From: Susan Tawia
Sent: Thursday, 18 April 2024 2:47 PM
To: Birth Trauma
Subject: RE: Birth Trauma - Post-hearing responses - 8 April 2024
Attachments: Transcript - Select Committee on Birth Trauma - 8 April 2024 - HIGHLIGHTED WITH QUESTIONS ON NOTICE Susan Tawia.pdf; Australian Breastfeeding Association Questions on notice.docx; BiBS Study Report Final.pdf; Emergency preparedness for IYCF-E.pdf; Northrup 2020.pdf; CT Beck_ birth trauma and breastfeeding.pdf; 150.full.pdf; australian-national-breastfeeding-strategy-2019-and-beyond.pdf

Hi Jessie,

Please find attached:

- my transcript corrections
- answers to questions on notice directed to me/ABA
- pdfs of 6 papers that I reference in the document addressing questions on notice

Regards,

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Documents provided as pdfs

Australian Breastfeeding Association (2023). *'Want to help the children? Help the parents': Challenges and solutions from the Babies and Young Children in the Black Summer (BiBS) Study.* https://www.breastfeeding.asn.au/sites/default/files/2023-06/BiBS%20Study%20Report%20Final.pdf

Gribble, K., Peterson, M., & Brown, D. (2019). Emergency preparedness for infant and young child feeding in emergencies (IYCF-E): an Australian audit of emergency plans and guidance. *BMC Public Health*, *19*, 1-11. https://link.springer.com/content/pdf/10.1186/s12889-019-7528-0.pdf

Northrup, E. C. (2020). The experience of breastfeeding after birth trauma: a phenomenological study. https://unbscholar.dspace.lib.unb.ca/server/api/core/bitstreams/315e66a5-991c-4431-877b-22822c076a63/content

Beck, C. T., & Watson, S. (2008). Impact of birth trauma on breast-feeding: a tale of two pathways. *Nursing Research*, *57*(4), 228-236.

Kendall-Tackett, K. (2017). Why trauma-informed care needs to be the standard of care for IBCLCs. *Clinical Lactation*, *8*(4), 150-152. https://connect.springerpub.com/content/sgrcl/8/4/150.full.pdf

COAG Health Council (2019*). The Australian National Breastfeeding Strategy: 2019 and beyond*. https://www.health.gov.au/sites/default/files/documents/2022/03/australian-national-breastfeeding-strategy-2019-and-beyond.pdf

Questions on notice

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Dr AMANDA COHN**:** I'm happy to go first. I've got a very niche question, so apologies. We're going to go very niche, very quickly. The Australian Breastfeeding Association wrote a report on the Black Summer bushfires, particularly the needs of pregnant people and carers of young children in disasters, which I thought was very interesting and something this inquiry hasn't looked at, at all. Certainly, disasters are going to be more frequent with climate change and are a different type of traumatic experience. I was hoping you could speak to that report and what some of those needs of pregnant people and carers of young children are.

Dr AMANDA COHN: I appreciate that this one may need to be taken on notice, but are you aware of any examples where that was done well? Did you have any survey respondents say that they actually felt well supported?

SUSAN TAWIA: I'm not sure about Australia, but I know in the report—and we could perhaps share the report with the Committee—they do talk about places overseas where there are models of care that could be useful. That's another thing they did: They sort of did a global survey.

Australia's lack of preparedness for emergency responses in relation to infants, young children and their mothers, parents and caregivers

Late in 2019, it became apparent that the bushfire emergency was rapidly escalating and many families, including mothers and their infants and young children were evacuated from their homes. Serious gaps in emergency responses in relation to infant and young child feeding in Australian agencies were exposed and more detailed information regarding infant and young child feeding in emergencies was required.

But, we already knew that there were serious gaps in state and territory emergency preparedness for infant and young child feeding in emergencies. A team of breastfeeding advocates audited Australian emergency plans and guidance and published their findings in 2019.

Commented [ST1]: Gribble, K., Peterson, M., & Brown, D. (2019). Emergency preparedness for infant and young child feeding in emergencies (IYCF-E): an Australian audit of emergency plans and guidance. *BMC Public Health*, *19*, 1-11. https://link.springer.com/content/pdf/10.1186/s12889-019-7528-0.pdf

Table 1 Presence and absence of important aspects of IYCF-E planning and guidance and the number of plans and guidance in each jurisdiction

	National	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory
Infants and young children recognised as vulnerable	X	X	X	X	X	X	X	X	X
Need for IYCF-E planning recognised			X						
Responsible agency/agencies for IYCF-E nominated									
Assessment of needs regarding IYCF-E provided for									
Breastfeeding counselling support provided for									
Support for caregivers of formula fed infants provided for									
Aspects of IYCF-E planning for evacuation centres included			X	X					
Management of donations of infant foods described									
Heat wave guidance distinguishes between infants under 6 months and older children or adults		X			X		X		
Heat wave guidance does not distinguish between infants under 6 months and older children or adults		X	X	X	X		X		X
Emergency kit list with detailed information on the needs of infants				X					
Number of plans and guidance	22	31	27	29	34	29	15	15	12

They found that:

- While plans and guidance understood that infants and young children were vulnerable – the first row in the table.

- There was little planning at all levels of government for their needs – the large area of white space in the table.
- There was some guidance about heatwaves which wasn't appropriate

They also found that:

- No agency at Federal or State/Territory level had designated responsibility for IYCF-E or children in general.

Gribble, K., Peterson, M., & Brown, D. (2019). Emergency preparedness for infant and young child feeding in emergencies (IYCF-E): an Australian audit of emergency plans and guidance. *BMC Public Health*, *19*, 1-11. https://link.springer.com/content/pdf/10.1186/s12889-019-7528-0.pdf

The Babies and Young Children in the Black Summer (BiBS) Study

During the Black Summer Bushfires, ABA volunteers provided support to mothers via the National Breastfeeding Helpline and, for some, in person. Through the work of their volunteers, ABA has long been aware of the vulnerable position of infants and very young children and their families during and after disasters, and the need for better support for them.

The BiBS Study is part of ABA's Community Protection for Infants and Young Children in Bushfire Emergencies Project, which is based in Eurobodalla Shire on the NSW South Coast. The project aims to increase community resilience to disasters through facilitating better planning and preparedness to meet the needs of very young children and their parents and caregivers in emergencies.

More information about and resources from the project can be found here: https://www.breastfeeding.asn.au/emergency-resources-babies-and-toddlers

Commented [ST2]: Australian Breastfeeding Association (2023). *'Want to help the children? Help the parents': Challenges and solutions from the Babies and Young Children in the Black Summer (BiBS) Study.* https://www.breastfeeding.asn.au/sites/default/files/2023-06/BiBS%20Study%20Report%20Final.pdf

So, what did the project find? What could be done better?

From interviews with mothers, parents and caregivers of babies and young children p28

Recommendations to better support families with very young children in emergencies

- Mothers said that they wished that they had better prepared for evacuation and said there should be more information available on being in an emergency with children including **what to pack in an evacuation kit** if you had an infant or toddler.

- It was also expressed that **making connections with others** in the community should be encouraged as a way of building resilience.
- **Improvements in evacuation centres for families with very young children** were frequently suggested including in choice of venue for evacuation centres with information on **which centres might be best for children**, communicated to parents.
- Many of the women we interviewed said that evacuation centres needed to have a **separate space for families with very young children**.
- Some mothers gave more detail on what sort of support could be provided in these separate spaces including: **somewhere private for breastfeeding and equipment and supplies** for very young children (including for sleeping, eating, cleaning, and playing). They also said that it would be beneficial to **have volunteers providing proactive support** to the mothers and other caregivers of very young children.
- Mothers expressed that they felt that **proactive psychosocial support for the mothers** of very young children would be beneficial and might help overcome any reticence to seek help because others were more deserving.
- Women also expressed that **facilitating get-togethers** so that stories and experiences could be shared or so they could **just be with other mothers** would be helpful.
- And more assistance on how to help very young children who had been impacted by their parents' traumatic response to the Bushfires

From interviews with emergency responders p46

Recommendations to better support families with very young children in emergencies

- Emergency responders were clear that parents needed to be provided with **more information on preparing for an emergency** including what to put in their evacuation kit for their very young children.
- Emergency responders also spoke about the need to have **a separate space for families with very young children** in evacuation centres.
- Emergency responders also said that more information on family and child vulnerability, including information on how infants are being fed (and particularly if they are formula fed) should be **collected at registration in evacuation centres so that proactive and appropriate support** can be provided.
- **Signage in evacuation centres** to tell people where they could get help with accessing resources for formula feeding and not to wash bottles in toilet areas was also suggested.
- And having **one organisation** (rather than many) responsible for supporting the feeding needs of infants and young children.

- They recognised that wherever possible **ensuring access to breastfeeding support** in evacuation centres was needed, whether in person or through use of telehealth or the National Breastfeeding Helpline.
- Adding the needs of children into **evaluation of venues as possible evacuation centres**
- Emergency responders wanted **information and checklists** for themselves to make it easy for them to know what to do.
- Finally, emergency responders expressed **a need for training and capacity building for emergency responders** on supporting very young children and their parents and caregivers in emergencies.

From interviews with 20 global emergency experts

Best-practice globally p48

The following actions were undertaken in their countries to improve the support for and emergency experiences of families with very young children.

- Improving the emergency planning for infants and young children
- Ensuring emergency response meets the needs of infants and young children
- Gaining support for implementation of emergency planning
- Promoting family resilience

Two exemplars were highlighted in the BiBS Study report:

Baby and Child Unit, Alberta, Canada

The 2016 Fort McMurray Bushfires in Alberta, Canada burnt nearly 600 000 ha of land and required the evacuation of 88 000 people, including many families with infants and young children. During this emergency, volunteers from a child health coalition identified deficiencies in the emergency response to the caregivers of infants and young children, that placed children at serious risk. Following this emergency, an organisation created in response to the poor disaster response to very young children, Safely Fed Canada, worked with authorities from one local government area to create the Baby and Child Unit. The Baby and Child Unit supports the caregivers of children 0-3 years, who have been impacted by a disaster, in caring for their children. The Baby and Child Unit provides a separate space within evacuation facilities for parents and other caregivers of very young children and is resourced with items to support children's specialised feeding, hygiene, sleep and play needs.

Reassurance and emotional support are provided to caregivers by trained volunteers/workers to help them to remain responsive to their children, so protecting children's emotional wellbeing. Volunteers/workers receive basic training on breastfeeding, infant formula feeding, hygiene, sleep safety and psychological first aid.

Mothers experiencing breastfeeding challenges are referred to telephone breastfeeding counselling if onsite services are not available.

The Baby and Child Unit has since been fully integrated into multiple local government emergency plans in Alberta as part of any facility providing services to evacuated people, including evacuation centres and other emergency accommodation sites.

Community Response Planning, New Zealand

In New Zealand, government emergency planning is augmented by Community Response Planning. Community Response Planning recognises that community members are first responders in any disaster and that assistance provided in emergencies mostly comes from family, friends, neighbours, community groups, and churches etc. **Community response plans are developed by community members and in the event of a disaster, are supported by government responses.**

In Community Response Planning, communities consider the risks that they face and the assets they have and consider how they can use these assets and build on their strengths to support each other in an emergency. They think about the different groups in their community and what those groups might need in terms of support in different types of emergencies. Community members develop plans and resources to support those plans including checklists, role descriptions and instructions.

> Tokanui is a small rural community in Southland, New Zealand that experienced a flooding emergency in 2022 requiring evacuation of many residents and tourists. Following their Community Response Plan, different evacuation venues were used for different groups; the general population went to the Rugby Club, the tourists to the Scout Hall and the families with very young children to the Plunket (child nurse) facility. Food and other supplies were helicoptered in by government civil defence and, in this manner, everyone was catered to, based on what the community saw as being appropriate for them.

Australian Breastfeeding Association (2023). *'Want to help the children? Help the parents': Challenges and solutions from the Babies and Young Children in the Black Summer (BiBS) Study.* https://www.breastfeeding.asn.au/sites/default/files/2023-06/BiBS%20Study%20Report%20Final.pdf

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The CHAIR: You both have talked about interconnections between breastfeeding and birth trauma, that the trauma can lead to some women unable to breastfeed and that some women can experience further trauma if they're unable to breastfeed when they wanted to, either because of physical trauma or inadequate support or some other reason. I just want you to talk a little bit more about this and the recommendations for change that you hope to see within the inquiry report in this particular space.

AMY TYSON: Did you want to go, Susan?

SUSAN TAWIA: What quite were you—

The CHAIR: Sorry, I know it's a very broad question. I think I'm trying to nut down some of those interconnections between breastfeeding and birth trauma. Because it's complicated, I'm just trying to understand what other key recommendations that we should be looking into in regard to untangling that interconnection, how we make sure that the services are aware of that interconnectedness and also making sure that there are recommendations in the report that are targeted towards helping remove that additional form of trauma.

SUSAN TAWIA: I think it's going to be very difficult. From a second research project that I've been reading by a woman called Northrup in Canada, in 2020, she said that they're inextricably linked. As soon as someone is talking about their breastfeeding problems or

their experiences after birth trauma, they always speak about their birth. They're always going to be linked. In terms of a recommendation, this will be thinking on my feet—

Breastfeeding and birth trauma are inextricably linked

In asking participants to share their experience of breastfeeding after birth trauma, every participant consistently shared intimate details of their birth trauma experience. Not a single participant left out the events surrounding their birth. I believe this highlights that birth and breastfeeding are not dichotomous experiences, they exist on a continuum. The breastfeeding experience was unavoidably bound to the birth experience. What happens during birth impacts the entirety of the postpartum experience, including lactation. For many parents there was little demarcation between where the birth trauma ended and the breastfeeding experience began. While I had not explicitly asked for the birth experience to be shared nor excluded from the breastfeeding experience, I think that the amount of detail and the emphasis participants placed on describing their experience of birth trauma underscores that any attempt to tease out the unique breastfeeding experience separate from the birth experience is futile. Participants words demonstrated that happens in birth has repercussions for breastfeeding. (Northrup, 2020)

Commented [ST3]: Northrup, E. C. (2020). The experience of breastfeeding after birth trauma: a phenomenological study. https://unbscholar.dspace.lib.unb.ca/server/api/core/bitstreams/315e66a5-991c-4431-877b-22822c076a63/content

Northrup, E. C. (2020). The experience of breastfeeding after birth trauma: a phenomenological study. https://unbscholar.dspace.lib.unb.ca/server/api/core/bitstreams/315e66a5-991c-4431-877b-22822c076a63/content

Themes identified about the relationship between birth trauma and breastfeeding.

The first three themes helped to facilitate breastfeeding and the last five themes hampered or disrupted mothers' experiences related to breastfeeding. These themes included:

(1) proving oneself as a mother: sheer determination to succeed
(2) making up for an awful arrival: atonement to the baby,
(3) helping to heal mentally: time-out from the pain in one's head,

(4) just one more thing to be violated: mothers' breasts,
(5) enduring the physical pain: seeming at times an insurmountable ordeal,
(6) dangerous mix: birth trauma and insufficient milk supply,
(7) intruding flashbacks: stealing anticipated joy, and
(8) disturbing detachment: an empty affair. (Beck & Watson, 2008)

Beck, C. T., & Watson, S. (2008). Impact of birth trauma on breast-feeding: a tale of two pathways. Nursing Research, 57(4), 228-236.

Commented [ST4]: Beck, C. T., & Watson, S. (2008). Impact of birth trauma on breast-feeding: a tale of two pathways. *Nursing Research*, *57*(4), 228-236.

The CHAIR: It's a big question. I'm happy for you to take it on notice, if you need some time.

SUSAN TAWIA: Yes, we could do that. I've got a feeling that what we need to do is—the health professionals working directly with the mother need to recognise that she is traumatised. Actually, I will tell you—and I might take it on notice but also talk about Kathy Kendall-Tackett, who I was talking about in my opening statement. She has done a lot more of this work in the US, and she has some recommendations around trauma-informed care for people like lactation consultants. There may be something in that that might be useful.

Postpartum care and breastfeeding support would best be trauma informed

Given that breastfeeding and birth trauma are inextricably linked, and birth trauma rates are high, postpartum care and breastfeeding support would best be trauma informed.

But, importantly, it should be knowledgeable – evidence based and up to date.

Kathy Kendall-Tacket makes the case that trauma-informed care (TIC) is 'a movement gaining momentum in healthcare' in the US but had not been widely adopted among carers of childbearing women despite traumatic birth experiences being common. It could be argued that the situation is similar here.

Commented [ST5]: Kendall-Tackett, K. (2017). Why trauma-informed care needs to be the standard of care for IBCLCs. *Clinical Lactation*, *8*(4), 150-152.

She highlights parallels between a model of trauma-informed care with its positive influence on all mothers and breastfeeding:

Safety: Safety is essential. If a mother does not feel safe, for whatever reason, breastfeeding will not succeed. When mothers do not feel safe, their fight–flight response is activated. This causes the oxytocin response to be downregulated and can actually stop the flow of milk.

Trustworthiness and Transparency: Mothers need to feel they can trust their providers. Otherwise, breastfeeding will fail. TIC teaches providers how to gain mothers' trust and work with them most effectively.

Peer Support: Peer support has always been an important part of breastfeeding support. It is right in line with the principles of TIC.

Collaboration and Mutuality: Mothers must feel that they are working with their healthcare providers as part of a team. If they do not, they will not feel safe. Providers must never grab mothers or force babies to the breast. Fortunately, our field is moving in this direction already, and our change in paradigm is in line with TIC.

Empowerment, Voice, and Choice: All healthcare providers need to empower patients. Period. When we "help" too much, mothers are left with the belief that they cannot do it on their own. We rob them when we do too much. Help mothers see the competencies they already possess. Breastfeeding can be an important part of the healing process for mothers.

Cultural, Historical, and Gender Issues: We must always recognize that every mother is unique. Listen. Ask questions. And assist where you can.

She finishes with *trauma-informed care is an excellent model of care and one I hope we adopt as a comprehensive approach to breastfeeding support*.

Kendall-Tackett, K. (2017). Why trauma-informed care needs to be the standard of care for IBCLCs. *Clinical Lactation*, *8*(4), 150-152. https://connect.springerpub.com/content/sgrcl/8/4/150.full.pdf

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The Hon. EMILY SUVAAL: I wonder if you could—Susan, starting with you—recommend the ways that we can support breastfeeding women and families more generally or what we could look to in terms of recommendations to improve support.

SUSAN TAWIA: Good question. They need to be aware of all the services that are available. I know this is very broad picture, but they need to be confident in themselves and their bodies and breast milk. There's a lot of advertising of alternatives to breast milk that undermines women's confidence in their bodies and their capability to look after their babies. So there's that. There's also societal support. Women cannot do it on their own. They need everybody, including governments, supporting them and supporting them to breastfeed—things like maternity protections, breastfeeding when they return to work, "breastfeeding welcome here" accreditation of workplaces. It comes from working with the mother as a simple person or a dyad with her baby, right through to big societal supports. It's not just one thing; there are lots of things. I could probably create a more comprehensive list; may be I will take that on notice. It's more than just working one-on-one with the mum; it's a whole lot of things. It's community support, peer support—everybody understanding the importance of breastfeeding.

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SUSAN TAWIA: Many breastfeeding advocates worked with the Federal department of health to create that blueprint for how to support mothers to breastfeed. Your recommendations could come from that. But that has just sat doing pretty well nothing. There's no implementation plan, and there's very little funding for it. ABA is actually funded to do its helpline through that, but we were funded for that from years before that. They do see that as an important service. If you look at the Australian National Breastfeeding Strategy 2019 and beyond, there would be a lot in there that would be very useful for your recommendations.

Recommendations to improve breastfeeding support for all mothers.

The Australian National Breastfeeding Strategy: 2019 and beyond

COAG Health Council (2019). The Australian National Breastfeeding Strategy: 2019 and beyond. https://www.health.gov.au/sites/default/files/documents/2022/03/australian-national-breastfeeding-strategy-2019-and-beyond.pdf

The Strategy:

- Provides guidance on evidence-based approaches to protect, promote, support and monitor breastfeeding. The strategy was developed by the Australian Department of Health and agreed to by the health ministers of all states and territories through COAG processes and then launched on 3 August

Commented [ST6]: COAG Health Council (2019). The Australian National Breastfeeding Strategy: 2019 and beyond. https://www.health.gov.au/sites/default/files/documents/2022/03/australian-national-breastfeeding-strategy-2019-and-beyond.pdf

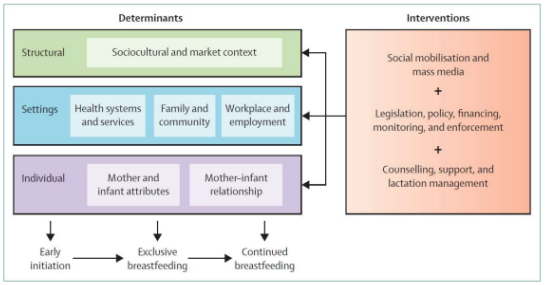
2019, during World Breastfeeding Week. The day-to-day work of ABA actively supports all six strategy objectives

- Represents the commitment of the Australian Government and the State and Territory Health Ministers to enable breastfeeding through policies, baby-friendly health settings, health professional education and training, and universal and targeted breastfeeding education and support services.
- Is designed to be used as a tool to protect, promote and support breastfeeding. It can be used as a resource by governments at all levels, policymakers, stakeholder organisations, the public and private health sectors, industry, researchers and academics, families, and communities.

The Strategy recognised that an enabling environment for breastfeeding was multifactorial and not just about the individual mother and her breastfeeding goals (See Figure 10 below from the Strategy).

The authors of *The Lancet's* Breastfeeding Series did a systematic review of available studies to identify the determinants of breastfeeding and reviewed and revised previous conceptual frameworks. The conceptual model at Figure 10 describes the determinants that operate at multiple levels and affect breastfeeding decisions and behaviours over time.[74]

Figure 10: The components of an enabling environment for breastfeeding—a conceptual model



The Strategy identified populations that included mothers of pre-term infants and those who had caesarean births or obstetric or childbirth complications – the term traumatic birth was not used (see Figure 8 below from the Strategy).

Figure 8: Priority populations for the Australian National Breastfeeding Strategy

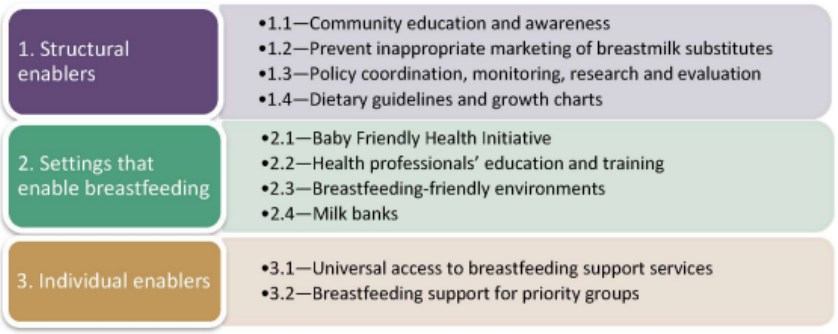
Aboriginal and Torres Strait Islander	Culturally and linguistically diverse*	Low socio-economic background or low education level	Mothers of preterm infants	Young mothers (aged under 25 years)	Daily smokers	Obese mothers	Caesarean birth or obstetric or childbirth complications

*** This includes migrants, refugees, asylum seekers and their children.**

Priority and Action Areas identified by the Strategy begin with the Structural enablers and move through to the Individual enablers (See Figure 11 below from the Strategy). At each level, interventions that will support mothers to breastfeed have been identified.

Three priority areas are the focus of the Strategy. These are structural enablers; settings that enable breastfeeding; and individual enablers. The actions under each priority area highlight the key areas of intervention so that breastfeeding is normalised.

Figure 11: Priority and action areas for the Australian National Breastfeeding Strategy: 2019 and Beyond



In terms of making recommendations, the Committee may find both of the interventions outlined in the *Individual enablers* and the Baby Friendly Health Initiative and Health professionals' education and training in the *Settings that enable breastfeeding* the most pertinent, both of which I highlighted in my evidence.

COAG Health Council (2019). The Australian National Breastfeeding Strategy: 2019 and beyond. https://www.health.gov.au/sites/default/files/documents/2022/03/australian-national-breastfeeding-strategy-2019-and-beyond.pdf