Chanel Forbes

Wednesday, 11 April 2018

Ref: Personal submission to Parliamentary Inquiry – Stillbirth Research and Education

Purpose: The below submission provides detailed information relating to my own personal experience with Stillbirth in the pursuit of more research and education to be provided for expecting families which may reduce the fatality rate of unborn babies.

Brief Background:

At 20 years old, I became pregnant for the first time unexpectedly. I attended a family general practice and the Doctor present referred me for an ultrasound at 6 weeks. These results came back positive and I was considered low risk. I had a test at 12 weeks to determine whether the baby had down syndrome or any other potential risks of disability. Those tests were also returned normal as did the 12 and 20 week ultrasound. I was considered healthy as was my baby and continued to be low risk. I was able to do a “Shared Care Pre-Natal Program” at a Hospital in Ballarat where major checks of the baby and my health were undertaken at the Hospital, and the minor checks occurred at my local general practice.

As a low risk expecting parent, it wasn’t common practice to have an ultrasound after 20 weeks unless any of the external tests through Shared Care were of concern. These included checking the baby’s heart beat, measuring growth, checking for gestational diabetes or pre-eclampsia and general wellbeing of myself.

At 36 weeks and 2 days gestation, I attended an appointment at my hospital’s maternity outpatients clinic where they measured my stomach. It didn’t meet the required size for my gestation period so I was placed on a machine, which measured the baby’s movements. The baby appeared to be moving fine which then led to being booked for a growth ultrasound the following week (when I would be 37 weeks and 2 days).

3 days after the appointment on a Friday evening (at 36 weeks and 5 days), I was admitted to hospital in the evening because I had presented with vomiting and was advised that my baby had passed away.

I gave birth naturally at midday on the Sunday to my stillborn daughter – Lacy. I then had to organise a funeral.

I had attended 2 educational classes prior, which discussed the topics of breast feeding and giving birth. I was never aware or provided any educational sessions on healthy pregnancies and signs or symptoms to look for which may suggest something would be wrong with my unborn baby.

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In Summary:

- I was never provided any education on signs or symptoms to look for that would indicate an issue with my pregnancy.
- I was not provided with an ultrasound from 20 weeks gestation due to being in the low risk category. My pregnancy may have had a successful outcome if common procedure in all hospitals determined that more regular ultrasounds were required. This would have picked up an issue with blood flow through the placenta and the health, growth and wellbeing of my child rather than heart beat and movements.
- I attended 2 birthing classes – 1 on breast feeding and another on giving birth, but no education was available or offered on pregnancy itself.
- Culturally miscarriages, stillbirth and infant loss continue to be a taboo subject within Australian society which can lead to ignorance amongst expecting families and can increase the difficulties and recognition for grieving families should they lose a child.

Addressing the Terms of Reference:

My submission relates directly to the below terms of reference. All others are complementary to what I personally believe are the priorities for expecting families or those grieving stillbirth. I also believe funding should be made available for research and innovation which could reduce the likelihood or consequence of stillbirth on families.

E) Research and Education Priorities and Coordination, including the role that innovation and private sector can play in stillbirth research and education.

F) Communication of stillbirth research for Australian families including culturally and linguistically appropriate advice for Indigenous and multicultural families, before and during a pregnancy.

As an ignorant 20 year old, it wasn’t until I had experienced stillbirth that I was aware of how common it was. It wasn’t until contacting a service such as the Stillbirth Foundation or following other passionate advocates, that I understood how the taboo of the subject affects expecting parents awareness of the potential for stillbirth.

I am of the belief that education being offered to expecting families or those considering having a family, would reduce the fatality rate of unborn babies due to awareness of signs or symptoms of an issue with a pregnancy.

Ideally, organisations such as the Stillbirth Foundation or hospitals should receive government funding for education programs which relate to diverse communities and increase the awareness of stillbirth and reduce the ignorance of expecting families who may not believe that it will impact them.