Submission No 1337

INQUIRY INTO BIRTH TRAUMA

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As a lactation consultant, I have counselled many women in the days and weeks after giving birth and have listened as they recounted the trauma that they need to unpack and the effects it has on lactation going forward.

Many of these women have suffered from the cascade of interventions including but not limited to stretch and sweeps, catheters, high levels of syntocinon, epidurals, narcotics, IV fluids and often eventually caesareans.

These women will often experience a flow on effect of delayed milk production, sleepy babies from the effects of birth leading to dulled or delayed sucking reflexes, early introduction of formula feeding, forceful manual expression of milk from the mother, separation from their babies, increased jaundice risk, increased pain and general confusion.

In addition, the hospitals lack of lactation consultants available on staff 24/7 to be able to help all women.

Many women relay stories to me where each staff member who walks into their postnatal room has a different opinion on what they should be doing, leaving women completely and utterly helpless in knowing what to do to feed their babies.

Public partners are also sent home from the hospital, often right after the birth rather than allowing them to stay and support the mother. Yet staff numbers overnight are at their lowest when the mother needs more support than ever, leaving women alone and vulnerable. Many are then handed bottles of formula, rather than given time and assistance to get breastfeeding off to a good start.

IBCLC is a credential and profession of its own and yet positions vacant are only available to those who are also a midwife so the hospitals can pull on that midwifery resource in birth, rather than spending the time and money to dedicate to having specific lactation support teams in our hospitals.

All women should be given access and seen by a lactation consultant if we are serious about increasing breastfeeding results and womens self efficacy in lactation.