

**Submission  
No 31**

## **INQUIRY INTO BIRTH TRAUMA**

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To the committee,

It's worth reading the MBRRACE-UK reports and considering setting up a similar model in Australia. Fascinating reports. apparently a bunch of best practice routine critical care and emergency protocols will kill pregnant women which is why it's important to have an obstetrician in emergency rooms and critical care sites. The Birthrights inquiry into Racial Injustice in Maternity Care is also fascinating. I found it cathartic because it's like most of my social interactions. From the report, ""For my second child I had good birth care, he was premature. After we went home he developed jaundice. My health visitor was not convinced but my whole family could see it. She said she'd test his levels just to put my mind at ease. He tested super high and the HV was alarmed but she kept insisting the machine must be broken. She agreed to inform her superior though, still insisting there was nothing wrong but "mum wants some reassurance", and the superior agreed to refer us to the hospital. "At the hospital the doctor admitted the reading was very high but insisted from the look of him there is nothing to suggest he was severely jaundiced, just a "slight" yellowing of his eyes. By then he looked neon to me. They did another reading and sent his bloods off, it was even higher than the last. My baby was immediately hospitalised for several weeks. The white staff did not recognise jaundice in a Black baby."" It is also a good illustration of systemic racism. They've got authority because they're from a dominant group not because they're bright.

A sort of bread and butter of anaesthetics is the epidural given during childbirth. I am very interested in the rates of aseptic meningitis following extradural and intrathecal procedures. The issue warrants closer attention and investigation. I have been unable to find any clear post-surgical assessment guidelines or mandatory reporting requirements. This came to my attention while reading the investigations of the FDA's investigation related to the NECC recall of 2012. This investigation was related to septic meningitis. The disturbing revelations that there was poor reporting of meningitis in case records and meningitis was not identified clinically but post-mortem and the statistical anomaly of fatalities prompted the FDA investigation that led to the discovery of contamination. the reasons given were that meningitis is so common as to not be worth reporting so did not warrant clinical investigations.

It's not uncommon to find historical claims that aseptic meningitis is extremely rare. An example is anaesthetists performing 7000 birthing related epidural procedures annually but claiming a single [documented] case in the history of their institution.<sup>1</sup> The authors did gloss an interesting reference, "Although the mortality associated with extradural block in obstetric practice in the U.K. is known from the Confidential Enquiries into Maternal Deaths, there are no accurate figures for morbidity, especially serious morbidity."<sup>2</sup> In 2009 a case report recommends further investigation into the phenomenon, "Chemical meningitis should be in differential diagnosis of complications occurring in patients undergoing epidural anesthesia, despite the fact that these agents have been mostly associated with transient neurological symptoms."<sup>3</sup> Then in 2021, "The post-dural puncture headache has a broad differential, and it is important to consider meningitis as an early possibility."<sup>4</sup> Lack of protocols makes it difficult to isolate whether the patient is experiencing meningitis or more broadly just in an altered state of consciousness. There are calls from within the industry to actually study the occurrence and longitudinal neurological and cognitive outcomes of iatrogenic aseptic meningitis but there just isn't a reliable dataset. Informed consent then requires a decision to be made on a total lack of information. Is an epidural safe? We don't write that sort of thing down. My own informal folklore surveys (talking to women) have revealed a high incidence of long term neurological complications that aren't reflected in the near-perfect safety records.

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