National Mental Health and Suicide Prevention Agreement

Submission

Birth Trauma Australia

March 2024

Executive summary

Birth-related trauma and its ongoing impacts remain significant issues affecting thousands of individuals nationwide. This submission presents evidence gathered through eight years of working with women, birthing people, partners, and health professionals. Our work has involved delivering information, training, peer support services, partnering with researchers like the Hudson Institute, and collaborating with key stakeholders and NFPs to improve perinatal care.

This submission draws upon extensive community feedback, surveys, and lived experiences from the Birth Trauma Australia (BTA) community. We define **birth-related trauma** as any injury or trauma—physical or psychological—sustained at any stage of the birth journey, from conception to the postnatal period. This trauma can affect birthing parents, their partners, and even healthcare providers.

This submission focuses specifically on **the link between birth-related trauma and perinatal suicidality.** Our findings indicate **systemic failures within the health system**, including:

- Inadequate preparation for birth.
- Routine dismissal or misdiagnosis of birth injuries (both physical and psychological).
- Lack of accessible, compassionate, and trauma-informed support, leaving parents feeling isolated and abandoned.

There is an **urgent need for reform** to address the devastating impact of birth-related trauma on the mental health and wellbeing of women, birthing people, and their families. We urge the Productivity Commission to implement these recommendations to improve birth-related trauma support systems.

About Birth Trauma Australia (BTA)

Birth Trauma Australia (formerly the Australasian Birth Trauma Association) is the **peak body for birth-related trauma in Australia.** We provide support for women, birthing people, their partners, families, and health professionals affected by birth-related trauma.

Our mission is to amplify the voices of those impacted and address the unmet needs of birthing families across Australia. We collaborate with multidisciplinary healthcare professionals to enhance nationwide awareness, prevention, and support programs.

Our work includes:

- Direct support for families affected by birth-related trauma.
- Community engagement and research collaborations.
- A highly successful peer-to-peer support program.
- Advocacy for trauma-informed maternity care.

BTA innovates and delivers birth-related trauma prevention and recovery programs and solutions that empower people, organisations and policy-makers nationwide to make informed and safer choices. (see supporting document 1.)

Introduction

BTA welcomes the opportunity to contribute to the **National Mental Health and Suicide Prevention Agreement Review.** Having missed the chance to provide input into the **National Suicide Prevention Strategy**, we now seek to highlight the voices of those who have been overlooked and unheard.

Key Research Findings on Perinatal Suicide

Recent research has uncovered alarming insights about **suicide risk in the perinatal period:**

- The highest risk period is within **the first 42 days postpartum.**
- **Suicide is the leading cause of maternal death in Australia.**
- A 2017 JAMA Psychiatry study found **suicide accounts for approximately 20% of postpartum deaths.**[1]
- Key risk factors include:
    - Untreated perinatal mental illness
    - History of trauma
    - Social isolation
    - Birth trauma
    - Lack of support
    - Severe postpartum pain or complications

The link between **birth trauma and perinatal suicidality** remains underexplored. However, emerging research suggests a strong connection between experiences of **trauma, shame, and suicidal distress.**

[1] https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1666651#google_vignette

Understanding the Birth Trauma-Suicide Pathway

A landmark study by the **Murdoch Children's Research Institute**, in collaboration with **PANDA** and **James Cook University**, has revealed a critical framework for understanding perinatal suicidality: **The Pathway Through Shame.**[2]

Key Themes in Perinatal Suicidality:

1. **Shame as a Core Driver:** Many women experience deep shame linked to adverse childhood experiences, birth trauma, or healthcare interactions.
2. **Violated Expectations:** Women often feel their birth experience or early parenthood does not align with societal expectations, leading to distress.
3. **Psychological Isolation:** A sense of disconnection from self, family, and healthcare providers amplifies suicidal thoughts.
4. **The 'Good Mother' Myth:** Social pressures and unrealistic expectations of motherhood increase feelings of failure.

Critical Pathway:

Birth Trauma → Shame → Psychological Isolation → Suicidal Thoughts

This framework aligns with **BTA's survey data**, where many respondents expressed:

- Feeling **"broken" or permanently changed** by birth injuries.
- Experiencing **flashbacks, PTSD, and nightmares.**
- Loss of identity and **severe anxiety/depression requiring medication.**
- Difficulties bonding with their baby due to **trauma and physical pain.**
- A lack of validation from **healthcare providers and social networks.**

In 2024, we launched our annual 'The Your Birth, Your Voice Survey For Better Care'. We shared this survey with the BTA Community for seven weeks. We gathered 385 responses from women and birthing people nationwide via our social media channels. See supporting document 2 for the survey summary.

The survey highlighted that a significant percentage of respondents reported experiencing mental health deterioration directly linked to their birth experiences. Common themes included:

- Severe PTSD, anxiety, and depression due to birth trauma.
- Feelings of isolation and disconnection from support networks.
- Long-term physical injuries leading to chronic pain and emotional distress.
- A lack of healthcare provider support, with many reporting feeling dismissed or ignored.

[2] https://journals.sagepub.com/doi/full/10.1177/10497323231164278

Shockingly, 31% of participants indicated that they had thoughts of ending their life due to birth-related trauma. That percentage increases to 57% of participants with a significant but largely ignored birth injury called levator avulsion.

Quotes from BTA Community Members

> *"Suicide is actually a pain management option, and I never thought I would consider this."*
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> *"My birth injuries made me feel anxious, alone, and most specifically suicidal as I was told surgery isn't successful or an option at my age. At 32 years old with one child and in otherwise good health, my life felt completely over. I couldn't connect with other new mothers because nobody could relate."*
>
> *"I was in so much physical pain and mental distress that I made plans to end my life."*
>
> *"I suffered postnatal depression and PTSD. I WANTED TO KILL MYSELF, I couldn't see any way out. When I had the stoma I was admitted into a psychiatric hospital because I was so unstable."*
>
> *"I have PTSD. Every time I close my eyes, I'm back on the operating table. No one cared."*
>
> *"Doctors dismissed my pain. They told me I should be 'grateful for a healthy baby.' But I don't feel human anymore."*
>
> *"I have been suicidal from the mental and physical pain. I found it hard to bond and couldn't breastfeed because of the various medical issues and the amount of drugs I was on, alongside zero compassion or support from the hospital. Work is not supportive and I'm having to go legal over the discrimination, which is also taking a toll. My PTSD is triggered by each hospital visit and I just wanted to die to make it all stop"*

These experiences highlight the **devastating mental health toll** of birth-related trauma and the urgent need for **increased awareness, prevention, and compassionate care.** Please review supporting documents 3 for full BTA Case Studies.

Recommendations

1. Increased Access to Perinatal Support Programs

- Implement **routine screening for birth-related trauma** in postnatal care.
- Expand **peer support services** for parents experiencing trauma.
- Ensure **specialist perinatal mental health services** are integrated into maternity care.

2. Trauma-Informed Perinatal Care

- Train **healthcare professionals** to recognise and respond to birth-related trauma.
- Improve **informed consent** practices to prepare parents for birth.
- Establish **standardised treatment pathways** for birth injuries.

3. Addressing Systemic Barriers to Mental Health Support

- Remove **financial and logistical barriers** to accessing care.
- Strengthen **suicide prevention measures** for perinatal women and their partners.
- Enhance coordination between **obstetric, midwifery, and mental health services.**

4. Policy and Research Investment

- Fund **further research** into the birth trauma-suicide link.
- Develop **national guidelines** for trauma-informed maternity care.
- Implement **longitudinal studies** on the mental health impacts of birth injuries.

Conclusion

Perinatal suicide prevention must be a **core responsibility of quality perinatal care.** The link between **birth-related trauma and suicidality** is undeniable, and the **healthcare system must do better** in recognising, treating, and preventing these devastating outcomes.

BTA stands ready to collaborate with the Australian Government and key stakeholders to implement these recommendations, ensuring **better births and safer healing** for all Australian families.

We welcome the opportunity to discuss these issues further and appreciate the consideration of our submission.

Sincerely,

Amy Dawes

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