

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

Date Received: 10 August 2023

Partially
Confidential

My name is _____, I am writing a second submission as my first submission covered the way I was treated during my labour, but I also experienced trauma as a result of how my baby and I were treated after the birth and I've recently learned I could submit that too. My submission below explains the trauma and breastfeeding issues created by a stay in the Special Care Nursery and the need for better continuity of care.

I gave birth to my son in March 2023 at _____ Hospital. He had some respiratory distress at birth and had to go into the Special Care Nursery (SCN). He was put on a CPAP machine and was nil by mouth initially. Later that day he was able to come off the CPAP machine and an NG tube was put in. He was given some antenatally expressed colostrum we had brought in and the nurses sought our permission to give him formula as well. We consented, however I now know that the standard volume given to newborns in SCN is far too high, resulting in their stomachs being stretched beyond what a new mum's milk supply can fill. This starts a 'top-up' cycle that negatively impacts milk supply and breastfeeding success. In future I would not have consented to this until I had made a plan with a Lactation Consultant (IBCLC).

When we were able to commence breast feeding, we immediately experienced issues. As my son had been receiving large volumes of formula through the NG tube, he had no motivation to learn how to breastfeed, as the volume of colostrum available in my breasts was nowhere near what he was being given in formula. The Lactation Consultant at the hospital only works part time, so I didn't receive expert help until day 3 and by that point we were really struggling. My son was still in the SCN even though his health issues resolved on day 2, and still receiving formula top ups as my milk hadn't come in and breastfeeding was not going well. The Lactation Consultant questioned why he wasn't now in my room, as the separation was impacting our breastfeeding success, and was told it was because we hadn't yet established breastfeeding- a frustrating paradox. Until the Lactation Consultant arrived, it had not been explained to me that I needed to express colostrum as frequently as I could, to encourage my milk supply to come in. I felt like I had slipped under the radar- because I didn't have my baby with me, the midwives weren't looking after me and our breastfeeding journey. The care given by my antenatal midwife before the birth and after we got home was fantastic. It would have made such a huge difference to have her support continue during the birth and hospital stay, when I most needed her. There is such a chronic need for more MGP programs and better continuity of care in Australia. My experience would have been completely different had I been under that model of care.

We were in hospital 6 days in total and my son was in the SCN for 4 of those days. We had to really advocate for ourselves to get my son out of SCN as a perfectly well baby. My milk finally came in on day 6. In addition to the breastfeeding issues it created, not being able to have my baby in my room until the evening of day 4 was incredibly distressing and lead to a delay in bonding with my baby.

On day 6, I experienced something upsetting when the head paediatrician came in to check my son so that we could be discharged. I had just finished feeding him and my breast was exposed. The paediatrician reached over to pull my shirt across my chest, saying 'I'm just going to do this (cover my breast), because I'm a man and it's distracting'. I felt so vulnerable in this moment, we'd been

stuck in hospital for so long, breastfeeding was going so poorly and I was struggling to bond with my baby and process everything that had happened. To be treated as though my body was a sexualised distraction to this doctor, who specialises in the care of infants, felt disgusting and so wildly unprofessional.

is a 'Baby Friendly Health Initiative' accredited hospital, an accreditation which serves to "protect, promote and support breastfeeding as part of a global partnership developed by the World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) in 1991" (BFHI website). However, the way we were treated seriously damaged our chances at successfully breastfeeding. It's clear that more breastfeeding training is required at this hospital (especially for paediatricians and in the SCN).

We struggled with low milk supply and low weight gains until my son was around 4 months old. Every day during that time I experienced my baby screaming in distress as we struggled with feeding. To get to the point where we are now successfully breastfeeding with stable weight gains, we had to triple feed for 3 months (breastfeed, bottle feed a top-up, then pump to stimulate supply), see maternal child health nurses weekly for 3 months, engage a private lactation consultant, take medication (motillium) and overcome a bottle preference created by the top-ups. I was traumatised by this experience and nearly gave up so many times. As a mother it is heartbreaking and exhausting to have to persevere through these struggles.

Unless an MGP program is offered at _____, I will be seeking a private midwife and homebirth for the birth of any future children, to avoid the trauma of the hospital system.