AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Statement from the Australian Physiotherapy Association on the role of physiotherapy in birth trauma prevention and treatment

Preventing physical birth trauma by providing expert pelvic health physiotherapy care during pregnancy and postpartum is a priority for the Australian Physiotherapy Association (APA).

Introduction

Physical birth trauma is shocking and distressing. Severe perineal tears, urinary and faecal incontinence and pelvic organ prolapse can occur during birth. Left untreated, physical birth trauma has direct long-term and debilitating impacts on almost every facet of daily life, including intimate relationships and the ability to lift and play with children, exercise, socialise, return to work and undertake basic household activities. Stigma and mental ill health are often associated with these injuries.

A significant number of birthing parents—over 45 per cent—report that they experienced traumatic physical events. These experiences are rarely canvassed in mainstream media or in public health discourse. A lack of education and support is limiting informed decision-making and further contributing to trauma.[1]

With the right preparation during pregnancy, there are evidence-based health interventions that can prevent, alleviate and reduce physical birth trauma and prevent some third- and fourth-degree perineal tears and stress urinary incontinence. Trained pelvic health physiotherapists have a critical role in preventing and treating perineal trauma by identifying the risk of physical birth trauma. They assist during all stages of pregnancy, including pelvic floor muscle training in both antenatal and postnatal care, preparing for childbirth, promoting recovery and prescribing appropriate exercises during pregnancy and at birth.

The solution is Medicare-subsidised access to quality physiotherapy assessment and management via GP referral during pregnancy and up to one year postpartum.

The Australian Commission on Safety and Quality in Health Care's national standard on third- and fourth-degree perineal tears recognises physiotherapy in the best practice care pathway for their management.[2] The UK's National Institute for Health and Care Excellence guideline *Pelvic floor dysfunction: prevention and non-surgical management* recommends supervised pelvic floor muscle training before and after pregnancy to prevent symptoms of pelvic floor dysfunction.[3]

In Australia, there is currently no public funding for pre-birth pelvic health assessment, individualised physiotherapy-led pelvic floor muscle training or the treatment of physical postnatal trauma. This can lead to costly incontinence treatments including surgery and, in many cases, repeat surgeries.

Those at risk of physical birth trauma must be provided with access in hospitals to imaging services capable of diagnosing physical birth trauma (such as obstetric anal sphincter injuries and levator avulsions), with a referral pathway to tertiary urogynaecological and/or colorectal services.

This equipment is available and has great potential to reduce the future economic burden on the health system through early diagnosis, appropriate management and reduced need for future surgery for conditions such as prolapse and incontinence.

Birth trauma, both the physical injury and the mental harm resulting from traumatic childbirth, has for too long been a taboo topic in society, often dismissed as a normal part of childbirth to be endured rather than prevented and treated. Psychological treatment for birthing mothers, which is funded, cannot be effective while the physical symptoms of the trauma remain untreated.

Prenatal and postnatal physiotherapy interventions ensure better health outcomes.

Recommendations

The APA is calling for:

1. Medicare-funded obstetric pelvic health physiotherapy at five individualised antenatal and postnatal pelvic health physiotherapy consultations to enable antenatal screening and education, prevention and early treatment of physical birth trauma and referral to diagnostic imaging.

2. Investment in the assessment, prevention and non-surgical management of physical birth trauma—a systemic reform combining better health outcomes for patients with a reduction in costly surgeries and associated out-of-pocket costs for families and increased productivity and available workforce.

3. Modelling on the economic, health and social impact of physical birth trauma in Australia.

4. Funding for the Australasian Birth Trauma Association (ABTA) to support those with lived experience of birth trauma and to develop appropriate educational consumer-facing information and necessary materials.

Background

Access to publicly funded pelvic health physiotherapy does not only vary considerably from state to state and from metro to rural and regional areas—there can also be significant differences in access between hospitals within the same city.

Those in rural and regional areas have far less access to this critical healthcare and are increasingly disadvantaged. The APA notes that some state governments are investing in antenatal health initiatives. The NSW Government held an inquiry into birth trauma[4] and heard evidence from those with lived experience and key peak bodies, including the ABTA[5] and the Australian Medical Association (AMA NSW[6]), about the critical role of pelvic health physiotherapy in the prevention, early diagnosis and treatment of physical birth trauma.

The absence of nationally funded and consistent access to Medicare-funded pelvic health physiotherapy services must be urgently addressed.

The APA calls for Medicare funding of assessment and preventive and non-surgical strategies to reduce the prevalence of severe symptoms and invasive treatment. Removing financial and geographical barriers to care and creating a specific Medicare Benefits Schedule item for the treatment of birthing trauma injuries will save lives, drastically improve health, reduce health costs associated with birthing injuries and provide myriad benefits to families.

The APA also wants block funding access to pelvic health physiotherapy assessments and management to provide interventions that reduce the risk of physical birth trauma or early intervention in the postpartum period. Physiotherapists should be integrated into multidisciplinary care teams, along with obstetricians, midwives, GPs and sonographers, to provide the appropriate prenatal and postnatal care to reduce the risk of complications and to improve health outcomes.

Financial incentives for physiotherapists to undertake APA pelvic health professional development units are needed to increase the number of qualified pelvic health physiotherapists, particularly in rural and regional areas where access to postnatal pelvic health support can be limited.

The APA also calls for funded access to outpatient physiotherapy telehealth consultations to increase access to postnatal support, particularly for those in rural and regional areas.

Reducing physical birth trauma—the evidence

There were 300,684 births in Australia in 2022. About 63 per cent of all Australian births are vaginal. Of those, third- and fourth-degree perineal tears affected about three per cent (five per cent for first vaginal births).[7]

According to the *Second Australian Atlas of Healthcare Variation*, in 2012–14, 'the number of Australian women who had a third or fourth degree perineal tear ranged from 6 to 71 per 1,000 vaginal births in different areas across Australia. There was up to a 12-fold variation between areas.' The rates of these tears in Australia are above the reported average for countries in the OECD.[8] Some of these injuries will cause short-term discomfort or inconvenience and have no lasting impacts. However, in other cases there will be ongoing long-term dysfunction, pain, discomfort and mental health distress.

Physical birth trauma can be reduced by providing appropriate screening and assessment of risk factors and interventions including but not limited to pelvic floor muscle training. Pelvic health physiotherapists are best placed to provide this service in the antenatal period. Early access to physiotherapy in the postnatal period is essential to assess and manage the symptoms of physical birth trauma including incontinence, pain and prolapse.

Access to imaging services such as 3D/4D perineal ultrasound and endoanal ultrasound is important to accurately detect physical birth injuries including obstetric anal sphincter injuries[9] and levator avulsions. Referral to specialist services such as urogynaecologists and colorectal surgeons can then be initiated as required. This equipment is available and has great potential to reduce the future economic burden on the health system through early diagnosis and appropriate management.

There is strong evidence to support the use of pelvic floor muscle training and perineal massage in the antenatal period to reduce the rate of severe perineal trauma and postpartum complications.[10,11,12,13] Regular antenatal exercise including pelvic floor muscle training has also been found to reduce urinary incontinence postpartum[14] and anal sphincter injury.[15,16,17,18] Techniques such as antenatal perineal massage in addition to health education are recommended to reduce perineal complications.[19,20,21] These interventions need to be appropriately provided by trained clinicians with skill in detecting risk factors.

Impact of physical birth trauma

Located at the base of the pelvis, the pelvic floor is a hammock of muscles that support internal organs: the bladder, rectum, uterus and prostate. These muscles also contribute to human continence and essential functions such as urination, bowel movement, posture and sex. The Centre of Perinatal Excellence describes birth-related trauma as 'a wound, serious injury or damage… [it] can be physical trauma or psychological trauma, or a combination of both.' Physical and mental trauma experienced during and after childbirth are often interrelated.

Physical birth-related trauma can include:

- perineal tears and episiotomy (a surgical cut made to the perineum, which is the tissue between the vagina and the anus, to expand the vaginal opening during birth)
- urinary or faecal incontinence
- muscle damage to the pelvic floor. The muscles and ligaments in the pelvic floor help to keep the bladder, uterus and bowel in position. During birth trauma, the pelvic floor can sustain microtrauma, also called a 'levator avulsion'
- pelvic organ prolapse (if pelvic muscles are damaged or become weak, the organs inside the pelvis can drop down towards the vagina)
- bone injuries to the pelvis including coccyx fractures, dislocations or pubic bone separation or fractures
- problems emptying the bowel
- nerve damage (caused if nerves in the perineal area are stretched during childbirth)
- pain or problems engaging in vaginal sex
- persistent pain in the lower back
- problems with lifting and even standing caused by a 'dragging' feeling in the pelvic region, sometimes described as a feeling that 'something is 'falling out'
- headaches, dizziness and gastrointestinal issues not diagnosed as another medical condition.

These effects can severely limit a person's ability to:

- work, affecting workforce participation and productivity
- exercise, reducing overall health and wellbeing
- undertake domestic chores, which places additional burden on families
- enjoy sexual relations, which places pressure on relationships
- socialise and participate in community activities, affecting mental health
- make basic choices, such as what clothing to wear.

The role of pelvic health physiotherapists

Physiotherapy plays a holistic role throughout pregnancy in examination, diagnosis, prevention and treatment of birth trauma, and addressing modifiable risk factors contributing to it. This includes educating patients about pain-related issues (for example, lower back or pelvic pain prevention and/or care); pelvic floor exercises to reduce or prevent birth trauma; and in providing prenatal

exercise to minimise gestational weight gain and to promote maternal and offspring metabolic health.

Pelvic health physiotherapy interventions can decrease the risk of birth trauma. These treatments and supports must be funded so that all birthing parents have access to best practice birthing healthcare.

Pelvic health physiotherapists are highly trained, Ahpra-regulated healthcare professionals with an extended scope and expert knowledge, skills and training. They are tertiary qualified and undertake further training by completing APA developed and delivered courses in pelvic floor physiotherapy. This education includes contemporary and evidence-based theoretical background and hands-on practice of the physical assessments needed to work with patients to prevent and manage injuries associated with birth trauma. These Level 1 and Level 2 courses[22] build on a physiotherapist's knowledge and skills and are part of a career pathway that leads to titling and specialisation, based on the Physiotherapy Competence Framework.[23]

Pelvic health physiotherapists treat conditions that are often triggered by pregnancy and experienced post-birth, including pelvic floor weakness and abdominal separation (when the growing uterus causes the parallel muscles of the stomach to separate), urinary and anal incontinence, pelvic pain and prolapse, which is caused by the stretching of the muscles and ligaments that support the pelvic organs. They are committed to providing evidence-based, patient-centred, safe and high-quality care and promote social inclusion through optimising function.

Antenatal consultations

Suitably qualified pelvic health physiotherapists will assess for risk of birthing trauma and diagnose existing conditions using questionnaires and physical assessment. This might include external examination of the stomach muscles and perineum and internal examination of the vagina to assess the pelvic floor muscles and check for prolapse or conducting ultrasounds to examine the bladder, pelvic floor and abdominal muscles.

Access to these highly trained healthcare professionals in the antenatal stage provides a source of information to enable patients to make informed decisions regarding their mode of delivery and to educate them about the importance of pelvic floor muscle training and perineal massage.

Physiotherapists teach patients how to massage the perineum, relaxing and stretching the skin to prepare for childbirth and prevent perineal tears, which are prevalent during childbirth and can have long-term impacts on quality of life in some cases.

Pelvic health physiotherapists are ideally suited to developing safe, effective movement-based programs for women who are pregnant. There is strong evidence supporting the role of obesity in adverse maternal and neonatal outcomes and emerging evidence for the benefits of movement during pregnancy.[24]

Physiotherapists have the ability to improve outcomes for women and their infants by encouraging and prescribing movement during the prenatal period, and their future involvement in prenatal care is critical to combating the vicious cycle of obesity and metabolic disease.[25]

Postnatal consultations

It is important to identify childbirth injury and prevent the development of pelvic health conditions soon after birth. It is recommended that a postnatal physiotherapy consultation be undertaken six weeks post-birth to assess for injury and to establish pelvic floor muscle training.

Symptoms such as incontinence, prolapse and vaginal and lower back pain can develop over time—access to physiotherapy is required up to 12 months or more post-birth.

Pelvic health physiotherapists work closely with doctors, recommending further ultrasounds, medication and referrals to medical specialists such as gynaecologists, colorectal surgeons or pain specialists if required.

Conclusion

Pelvic health physiotherapy is widely recognised as a key part of birthing care and is vital for identifying, preventing and treating birth trauma. Access to this critical expert care must be made available via Medicare to reduce avoidable suffering and costly invasive treatments.

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