

Submission
No 1057

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

SUBMISSION for UPPER HOUSE SELECT COMMITTEE ON BIRTH TRAUMA

INTRODUCTION TO WHO I AM

My name is

I am a womb-twin survivor and have used excellent information prepared by a group of womb-twin survivors from 1990 until 2014, when the second Womb-twin Survivors book was published.

The author and her researchers then decided to live their own happier lives, trusting that the information would spread.

I am in the process of taking the information public, but also in process of resolving my own psyche.

My birth was very traumatic – my mother was given a general anaesthetic and as the doctor had not yet arrived, the nurse put her palm against my head to prevent the cord around my neck from doing further damage. As well as saving my life, it left me with the ingrained habit of trying to do whatever once, then again, then I would give up.

I was born into a family of two adults with early childhood trauma (possibly both untrawinned), and my mother blamed me for making her look like the side of a house throughout her pregnancy, failed to bond with me and chose not to breastfeed me and decided that I was not hers, but given by mistake to her at the hospital.

I left home at 18 and was able to board at university under the scheme to encourage people to become teachers, married too young and spent much of my time in DV relationships.

It took me from my 20s till my mid 70s to recover from the DV in the family, where I was seen as the obvious one to victimise. After around 6 weeks of feeling great, I was overwhelmed by grief. Amazingly I stumbled across Untrawinned by Althea Hayton, and have been altering myself since as well as trying to make people aware of it – there are over 1 billion people affected world-wide!

After several months ingesting that book I was able to obtain copies of Hayton's other books, A Healing Path for Womb-Twin Survivors and Womb-Twin Survivors. Again I can look forward to life without trauma. The Black Summer fires took my cottage, and that was easier than the DV filled childhood, which again paled against the depth of trauma that incapacitated me throughout my life with its confusion and being incredibly difficult to understand.

If my submission is published, I'd prefer it without my name. As a Womb-Twin Survivor, I am a very private person, but I am going out of my normal comfort zone because the information is very important, and I want the other 9/10 people to know so that future survivors can grieve and understand what happened in utero then live a normal life.

TERMS OF REFERENCE

1. (b)

(iii) the provision of trauma-informed care

Being untwinned is extremely traumatic, both psychologically and physiologically.

A loss in the first trimester results in the mother absorbing the foetus. Her partner's DNA is absorbed by her, and the surviving twin can absorb some DNA as well. Signs and Physical Indications of a twin pregnancy are listed on Pages 7 and 8 of [A Healing Path for Womb-Twin Survivors](#) and attached at the end of this submission. The surviving twin/multiples can also have an extra organ or digit, the mother a teratoma. Dyslexia and mixed or left-handedness are common in the survivor, as is a genetic effect on sexuality – many survivors are on the LGBTIA spectrum.

A loss during the 2nd and 3rd Trimesters means stronger ESP and energy sensitivities to others develops. The emotional attachment is huge but the sudden absence is not understood on the cognitive level. Intellectual understanding is important and must be taught after cognition develops sufficiently.

1. (c) the physical, emotional, psychological impacts of birth trauma

Hayton states that breech birth, traumatic birth, an unusually large placenta, additional sacs or cords, a foetus payraceous, and foetus in foetu indicate a twin was lost.

Where there are indications that a twin has been miscarried/lost, both mother and untwinned baby need to grieve the loss, and of course physical repercussions need to be attended to

(h) Where it is not possible to protect women AND the neonatal baby from trauma, then the trauma must be attended to and possibly healed. It would be good if you factored in the experience of birth trauma on the child/ren born.

(i) You are looking at PREVENTIION of birth trauma. Producing multiple eggs during a menstrual cycle is part of human mitochondria, and possibly the reason we as a species survived extreme events in the past. Untwinned people form a large part of the healing professions, are very empathic and value community above themselves, so may have been some of our great heroes

MY VIEWS

The birth of human twins is rare, compared to the high incidence of foetal deaths (between 1 in 7 and 1 in 10), yet most people know nothing about that. It occurs in all populations, everywhere. Life as an embryo is risky.

Womb-Twin Survivors carry Survivor Guilt, and confusion that leads to attention deficit (to the outer world) with depression and suicidal dreams that lead to many of the teenage suicides. They carry the trauma of the loss of their twin until it has been dealt with through giving them an understanding of blameless death and the emotional relief of grief.

It is also probable that they carry an unwillingness to be born.

In the world they turn inwards towards mysticism and creativity, valuing the inner self, not the outer.

As a result of my own experience, I think we need to educate people about trauma better, and care for those with lifelong trauma. They are quite unsuited to parenting, and I wish my parents had received help before doing anything like marrying or having children.

Good ways to help womb-twin survivors are given in Althea Hayton's books.

SIGNS AND PHYSICAL INDICATIONS OF A TWIN PREGNANCY

<u>INDICATION</u>	<u>YES</u>
<u>Mother abnormally large in the first 3 months</u>	<u>_____</u>
<u>First trimester bleeding</u>	<u>_____</u>
<u>Complete miscarriage, but pregnancy continued</u>	<u>_____</u>
<u>Suspected miscarriage, but pregnancy continued</u>	<u>_____</u>
<u>Attempted abortion, but pregnancy continued</u>	<u>_____</u>
<u>Doctor or nurse suspected a twin pregnancy</u>	<u>_____</u>
<u>Another person suspected a twin pregnancy</u>	<u>_____</u>
<u>Mother experienced infection during pregnancy</u>	<u>_____</u>
<u>Mother experienced severe physical or emotional trauma</u>	<u>_____</u>
<u>Mother experienced starvation through circumstances, illness or excessive vomiting (hyperemesis)</u>	<u>_____</u>
<u>Mother took hyper-ovulation drug (eg Clomid)</u>	<u>_____</u>
<u>More than one embryo transplanted after IVF</u>	<u>_____</u>
<u>Ultrasound evidence of second sac</u>	<u>_____</u>
<u>Birth was traumatic</u>	<u>_____</u>
<u>Breech birth</u>	<u>_____</u>
<u>Small for dates</u>	<u>_____</u>
<u>Placenta unusually large</u>	<u>_____</u>
<u>Additional sacs or cords found</u>	<u>_____</u>
<u>Foetus papyraceous</u>	<u>_____</u>
<u>Marks or lesions on the placenta</u>	<u>_____</u>

- Twin stillborn or died close to birth .
- Demoid cyst .
- Teratoma .
- Foetus in foetu .
- Sexual organs of opposite sex .
- Secondary sexual characteristics of opposite sex .
- Cerebral palsy in the survivor .
- Split organs .
- Congenital abnormality .
- Left-handedness or mixed handedness .
- Chimerism .
- Mosaicism .