Supplementary Submission No 1399b

INQUIRY INTO BIRTH TRAUMA

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I am attaching the info from the flies that were not accepted by this website in my submision:

The 2020 Mothers and Babies Report: an inconvenient truth.

Trigger warning for those who have had an induction of labour, an augmentation of labour (labour sped up) and/or a controlled/forced third stage (placenta birth).

I was reviewing the most recent birth statistics from the Australian Institute of Health and Welfare, and I went down a rabbit hole.

Pulling together the threads of the current rates of birth intervention in Australia (and these trends are across many countries) with the serious, and seriously under-researched and inadequately understood impact – both in the short and long term – these unnecessary interventions have on mothers and babies, makes for alarming reading.

And what seems to be missing is any compelling reason for these spiralling rates of intervention.

We are messing with a process we don't even fully understand and one we haven't even bothered to investigate.

Experimenting with mother's and baby's lives for the sake of…time.

2020 was the first year of the Covid pandemic, and so as well as this intervention increase, many of these women will have been in lockdown in their homes prior to their birth, and many would have been denied a support person for their hospital induction.

This isolation will have negatively contributed to their birth experience.

I was particularly alarmed at the increased induction rate:

"more than 1 in 3 (35%) had induced labour in 2020."

The overall rate of induction of labour has increased from 21.3% in 2012 to 30.9% in 2017

…to 35% in 2020.

And, then there's augmentation – the speeding up of labour using the same drugs and techniques as an induction.

Syntocin is a synthetic hormone that replicates some of the effects of oxytocin, or "the love hormone" which is released during labour and birth. Oxytocin assists with managing intensity of pain, aids in breastmilk production and in creating the bond between mother and baby. While Syntocinon – artificial oxytocin – is used for induction of labour and augmentation, simulating the effect of natural oxytocin by contracting the uterus, it does not do all those other beneficial things.

"Once labour starts, it may be necessary to intervene to speed up or augment the labour. Labour was augmented for 16% of mothers in 2020 (29% of mothers with spontaneous onset of labour). The augmentation rate was higher among first-time mothers, at 41% of those with spontaneous labour onset, compared with 21% of mothers who had given birth previously. "

So that's an intravenous syntocinon administration rate of 35% for induction of labour plus 16% augmentation of labour = 51%

More than half the mothers giving birth in 2020 had their labours and births (and actually, as we will see, who knows what else) overridden by synthetic hormones…

And I've been reading in a new book written by zoologist called Bitch – a revolutionary guide to sex, evolution and the female animal, about oxytocin at birth and its role in mammals, and I got to thinking about the things we do that affect the oxytocin levels for mothers and babies at birth and I was thinking about inductions and controlled third stage and the long-term effects of that, that no one talks about and I found this……

Beyond Labor: The Role Of Natural And Synthetic Oxytocin In The Transition To Motherhood

"Downstream molecular effects of synthetic oxytocin have rarely been investigated in the context of human birth care."

In other words…we don't know how the use of artificial oxytocin – syntocinin/pitocin – in labour impacts anything/everything else to do with the transition to motherhood for the woman, and life for the baby – but it will.

"The role of natural oxytocin includes molecular pathways in the transition to motherhood, such as buffering stress reactivity, supporting positive mood and regulating healthy mothering behaviours."

Synthetic oxytocin does not do any of that and its use means those things won't happen.

"Given the action of natural oxytocin on various endocrine pathways, we anticipate that any effects of intrapartum synthetic oxytocin would be dose-dependent and influenced by individual context and maternal history."

We don't know how much synthetic oxytocin affects other hormonal pathways in individual women, but we know it does.

With the ubiquitous use of synthetic oxytocin in modern birth care, research questions abound regarding long-term implications of manipulating the oxytocin system during labour – a complex transitional window of development for both mother and infant.

No one knows what the long-term implications of manipulating the oxytocin system during labour are, and we should be researching this: synthetic oxytocin is one of the most widely used drugs in labour and birth and we don't know its effects.

and at the bottom of the rabbit hole I found this…

…we suggest that birth practitioners may benefit from an appreciation of the molecular, developmental and behavioural consequences of one of the most widely used drugs in obstetric practice.

Given the lack of clarity and definitive research on the effects of oxytocin beyond labour, the dedication of health care professionals to minimal-interference in biologically-regulated and evolutionarily-conserved processes is warranted.

Doctors prescribing synthetic oxytocin need to understand that it has further reaching effects than labour and birth and we don't even know what they are – no research has been done even though this is the most widely used drug in labour and birth.

So, only use it if absolutely necessary. The current practice of induction and augmentation of labour with synthetic oxytocin is an experiment, and the unknowing participants in this experiment are the mothers and babies.

And, then, in reading new book Apple – Sex, drugs, motherhood, and the recovery of the feminine, an extraordinary book that tracks developing culture with obstetric

practices over the years and generations, she herself, an unwitting participant in this synthetic oxytocin experiment, had this to say:

“I wasn’t told that synthetic oxytocin causes jaundice in newborns, reduces oxygen supply to the foetal brain, and is associated with lower Apgar scores. The first is no small matter; if the level of bilirubin, which measures bile in blood, climbs too high, neurological damage – cerebral palsy, convulsions, deafness, mental retardation and other issues – can occur.”

“In addition, far from triggering the profound mother/ baby attachment associated with natural oxytocin, synthetic oxytocin administered to a mother

during the peripartum period (before, during and immediately after birth) is associated with a higher risk of her being diagnosed with postpartum depression or anxiety disorders:

36 % higher in women with a history of depression or anxiety, and

32 % in women with no such history”

“I wasn’t told that the administration of synthetic oxytocin is also linked to uterine hyperstimulation, a serious complication that can impair blood flow to the placenta, resulting in foetal brain damage, eye problems, heart damage, heart rate abnormalities, and respiratory distress, among other serious and potentially life-threatening complications. “

“I wasn’t told that the administration of synthetic oxytocin to the mother is associated with psychomotor issues in the child. Variables had no impact in the studies: the resulting delays on fine and gross motor development were clear.”

“I did not know that natural oxytocin floods the undrugged brain’s fluid during labour, combating anxiety and stress and lowering the awareness of pain.

Unlike natural oxytocin, synthetic oxytocin fails to penetrate the mother’s blood-

brain barrier. This means that there is no ‘cushioning’ of pain awareness, amplifying the mother’s stress. Stress, of course, slows and stops effective labouring. During labour, mental stress experienced by mothers has been found to dominate the physical, meaning that, in terms of ensuring a safe delivery with the best results for mother and baby, the mother’s feelings – her

desires, her fears – need to be addressed not only in the lead-up to birth, but throughout her pregnancy."

"At no point did it occur to me that women are designed to cope with the pain of childbirth. Oxytocin is naturally released in peak quantities during labour to buoy mothers through delivery. Its release can be triggered by the partner's

tender stimulation of the clitoris and nipples, or by massage-like stroking in the lead-up to, and during, birth. The repeated massaging of a pregnant woman over a fortnight before birth increases her pain threshold through the intricate interplay between her oxytocin system and opioid neurons, Beta-endorphins, triggered by her comfort, also play a pivotal role in reducing pain awareness. "

And, no doubt, these – "I wasn't told…" and "I did not know…" are all too common, we know they are…..

If induction is required – for reasons that are specifically to do with the individual, not for reasons of policy or generalised evaluation of risk factors – then other ways must be considered; rather than a total disruption of a finely tuned sequence of evolutionarily evolved birth and mothering hormonal release and response designed for the purpose of safe birth and maternal and infant attachment and bonding.

As well as a greater appreciation of preparing mothers for labour and natural ways to help.

If a mother's labour slows down, that is a sign that she doesn't feel safe, and so there are many other things to do to help her feel safe so her labour will start up again, which are clearly better than ignoring and overriding her fears and worries and forcing her womb to contract.

The other time almost every woman gets her finely tuned hormonal sequence to transform into motherhood messed with, is with the injection of Syntocinon or Pitocin, synthetic oxytocin, to speed up the delivery of the placenta.

Many have speculated that the 'day three blues' are the result of oxytocin withdrawal due to depleted endogenous oxytocin backup due to the bolus dose of a synthetic substitute that overrode the normal production of the hormone responsible for attachment and bonding, and so many more things.

Physiological third stage should be the norm, could be the norm – and controlled third stage could be used only when medically necessary.

So many things affect mother and baby bonding and it is our responsibility to protect this precious process and ensure that we do no harm.

At the very least we must eliminate unnecessary intervention.

Stopping or reducing inductions of labour, stopping the speeding up of labour and stopping the unnecessary controlled (forced) birth of the placenta (third stage) should be a priority when thinking about improving outcomes and decreasing – among many things – postnatal depression and the psychological effects on the babies of the disconnection they experience from their mother when she is depressed.

We can eliminate the risk of this for so many mothers and babies by only doing inductions when necessary (and being very clear about when that might be), helping women feel safe when in labour and encouraging physiological third stage, or the natural birth of the placenta.

This would change the future.

We are messing with a process we don't even understand and one we haven't even bothered to investigate.

Experimenting with mother's and baby's lives for the sake of…time.

This is not responsible caretaking, this is promoting and prioritising other things like time efficiency and staff levels over the precarious imperative of mother and baby bonding that has so many far-reaching effects, forever.

If we slow down, help labouring women feel safe – in the hospital environment or provide them with safe birth spaces outside hospitals – birth centre and home birth, and do the research so we can see what we are causing through this negligent practice that prioritises the system; not the mother and baby – then we will see it's not worth it.

Sad, flat, exhausted, depressed mothers and the effects of that on their newborns is never worth it. And then there are all the things we don't even know.

And all is not lost, we can continue to bond with our babies after birth through all the other ways we know we generate oxytocin together – the hormone of love. Skin to skin, breastfeeding, eye gazing, baby wearing, sharing food, singing, massage and touch.

I have a dream. Perhaps birthing women, once they understand the situation, could refuse synthetic oxytocin to induce their labours, refuse synthetic oxytocin to speed their labour up and refuse synthetic oxytocin to speed up the birth of the placenta unless absolutely necessary.

As I said, this would change the future.