amsler F, Lemola S, Stein S, Alt M, Bürgin D, Surbek D, Bitzer J, 2006, Memory of childbirth in the second year: the long-term effect of a negative birth experience and its modulation by the perceived intranatal relationship with caregivers. *J Psychosom Obstet Gynaecol*.

United Nations Declaration on the Elimination of Violence against Women, 48/104. [www.un.org/documents/ga/res/48/a48r104.htm](http://www.un.org/documents/ga/res/48/a48r104.htm)

United Nations High Commissioner for Human Rights; 2010; Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights, [http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.39\\_AEV-2.pdf](http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.39_AEV-2.pdf).

Waldenstöm, U; 2004, Why do some women change their opinion about childbirth over time? *Birth*, vol. 31, no. 2, 102-107.

White Ribbon Alliance for Safer Womanhood (2011). Respectful Maternity Care: Universal Rights of Childbearing Women Charter. [www.whiteribbonalliance.org.s112547.gridserver.com/wp-content/uploads/2013/05/Final\\_RMC\\_Charter.pdf](http://www.whiteribbonalliance.org.s112547.gridserver.com/wp-content/uploads/2013/05/Final_RMC_Charter.pdf)

World Health Organisation, 2015, Quality of care for every pregnant woman; [http://www.who.int/reproductivehealth/topics/maternal\\_perinatal/care/en/](http://www.who.int/reproductivehealth/topics/maternal_perinatal/care/en/).