Inquiry into birth trauma – Post-hearing responses – 7 September 2023

Hi Tina,

Apologies as I didn't see that this email had to be sent by COB today.

Here are my recommendations, as I stated in the inquiry I would send them on, hopefully it's not too late.

I was thrown as to why I received the generic questioning as I did not experience some of the questions that were asked?

Regarding the term "birth trauma", I feel no one can state their preferred definition as we all have our own experiences based on our life experiences and the support, love and compassion we have around us at the time.

Kind Regards,

Naomi Bowden

Recommendations:

1. Training in communication and basic care and compassion.

https://stillaware.org/

2. Policies and procedures to be created around miscarriage and loss, and for all staff to be inducted. Have an appointment booked with out local hospital to discuss this and with permission send it through to the commission if needed.

3. Social Worker with grief and trauma-based training to be available 24/7 regardless gestation.

4. Continuity in support after leaving hospital – and being linked in with appropriate services:

PIMS: https://www.health.nsw.gov.au/mentalhealth/services/parents/Pages/perinatal-infant-mental-health-services.asp

Mental Health Hotline: https://www.islhd.health.nsw.gov.au/services-clinics/perinatal-infant-mental-health

PANDA: https://panda.org.au/

Miscarriage & Early Pregnancy Loss https://www.pinkelephants.org.au/

Stillbirth https://stillbirthfoundation.org.au/

5. The manner and language in response letters to families also needs to be reviewed. I understand from a legal perspective that they have to be cautious around the wording they use, they can still respond with compassion as I found this highly distressing.

6. Unnecessary ongoing trauma – eg. Left in birthing suite, unhelpful comments. Have approached the new Health Minister Ryan Park regarding funding for every hospital in Australia to have a special room. One that is soundproof, a double bed so parents can stay together and not be forced to sleep on a couch, and a room for not only compassionate needs, but also start at where the most trauma begins.

7. Leaving hospital –plan of action/care. Follow up with the six-week appointment is huge. Better Communication with the overall hospital team and have the social workers involved in every aspect.

8. Communication that all the staff know about the local resources that are available at every hospital. Eg. Cuddle cots on hand, heartfelt cameras to staff to use and any other bereavement/trauma support information packs that they have on hand.

9. A more informative and streamline process when dealing with the corner and what that looks like for bereaved parents. This experience was overwhelming, not talked through what was going to happen and the timeline. We spoke to the counsellor that the coroner provided, and they provided all the information.