

Stillbirth research and education submission

Our daughter, Everleigh Rose Deuchar, was stillborn on the 17th of February 2018 at 39 weeks gestation. Our pregnancy was categorised as ‘low risk’ and we had no indication that our baby would not be born healthily. We are also one of the 40 percent of families who have no explanation as to why our baby passed away. The entire pregnancy was managed via shared-care with our local GP and The Mercy Women’s Hospital at Heidelberg, Victoria.

When our daughter passed away we were left shattered. The last few months have been devastating and completely unlike what we had imagined. Trying to live a normal life after losing a baby to stillbirth seems almost impossible.

The support we received from the hospital and our GP, however, was incredible; and we feel like the time we spent there has made a fundamental impact on how we have been able to deal with losing Everleigh.

But in our general reading into stillbirths in Australia since losing Everleigh, it seems many parents of stillborn children have not received similar support. So we wanted make a submission to this inquiry not only because of our interest into reducing and preventing stillbirths, but so that more parents might receive adequate support when their children are born sleeping. We intend to do this less by direct suggestions and more by describing what was productive and helpful for us.

We wanted to take this opportunity to share our experiences, and feel that they most directly address the following Terms of Reference:

- e. Research and education priorities and coordination, including the role that innovation and the 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;

During our pregnancy we attended classes in preparation for the arrival of our baby. A small portion of the classes discussed what happens in the event of complications arising in pregnancy, one of which was stillbirth. The instructor briefly explained to us that in the event of stillbirth, parents are able to spend some time with their baby in the hospital. She explained about 'cuddle cots' and also mentioned that there was research suggesting that parents of stillborn children have benefited greatly from their use. The instructor also explained that the Heartfelt Foundation are also able to take professional photographs for their parents to keep.

I'm not sure how much notice of this information we took at the time. Our pregnancy had been very smooth and so we were more concerned with learning how to breastfeed and other practical advice that would help us care for Everleigh. But in hindsight we think it was very helpful. When we learned that Everleigh had passed away, we felt as though we had some idea of what would happen next. It mightn't sound like much, but even little bits of information like that helped manage the shock and trauma of coming to terms with Everleigh's passing.

We first learned of Everleigh's passing on Tuesday the 13th of February. We went to the hospital because we had not felt Everleigh move in a few hours. At the time we thought we were going to the hospital more for our own peace of mind than thinking that something so tragic had already occurred. However shortly after we arrived we learned that Everleigh's heart was not beating.

The doctors and nurses clearly explained what would happen next. We returned to hospital on Friday the 16th of February when Renee was induced. The nurses who cared for us during this time were all made aware of our situation prior to our arrival. They clearly explained to us what would happen before and after Everleigh's birth. The nurses also organised their shifts so that we would have continuity of care, rather than a new nurse each shift. We appreciated that greatly.

After Everleigh was born, we got to dress her and hold her. A nurse arrived with a cuddle cot and we were told that we could spend as much time as we needed to with her. We did however have to move from the birthing suites and were placed on another ward (not the maternity ward) for the next couple of days.

The doctors came and saw us before and after their shifts for the next couple of days. And one of them even changed her shifts around so that she would be with us when we left the hospital.

The most difficult part of the whole experience was saying goodbye to our daughter. The nurses took the time to explain to us how this would happen the day before we had to.

We said goodbye to Everleigh at 11am on Monday the 19th of February. The nurses cleared the corridor so that no one else would be around and we pushed our baby to the lift. The nurse who had cared for us and one other staff member then took Everleigh to the morgue. Saying goodbye to her was only made possible by the quality of the support and care we received from the staff.

From the time we entered the hospital until the time we left we felt very strongly supported. Since then we've been seeing a psychologist on a weekly basis and that has helped immensely too. But it seems like we were lucky to have gone to a good hospital and to have encountered staff who were well trained and who cared deeply about our situation. It doesn't seem fair that this be left to chance. We are aware that other parents have had much different experiences, and it seems far more appropriate that a structured care plan is put in place for all parents of stillborn children.

We feel that it is owing to the support we received during Everleigh's passing and birth, coupled with engaging with our psychologist afterward, that has meant that we are able to think about the experience with not only sadness but joy, not only heartbreak but love. The day Everleigh was born was both the most difficult and beautiful of our lives.

Andrew and Renee Deuchar, proud parents of Everleigh Rose Deuchar.