Inquiry into Women's Pain

Birth for Humankind
Organisational Submission

July 2024

www.birthforhumankind.org

Introduction

Birth for Humankind (BFH) is the only provider of community-based doula support and training in Victoria. At the core of BFH's mission is equitable access to quality perinatal care. We actively contribute to creating a more equitable system by offering free doula support to women and gender-diverse individuals experiencing financial hardship and social disadvantage. Our unique Doula Support Program aims to reduce the barriers caused by systemic disadvantage and discrimination during pregnancy, birth, and early parenting.

A growing body of academic evidence supports the role of contemporary, community-based doula support in enhancing pregnancy/birth experiences and outcomes for women and gender-diverse birthing people[1]. The improved outcomes are significant – lower rates of adverse mental health issues, better attachment between the birthing parent and the baby, decreased birth trauma, reduced low birthweight and associated adverse health outcomes[2,3]. Evidence also suggest that doula support can increase the birthing parent's confidence and agency (through knowledge and skill development) and have a positive impact on overall wellbeing during the time they are supported – and often sustained longer term[4,5].

Over the past decade, BFH has developed and refined a distinctive service model, establishing itself as a leader in delivering this evidence-based continuity of maternity support. Birth for Humankind trains and mentors professional birth doulas to provide trauma-informed and culturally sensitive pregnancy, birth and early postanal doula support, which complements clinical care.

This submission responds to the Inquiry Terms of Reference by drawing on BFH's programmatic expertise and outcome data. Our insights highlight the pain experiences of the women and birthing people BFH supports during pregnancy, birth and in the postnatal period. The submission articulates key issues for our client group, as well as the benefits of doula support in the reduction or management of birth-related pain and other issues.

BFH's client group includes women and gender diverse people who are experiencing intersectional forms of social and economic disadvantage and giving birth in Victoria's public maternal health system.

BFH client profile FY 2023:

- 81% had no other birth support person
- 76% were experiencing/at risk of perinatal mental health issues

[1] MA Bohren, G Justus Hofmeyr, C Sakala, RK Fukuzawa, A Cuthbert (6 July 2017) Continuous support for women during childbirth. Cochrane Library. Available from: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub6/full

[2] KJ Gruber, SH Cupito, CF Dobson (2013) Impact of Doulas on Healthy Birth Outcomes. The Journal of Perinatal Education, National Library of Medicine. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/

[3] AM Falconi, SG Bromfield, T Tang, D Malloy, D Blanco, RNS Disciglio (1 July 2022) Doula Care across the Maternity Care Continuum and Impact on Maternal Health: Evaluation of doula programs across three states using propensity score matching. Available from: https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00261-9/fulltext

[4] K O'Rourke, J Yelland, M Newton and T Shafiei (30 Jun 2022) How and when doula support increases confidence in women experiencing socioeconomic adversity: Findings from a realist evaluation of an Australian volunteer doula program. Plos One. Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0270755

[5] J McLeish & M Redshaw (2019) Being the best person that they can be and the best mum": a qualitative study of community volunteer doula support for disadvantaged mothers before and after birth in England. Available from: https://link.springer.com/article/10.1186/s12884-018-2170-x

- 73% had experiences of family violence, trauma or abuse
- 36% spoke a primary language other than English
- 22% were experiencing or at risk of homelessness
- 22% were under 25

This submission is informed by BFH's comprehensive monitoring and evaluation framework and captures reflections from BFH's doula program support staff, mandatory birth reports completed by BFH doulas, and BFH client evaluation data. Importantly, this data reflects personal birth stories and experiences.

The benefits of community-based doula support in the reduction and mitigation of birth pain related issues for our clients is supported by BFH's data. In the analysis of this data, several key themes and recommendations emerged that align closely with the Inquiry Terms of Reference, including:

1. Access to best practice perinatal care models, emphasising continuity of support, trauma-informed, and culturally sensitive care.
2. Support to increase individual health literacy and systemic improvements to health literacy responsiveness.
3. Level of birth interventions and their impact on immediate and long-term pain experiences.
4. Minimisation/dismissal of pain or unmet pain needs by clinical providers.
5. Cultural and personal perceptions of pain and experiences of trauma.

Response to Inquiry Terms of Reference

Birth for Humankind's response relates to several Terms of Reference. The following detail is more directly related to ToR B) C), D) and E):

> B) Listen to the experience of girls, women and clinicians to identify the barriers and enablers when accessing care, treatment and services for pain conditions.
> C) Describe the impact of the current service delivery system on care for pain conditions.
> D) Identify opportunities to improve the care, treatment and services for pain conditions.
> E) Consider appropriate models of care, service delivery frameworks, workforce skill mix, and other areas requiring change.

<u>Theme 1: Access to best practice perinatal care models, emphasising continuity of support, trauma-informed, and culturally sensitive care.</u>

International evidence demonstrates that continuous support during labour and birth by a known support person – such as a doula – is protective in improving birth outcomes and birthing experiences, particularly for individuals with previous experiences of trauma or those who are socially or systemically marginalised[6].

Midwifery Group Practice (MGP) represents only 14 per cent of all Australian models of care, and over one-third (36%) of maternity models across Australia have no continuity of carer in any stage of the maternity period. The highest proportion of continuity of care is being delivered by private midwifery obstetrician models[7].

Women and gender diverse birthing parents face multiple intersecting forms of systemic inequality and discrimination and often face significant barriers to accessing trauma-informed or culturally sensitive maternity support/care. This can affect their engagement with clinical care services, their ability to navigate public health systems, and their capacity to communicate their pain experiences effectively.

BFH's tailored, social-emotional pregnancy and early parenting support (delivered by trained doulas) complements the clinical care provided by the public health system. This continuity of support from a trusted person has been proven to facilitate informed decision-making, enhance positive birth outcomes, and bolster confidence and resources in the postnatal period. BFH doula's provide guidance and reassurance that results in a reduction of stress/anxiety in labour and increase our client's ability to advocate for themselves regarding the pain that they are experiencing.

"She held my hand through the worst of the pain and really held space for me. I couldn't imagine going through those last stages of pregnancy, birth and postpartum without my doula." - BFH client feedback

<u>Theme 2: Support to increase individual health literacy and systemic improvements to health literacy responsiveness.</u>

[6] Sandall, J., et al., *Midwife continuity of care models versus other models of care for childbearing women.* Cochrane Database of Systematic Reviews, 2024. **4**(Art. No.: CD004667).
[7] Australian Institute of Health and Welfare, *Maternity models of care in Australia*. 2023, AIHW: Canberra.

BFH's data highlights two key aspects of women's pain experiences that can be linked to health literacy and education.

Reports from BFH doulas and client evaluations consistently underscore the vital role of targeted health education provided before birth/labour and in the postnatal period. The strength of community-based doula support lies in the trusted relationships formed through continuity of support and the provision of tailored childbirth education that meets social and cultural needs – and that many clients do not receive in the public maternity system. This significantly boosts clients' confidence and self-agency, enabling them to identify, communicate, and advocate for their pain management needs effectively. In the postnatal period, doulas can support women to manage pain associated with birth and or birth interventions, including support to access allied health services.

BFH consistently finds there are gaps in the education and relevant information provided to clients about pain/pain associated with birth interventions and birth injuries, especially potential long-term impacts. This issue is particularly present for individuals unfamiliar with navigating healthcare system or without any form of continuity of support.

Enhancing the communication and management of birth pain and intervention-related pain by health professionals is essential to closing these gaps and ensuring better outcomes for all birthing individuals.

Theme 3: Level of birth interventions and their impact on immediate and long-term pain experiences.

Data from the AIHW[8] revealed that in 2021 over one third (38%) of birthing parents in Australia had a caesarean section birth. While birth interventions are an important part of decreasing maternal health mortality across the work, they should only be utilised when medically necessary. In 2018, The World Health Organisation (WHO) recommend various ways to reduce unnecessary interventions during labour, notably the benefit of continuity of care models.

BFH doula reports and client outcome data reveal a disproportionate level of medical intervention within our client cohort. Accounts from BFH doulas suggest that healthcare professionals often do not consider a client's experience of long-term pain and trauma when recommending procedures. For instance, a single parent with multiple young children might be recommended an induction of labour without being informed that it increases the risk of a caesarean, which she has actively voiced as wanting to avoid due to her caregiving responsibilities in the postpartum period.

Ongoing birth/intervention-related pain is also difficult for many BFH's clients to manage, as they struggle to navigate or access the health system. In the postnatal period, doulas play a role in supporting new parents to access pain management treatments or services (e.g. pelvic floor allied health professionals).

[8] Australian Institute of Health and Welfare, Australia's mothers and babies. 2023, AIHW: Canberra

Not only do doulas play a vital role in the continuous provision of guidance and education, oftentimes (especially noted by BFH doulas) they support/advocate the use of interpreters in clinical settings, to ensure clients can provide informed consent.

Theme 4: Minimisation/dismissal of pain or unmet pain needs by clinical providers.

When a woman or gender-diverse person in labour requests pain relief, they are exercising their agency based on their knowledge of their physical and emotional responses to pain.

The Numerical Rating Scale (NRS), a patient self-assessment tool that rates pain on a scale of one to ten, is commonly used in clinical settings to measure pain intensity and its interference with body function. However, people's pain ratings using this scale can vary greatly based on their personal experiences of pain throughout their life. Many individuals who live with physical and psychological pain related to trauma learn to minimise their visible response to pain, including pain related to pregnancy and childbirth, and may therefore underreport their pain using the NRS.

BFH clients with migrant and refugee backgrounds, those with lower English proficiency, or limited access to interpreters often have difficulty communicating their level of birth pain and using the NRS tool. It is crucial that clinicians are trained in trauma-informed and culturally sensitive practices and are confident in asking questions that help articulate the birthing person’s pain beyond the NRS tool.

Neurodivergent women with sensory issues may also have varied experiences of pain and difficulty communicating their needs, which can lead professionals to underestimate their pain. Having someone to support them in advocating for their needs, making their care requests clear, and ensuring they have all necessary information about examinations, informed consent, and withdrawal of consent is vital.

"[Client had a] really awful experience with hospital staff not listening to her when she said she was in pain or could feel something they thought she shouldn't be able to feel. They also ignored her requests to tell her what they were doing before and during clinical procedures." – Quote from birth report completed by BFH doula.

It is essential that medical professionals do not minimise or deny the birth pain of women and gender-diverse people and that they develop a nuanced understanding of the range of individual expressions of pain that may be related to trauma, cultural contexts, and neurodivergence.

Theme 5: Cultural and personal perceptions of pain and experience of trauma.

Women and gender-diverse pregnant individuals' unique circumstances shape their concepts and experiences of pain and how they articulate their pain levels to health professionals. A person's experience of pain is relative to their total life experience and past trauma, which may lead them to mask and minimise their pain.

Experiences of abuse and trauma can significantly impact a woman's expression of pain. Many have learned to hide or disguise their pain to minimise the frequency and severity of the abuse or even to dissociate from the abusive experiences. Somatic pain can be triggered by stimuli like vibration, force, temperature, and noise, often manifesting in trauma responses in pregnant and birthing individuals.

Cultural perceptions of pain also vary. Descriptions of pain can be culturally specific. For example, a BFH client with Cambodian heritage referred to her pain as "having a wind in her body," with no other language to explain her birth pain that translated well to the Australian maternity system.

Recent academic research found that BFH doulas play a crucial role in supporting clinical maternity providers in the care of migrant client groups[9]. Community-based doula models with a diverse workforce can bridge the gap between clients, clinicians, and systemic understanding and recognition of women's pain. BFH's monitoring and evaluation continually supports and demonstrates this.

It is essential for clinicians to have opportunities to build their understanding of cultural contexts and trauma responses to enhance their response to pain experienced during pregnancy, birth, and the postnatal period.

[9] Khaw SM, Homer C, Dearnley R, O'Rourke K, Akter, S and Bohren MA. A qualitative study on community-based doulas' roles in providing culturally-responsive care to migrant women in Australia. Women and Birth, 2023, ISSN 1871-5192. Available from: https://www.sciencedirect.com/science/article/pii/S1871519223000690

Birth for Humankind Recommendations

This submission highlights the critical need for safe, dignified, culturally sensitive, and respectful pregnancy and birthing support that is responsive to individual experiences of pain.

The existing public maternity system has difficulty meeting the diverse needs of birthing women and gender diverse people with complex life circumstances and limited capacity to navigate a health system they may find alienating. Research has shown that the Birth for Humankind model of community-based doula support is beneficial in supporting these individuals to advocate for their own pain needs and to challenge beliefs regarding pain that are embedded in the public maternity system.

Birth for Humankind's key recommendations are:

- Increased research and investment in Continuity of Care models, including publicly funded community-based doula support programs such as Birth for Humankind's.
- Greater policy focus on addressing systemic structural barriers, discrimination, and racism in the public maternity system that can contribute to short- and long-term birth-related pain.
- Consultation and utilisation of BFH's unique program model in addressing birth pain-related issues in policy and strategy action plans.
- Financial investment in Birth for Humankind that recognises the important role the organisation plays in supporting individuals in the public maternity system and advocating for system reforms that apply a trauma- and culturally informed lens on pain management during pregnancy and birth.