

**Submission
No 1051**

INQUIRY INTO BIRTH TRAUMA

Organisation: Prepare Foundation

Date Received: 15 August 2023

Dear Chairperson,

I am writing to submit my views and recommendations to the Select Committee on Birth Trauma as Founder, of the Perinatal Relationship Education and Paternal Advocacy, Research and Engagement (PREPARE) Foundation. The PREPARE Foundation is registered health promotion charity established in late 2020.

I would like to congratulate the members of the Committee for your interest in investigating this topic and thank you for your willingness to understand this issue. I appreciate the opportunity to contribute to this crucial dialogue.

As an individual who has experienced psychological distress as the results of witnessing the traumatic birth of my son, I believe that a deeper understanding of its prevalence and causes is of paramount importance.

My name is Steven Kennedy. In 2017 my son was born with an APGAR of 1 following an emergency cesarean section. The experience resulted in post traumatic stress and post natal depression for my wife and I. Our relationship narrowly survived.

My experience was also the catalyst for post traumatic growth and in November 2020 I established the world's first non profit organization that aims to educate fathers about their role in maternity care.

I understand the Terms of Reference for this inquiry relate to maternity care services in NSW and, as my son was born in Victoria, the story of his traumatic birth, and its effect on my family, is outside the scope of the inquiry. I now reside in NSW.

Therefore, this submission will advocate for the consideration of fathers in your process of gathering evidence and making recommendations to government. This submission in no way intends to draw focus away from mothers and babies. It is merely intended to bring another facet of this problem to the attention of the committee.

I would appreciate the opportunity to respond to questions about this submission in person and would appear with a PREPARE Foundation Board Member, Dr Alka Kothari.

Responses to the Terms of Reference

1. (a) the experience and prevalence of birth trauma

Fathers Supporting Birth Trauma Patients

As the Committee is aware the reported prevalence of birth trauma is 33% or approximately 100,000 women per year.

The Committee would also be cognizant that the family of the person who identifies as traumatized are also impacted and are the first to 'wrap around' the traumatized individual.

In many cases the person who is left to 'pick up the pieces' is the father of the child. Currently there is very little support or targeted information for fathers to undertake this important role. This may cause increased or longer-term distress for the patient.

An involved father who is provided with targeted information and support may be able to offer the following.

Empathic Understanding

If he could research support strategies aimed at him he would be in a better position to understand that both physical and psychological birth trauma can have a profound impact on the mother's well-being. Currently, targeted resources are limited and lack the required detail.

Sensitive and Supportive Communication

He could learn to create an environment where his partner feels comfortable discussing her feelings and experiences and gently encourage honest conversations about the birth, her emotions, and her needs. He could also be made aware that it may take time for this to occur and may never be possible.

Emotional Support

Targeted resources that outline and educate fathers about:

Active Listening: Practicing active listening when she shares her thoughts and feelings is recommended. Avoiding interrupting and showing empathy and understanding is essential.

Validation: Validating her emotions and experiences is crucial. Letting her know that her feelings are valid and that he is there to support her is comforting.

Reassurance: Offering words of reassurance and comfort is important. Reminding her that he is by her side and that they will face the challenges together can provide a sense of security.

Practical Support

Many fathers supporting birth trauma patients are already undertaking practical support. However, this could be stressed in more detail and strategies for leveraging additional supports could be discussed.

Encourage Self-Care

Fathers could be informed about the therapeutic power of self care. Encouraging her to engage in self-care activities that promote her physical and emotional well-being is crucial. Suggesting activities she enjoys or used to enjoy before childbirth can help.

The importance of 'time out' could be highlighted. Offering to take care of the baby for a little while so she can have some alone time to relax, recharge, or socialise with friends.

Attend Appointments

Accompanying her to medical appointments, therapy sessions, or support group meetings if she's comfortable with his presence can provide reassurance. Also taking on the mental load of scheduling these appointments is also possible.

Exhibit Compassionate Patience

Fathers who understand the impacts of trauma can learn to respect and support her pace, and process, of healing. Recognizing that healing from birth trauma takes time is important. Being patient and understanding, and avoiding pressuring her to "move on," is respectful.

Encourage Professional Help

With better understanding of modalities of professional support fathers can encourage and support therapy or counselling. If she's struggling with psychological trauma, gently suggesting seeking professional help, such as therapy or counselling, and offering to help research and find suitable therapists can show support.

Embrace the Parenting Journey

Supporting her in her role as a mother, being involved in parenting tasks, engaging in baby care, and offering encouragement as she navigates the challenges of motherhood is invaluable.

Understand and Accept Relationship and Intimacy Changes

Changes in relationship dynamics and physical intimacy due to birth trauma can be better understood if fathers are provided with perinatal relationship education.

Support Her Choices

Respecting her decisions regarding her recovery, parenting, and healing process is crucial. Offering opinions but ultimately supporting her choices is considerate.

Seek His Own Support

If fathers are permitted and informed that recognizing that supporting a partner through birth trauma can be emotionally challenging he is more likely to seek his own support through therapy, support groups, or talking to friends and family.

Celebrate Progress

Fathers can acknowledge and celebrate her progress and achievements, even the small ones, and acknowledging her efforts to boost her confidence and motivation.

Identify Opportunities for Teamwork

Reiterating that they are a team, emphasizing that her well-being matters deeply to him, and assuring her that they are there to face challenges together can strengthen their partnership.

Working as a connected parental unit can normalise her mothering and provide comfort and confidence.

If a father is provided with support and targeted information he is more able to support himself and provide mental health support for his partner and family in instances where the birth is experienced as traumatic.

RECOMMENDATION 1

Using the above list as a starting point: NSW Government, PREPARE Foundation and the Australian Birth Trauma Association develop the following:

- a) Written and audio visual resources to support fathers who are caring for individuals who have experienced birth trauma.
- b) A monthly online support group for fathers who are supporting a birth trauma patient.

Fathers Experiences of Trauma Associated with Witnessing Childbirth

A small body of research is beginning to emerge that indicates witnessing birth complications or obstetric emergencies can be distressing and potentially traumatic for fathers.

While they may not have physically undergone the birth, fathers can still experience emotional distress and psychological symptoms as a result. These may include feelings of guilt, anxiety, depression, intrusive thoughts, sleep disturbances, difficulty bonding with the baby, sexual scarring and relationship challenges.

The rate at which birth trauma effects fathers has not yet been established, however, several studies indicate that *“even if birth is not complicated by adverse events some fathers may still develop depression or posttraumatic disorder (PTSD) related to the birth experience”*. (Elmir, 2016)

“A man witnessing a deteriorating birthing situation where there is a real concern that threatens death, serious injury, or the physical integrity of his partner and or baby the scenario can become distressing and remain so for some time” (White, 2007).

Men who experience trauma associated with childbirth often suffer in silence as they (understandably) want support directed to their partner. Additionally there are limited opportunities for them to share their experience openly without feelings of shame or guilt.

“Men described having little or no opportunity to debrief or talk about the birth complication and traumatic event. As a result for some of the men, feelings remained unresolved (Harvey and Pattison, 2012).

RECOMMENDATION 2

NSW Government, PREPARE Foundation and the Australian Birth Trauma Association develop a peer designed birth trauma online support group for men.

2. (b) causes and factors contributing to birth trauma including.

One of the factors that contributes to birth trauma is the presence of unprepared fathers in the birth suite. Some unprepared fathers (particularly first time fathers) present an unacceptable risk to the process of normal physiological birth.

A first-time father's unfamiliarity with the primal nature of childbirth has the potential to create a significant psychological challenge that many find hard to manage appropriately. Normal physiological birth requires calm, tender support. When an expectant fathers' protective instinct triggers a fearful adrenal response, he may struggle to exude the calm tenderness required. His heightened adrenal condition can unwittingly be contagious to the labouring women. This has the potential to make the progress of labour slow or cease and increase the likelihood of medical intervention. This may also increase the risk of birth trauma.

It is not suggested that fathers be excluded from attending the birth of their children. Fathers have been attending the births of their children since the 1970s and now occupy a crucial and significant support role. However, in the last half century there has not been a concerted and coordinated effort to assist them in understanding the process of childbirth and providing them with information about what they can do to help.

Men occupy a crucial support role at 95% of births (Rominov, 2015) and yet they are given no training on how to effectively undertake this safety critical function.

Their role is not well defined and could be better communicated and then perhaps, over time, well prepared fathers may help to reduce the incidence of birth trauma. For this to occur it must be normalised for first time fathers to attend targeted antenatal education that provides information about physical, emotional and practical birth support strategies.

RECOMMENDATION 3

NSW Government consider providing access to the following resources.

<https://prepare.org.au/resources>

Viewing Birth Trauma through a Risk Management Lens

The causes and factors that contribute to traumatic birth can be viewed through a risk management lens. Each cause could be identified as a 'risk' and a process of elimination or management could be undertaken.

When assessed in this way birth trauma is an unfortunate consequence of risks that our maternity care system presents. Like any other consequence that our society encounters (eg; accidents) where there is inherent and repetitive harm, birth trauma could be treated with the same risk management strategies.

It therefore follows that a pertinent question is: what are the risks associated with our current birth culture (that could potentially cause birth trauma) and how may they be eliminated or reduced?

RECOMMENDATION 3

NSW Government considers the formation of a Birth Trauma Risk Management Working Group to assess the risks identified in the submissions received as part of this inquiry and report on suggestions for their elimination or management.

References

1. Giallo, R., D'Esposito, F., Christensen, D., et al., 2012. Father mental health during the early parenting period: results of an Australian population based longitudinal study. *Soc. Psychiatry Psychiatr. Epidemiol.*, 1907–1916. <http://dx.doi.org/10.1007/s00127-012-0510-0>.
2. Harvey, E.M., Pattison, M.H., 2012. Being there: a qualitative interview study with fathers present during the resuscitation of their baby at delivery. *Arch. Dis. Childhood: Fetal Neonatal Ed.* 97, F1–F5.
3. Kothari, A., Bruxner, G., Callaway, L. *et al.* “It’s a lot of pain you’ve got to hide”: a qualitative study of the journey of fathers facing traumatic pregnancy and childbirth. *BMC Pregnancy Childbirth* **22**, 434 (2022). <https://doi.org/10.1186/s12884-022-04738-4>
4. Kothari, A., Bruxner, G., Dulhunty, J.M. *et al.* Dads in Distress: symptoms of depression and traumatic stress in fathers following poor fetal, neonatal, and maternal outcomes. *BMC Pregnancy Childbirth* **22**, 956 (2022). <https://doi.org/10.1186/s12884-022-05288-5>
5. Rakime Elmir, Virginia Schmied, 2016
A meta-ethnographic synthesis of fathers’ experiences of complicated births that are potentially traumatic, *Midwifery*, Volume 32, , Pages 66-74, ISSN 0266-6138,
6. White, G., 2007. You cope by breaking down in private: fathers and PTSD following childbirth. *Br. J. Midwifery* 15, 39–45.