

**30 April 2024**

**To NSW Parliamentary Committee re birth trauma**

**Corrections from Dr Elizabeth Skinner 8th April 2024**

**Apologies for delay in processing these corrections as I had an emergency admission to hospital over the past week and have been ill.**

This section **lacks clarity:**

*"...The reason I did my PhD was because I saw some very bad outcomes. I went to London and I liaised—I'm an expert at the Birth Trauma Association there, which they've had since 2003. I thought it was really important we needed one, so we started it in 2016.*

Page- 51

The following is **corrected and more factual:**

*"...I researched birth trauma for my PhD due to frequent observations as a midwife where major vaginal injuries were poorly managed during the postnatal period. After interviewing some women for this research, who exhibited multiple PTSD symptoms that had been sustained from vaginal birth injury, I liaised with a UK expert on childbirth PTSD, clinical psychologist Prof Susan Ayres. She invited me to speak on my research at City, University of London in 2016. This was useful and I looked forward to liaising with maternity clinicians from overseas. Australia, as noted by our mothers has minimal support for women with birth trauma who are left to manage marriages, families and work responsibilities. The confusion of enduring birth injuries and altered mental health without correct somatic or psychological diagnoses is stated by mothers to result in marital disharmony and sexual dysfunction. The beginnings of Australasian Birth Trauma Association were in 2016 and involved urogynecologists, a psychiatrist and myself. At the time, a traumatized mother called Amy Dawes who heard me speak on the radio and as an injured mother, asked to be involved in this research. It was really important for Australia and New Zealand as traumatized postnatal women desperately needed advocacy, so ABTA was initiated in 2016. Several years later after working extensively with UK and Canadian researchers—I was asked to be an expert at the UK Birth Trauma Association who have helped multiple women since its inception in 2003.*

**P 51**

**The following response is incomplete:**

*"...Yes, I was looking it up this morning. My PhD finished in 2019 and it was a big struggle all the way through that PhD, because nothing had been really done, but I can see now it's been changed and there are a lot of really positive outcomes*

**The following is more complete and factual:**

*"...Yes, I was looking up this directive today. My PhD finished in 2019 and it was a big struggle all the way through, and hard to believe nothing had been really done for 9 years by, but I can see now there are some positive outcomes. The main problem though is that pelvic floor injury is not mentioned still. It seems to be an ambiguous document that to mothers and fathers would not assist them to explain adverse outcomes of vaginal birth injuries.*

**P51:**

**Unclear language:**

Because I did—with urogynecologists and that's what I review with now in London, where the levator ani muscle, which is attached to the os pubis, snaps and you get terrible prolapses. The vagina has three—the bowel, the bladder and the uterus possibly. The mothers don't know that's going to happen—trying to look at Caesar's to avert that.

**Corrected version:**

*“...My work mainly involves research with the disciplines of urogynecology and childbirth related psychology. These are specialties that women should be referred to after a traumatic delivery to diagnose levator ani avulsion (LAM) that may have resulted in prolapses to bowel, bladder and/or uterus into the vagina and subsequent PTSD. At the moment, most mothers don't know about the former specialty and have never heard of rectoceles, cystoceles and uterine prolapses into vagina. If they have, health literacy is limited. Often women are diagnosed incorrectly by postpartum doctors and observed to have postnatal depression. The possibility of PTSD is rarely anticipated.*

**Page 52:**

**The following section is ambiguous.**

*“...Also, a lot of the psychologists—I actually in-serviced psychologists at one of the places. Gidget House—you might have heard of it—they didn't even know what levator ani was. They didn't know what pelvic floor injuries were. One woman went to a psychiatrist and they told her she was making it up and they referred her to me, which was awful because she was ready to suicide.*

**Corrected and explanation:**

I did not mean the 'suicidal woman' with the prolapse had attended Gidget House. These were **separate** incidents as follows:

**1) Gidget House psychologists**

*‘...During the process of in-servicing psychologists at Gidget House re my research findings, I observed the staff were very skilled but lacked understanding about the severity of pelvic floor symptoms re levator ani avulsion & vaginal prolapse that resulted in strong links to childbirth*

*related PTSD as per DSM 5. They thought pelvic floor injuries were synonymous with tears of perineum and/or episiotomies-which is a common misconception*

## **2 ) Suicidal woman who heard me speak on radio.**

*"...I received a phone call from a very traumatized mother, who heard me on the radio and had been an inpatient at a mental health facility in NSW, where nurses and psychiatrists did not believe she had a prolapse. She was so desperate she had planned to suicide and take her children under a train with her. Fortunately I was able to get her support and follow up.*

Ambiguous incomplete sentence as follows:

*"....So these are really awful, awful stories. So, like I said don't let them go home, and implement guidelines...*

Corrected sentence:

*"...Prior to discharge, postpartum women should be correctly assessed for PTSD symptoms as per the most recently validated instrument known as **City Birth Trauma Scale (City, University of London)** that can be used clinically or in research to examine PTSD symptoms and clinical disorder in women or their partners who have experienced trauma in childbirth. It has 29 questions that measure PTSD according to the diagnostic criteria of the DSM-5 published by the American Psychiatric Association. See URL: <https://blogs.city.ac.uk/citybirthtraumascale/>*