

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Melbourne — 27 November 2017

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Witness

Ms Petra den Hartog, bereavement care specialist, Red Nose.

The DEPUTY CHAIR — Petra, would you like to introduce yourself?

Ms den HARTOG — Yes. My name is Petra den Hartog. I am a counsellor at Red Nose, which used to be called SIDS and Kids. I have been there 18 years, and I am also a bereaved parent. The reason why our name changed was that so few people knew that we supported families in the perinatal period. We of course were very involved with SIDS after a SIDS death. Through our safe sleeping education we have reduced the SIDS rate by 80 per cent, and therefore we had a lot of capacity to support other parents. Our biggest group now is families who have lost a baby in the perinatal period, and we also support parents whose child — an older child — has died through a drowning, a road accident or sudden onset illness. We support a lot of families where there has been a lot of trauma. Any unexpected death creates a trauma for those families. We get some federal funding but very, very little state funding.

Support begins by the health professionals who make a referral for our website, and the beauty of that referral system is that we outreach to families. We do not wait for them to make the phone call to us. We know many bereaved parents just cannot make that first call, so we outreach to parents and we ensure support for them immediately we get that referral. We support families where there has been a miscarriage, stillbirth or neonatal death, as does Sands, and some of our support is similar to Sands. We also have 24-hour support.

Our model of service, we think, is exceptional in that we provide families with one-on-one support through a bereavement counsellor who is professionally trained, as well as supporting parents who want to speak to another bereaved parent. When parents come to us we say, 'We can provide you with one-on-one professional support by a counsellor, but if you also want to talk to a bereaved parent we can organise that'. All of our support groups are co-facilitated with a bereaved parent, so the parents get the beauty of both kinds of support — the professional and the experiential.

We run quite a lot of different kinds of groups, including one for people who have had to terminate a much-wanted pregnancy for abnormality. It is unique in Australia that we provide that support service. There is a lot more testing now, there are a lot more abnormalities picked up, so that is a very, very important service that we provide.

We also provide support for men and workshops for bereaved siblings, for grandparents and for people having a subsequent pregnancy. After they have lost the baby they go through a subsequent pregnancy and of course there is a huge amount of anxiety in that subsequent pregnancy, so we have a specific group of people pregnant again. Some people only come to us when they have a subsequent pregnancy. They have not had any support in that first pregnancy that ended up so tragically. So parents have a choice, and that is really important when choice has been taken away from them. Their life has suddenly become so different from what they expected.

Parents can have that one-on-one support; they can have telephone counselling support. We have a very extensive website and we have an online support group as well, so there is quite a lot of different kinds of support as well as all of our booklets. Those booklets we have written with the collaboration of bereaved parents, so it is not just coming out of research and textbook but it brings in the lived experience of parents. We believe that model is incredibly effective.

We also do a lot of in-servicing for health professionals. This year we have provided at least eight hospital talks to hospital staff. I have also in the past been involved in the Improve workshops that the PSANZ organisation has provided for hospitals. They provide many different kinds of support during those workshops. There is information given on bereavement as well as on autopsies and all the other issues to do with birth. Does that need more explanation? I am not sure.

The DEPUTY CHAIR — No, no.

Ms EDWARDS — It is great.

Ms den HARTOG — We provide also treasured baby outfits: parents can get a copy of two outfits for every baby that has died, so they can bury or cremate the baby in one and keep the other one as a memento. We provide memorial services, Walk to Remember on Red Nose Day and so forth. So very much we complement what Sands does and what Compassionate Friends do, but because we have that co-facilitation of our groups with trained parent supporters as well as the bereavement counsellors, we believe our support is really unique and incredibly effective.

The DEPUTY CHAIR — Terrific. Can you tell me how many people you have got working with you?

Ms den HARTOG — We have three counsellors in Melbourne and one in Geelong. It is a national service, so we have many counsellors in the other states as well. Basically we are a charity, and parents do quite a lot of fundraising for us. I think in the future if we can be funded for more services, then we can outreach to more people and train more health professionals, because that communication that has been brought up time and time again today is incredibly important. For instance, when my first son was stillborn at 20 weeks the obstetrician said to me, ‘Your baby was perfect; you just lost the bundle’. That communication is so important so that parents are not retraumatised.

The DEPUTY CHAIR — Thank you very much. We greatly appreciate that, Petra.

Ms den HARTOG — Thank you.

Witness withdrew.