

Select Committee on Stillbirth Research and Education  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra ACT 2600

11<sup>th</sup> May 2018

My name is Marianne Cottle. On Saturday the 23<sup>rd</sup> of April 2016 our daughter Rosemary Kahl was pronounced dead at 37 weeks and 5 days.

I was diligent with all my hospital appointments, at each of them we were told Rosie was doing well and was in great health, strong heartbeat, perfect growth rate and that we could look forward to a healthy baby.

On the morning of the 23<sup>rd</sup> I was shopping for a few little extra's for her nursery when I felt an incredible pain. So intense I had to drop everything I was holding and sit down. I managed to get to my car and drive home. I thought I was in labour but was told not to rush to hospital and just wait a few hours for "contractions" to get closer together. Rosie is my first child, so I didn't know what contractions were supposed to feel like, but like everyone else having their first baby, I just expected them to be painful. But I felt something more than just pain, I felt something was very wrong. We went to the emergency department of the hospital and I was admitted immediately to the maternity ward. Still hopeful and happy, despite the pain, my partner and I waited for the staff to get an ultrasound machine. The midwife, who stayed with us was doing her best to keep me calm and positive.

The first Dr came in and used a portable heartbeat monitor; as we'd had this done many times before I knew what to expect – a heartbeat. But there was none. The Dr didn't say a word to me or my partner. He just turned away and left the room, not one word. The midwife's face said it all. She then spoke and said that legally she wasn't allowed to tell us what happened, but could only say to us "Do you understand what has happened"?

I lay there, dumbstruck, still in immense pain, but I didn't care about the physical pain, our daughter was dead, and I wanted to be as well. My partner left the room and demanded to see the Dr in charge. She eventually came in and told us that Rosie was dead but couldn't tell us why. She then said that I would need to stay in hospital for the next 12+ hours while I was induced so I could give birth to Rosie.

Apart from our daughter being dead, I knew there was something else very wrong with my body, so my partner and I told the Dr that we chose to have a caesarean. The Dr tried discouraging that decision, saying "the female body is designed to give birth naturally", my partner had to argue with her and it wasn't until we contacted a family member senior to this Dr who told her to do a full ultrasound to determine the state my body was in. The ultrasound took place and they discovered a huge blood clot behind my placenta. I had already lost over 1.5 litres of blood. Had I been forced to give birth naturally not only would my partner have lost his daughter, he would have lost me as well.

The senior Dr on call that night, was overruled and I was prepped for a caesarean. We were somewhat "lucky" to have a family member to help us – I would hate to think what would have happened to another woman who was not assertive and who doesn't have the family contact we do. Following the surgery, I was put in the maternity ward to recover. Losing our daughter, without explanation was more than heartbreaking, I don't have words to describe the emotional pain that my partner and I were in. Putting me in the maternity ward; being forced to listen to the cries of new little babies, knowing I would never hear my baby Rosie cry as I held her in my arms, was cruel, thoughtless and unnecessary. Listening to other women in labour, knowing their babies would come out looking into their mum's and dad's eyes and getting to snuggle with them was heartbreaking because our little Rosie's eyes couldn't open and never would.

Clinically I was in hospital recovering from surgery. I did not need to be in the maternity ward for any reason at all, except for the one tablet they gave me to stop my milk production – this could have been administered from any room in the hospital. Yet, that's where they chose to keep me for 3 days. On what insane level is this a good idea or even a necessary one? This standard of practice needs to change at all hospitals. Listening to the joys and laughter of new mums, dads, grandparents, and all their friends, was beyond painful. Yes, I'd just had a caesarean, but that physical pain was nothing compared to the emotional pain caused by hearing happy families; I was jealous, angry and very confused. When I look back now, I think I'm selfish for not wanting to hear them be happy. Today, I am just so grateful that those families were not going through the tragic experience of losing their baby.

2 years later, I still don't know why Rosie died. The only thing I do know is that it was something I did or didn't do, things don't "just happen" without a reason. My body failed in some way and no one can tell me how it failed. Telling me it's not my fault, is not good enough, it was my fault, it was my body that failed our child, this is a fact that cannot be disputed.

We are a well-developed, economically stable, socially aware society, we dedicate billions of dollars to research across so many fields. Why isn't there more being done to find out why Stillbirths occur? Why are we letting the alarming rate of more than 2000 Australian babies die every year without reason?

This needs to stop and it needs to stop, now.

I feel for parents and families who experience the death of a baby from SIDS and other early death related causes, but SIDS and other causes that are as tragic as Stillbirths have billions of dollars behind them and a considerable awareness across our population – this is brilliant. Stillbirth needs the same support and dedication so that we start seeing a reduction each year and eventually an end to parents be told “sorry your child is dead, but I can’t tell you why.”

Research is desperately needed to determine the reason/s for Stillbirth deaths. Ours is only 1 story of over 2000 occurrences each year – this is too much. One occurrence is too much. Please consider our heartfelt and desperate request to increase funding into the research of Stillbirth.

I started writing this submission on Friday the 11<sup>th</sup>, it’s now Saturday the 12<sup>th</sup>. I had to stop half way through, because I had a panic attack, I have been suffering panic attacks and depression since April 23<sup>rd</sup>, 2016, it affects my work, my home life, my relationship with friends and family. This “side effect” of our daughter’s death could have been prevented. If research is conducted and Dr’s know how to prevent the cause of Stillbirths our daughter’s death would have been prevented.

I try and donate as much as I can to SANDS Australia; they do an amazing job and try hard to support families who experience the tragedy of stillborn and early death babies, but we all need to do more, and it needs to start with our Government.

#### Terms of reference

- Provide funding to researchers that will enable them to use the national telecommunication technologies to co-ordinate and share research data internationally. AARNet; the Australian Academic Research Network, VERNet; The Victorian Education and Research Network. Both networks have high capacity low latency infrastructure that communicate with international researchers and include customers such as the CSIRO and many other Research institutes across the country. Communication costs should not be included in the grant value and should not take away from the cost of the research. The government should pay for these researchers to access the best data the world can offer.
- Train Dr’s to discuss the possibilities of Stillbirth as early as possible.
- Train Dr’s to handle the situation once it occurs.
- Dedicate funding annually to research groups associated with Stillbirths to determine causes and therefore prevention.
- Dedicate funding to groups such as SANDS so they can continue to help Families during the tragic event that is Stillbirth.

Thank you for your consideration and for the opportunity to contribute by writing this submission.

Marianne Cottle & Michael Kahl, devoted parents of Rosemary Kahl.