

**Submission
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INQUIRY INTO BIRTH TRAUMA

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NSW Legislative Council Inquiry into Birth Trauma

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Executive summary

The Australian Physiotherapy Association is pleased to make this submission to the NSW Legislative Council Inquiry into Birth Trauma and welcomes the public examination of the common yet often hidden impacts of traumatic childbirth.

We also welcome the opportunity to present evidence to the inquiry about evidence-based clinical ante- and post-natal physiotherapy support to reduce the incidence of physical birth trauma and its impact on women, the family unit and the community.

Left untreated, physical birth trauma can have direct long-term and debilitating impacts on many facets of women's daily living and their mental health.

There are, however, evidence-based health interventions that can prevent, alleviate and reduce physical birth trauma. It is not only possible to reduce the risk of physical birth trauma, but to even prevent some third- and fourth-degree perineal tears and stress urinary incontinence, with the right preparation during pregnancy.

Suitably trained women's 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 ante-natal and post-natal care; preparing for child birth and promoting recovery; and prescribing appropriate exercises during pregnancy and at birth. Post-natal physical interventions ensure better health outcomes for women.

While pelvic floor muscle training is a key component of pelvic health, a trusted relationship with a suitably trained physiotherapist provides women reassurance and comfort in identifying and addressing what can be highly sensitive health matters, and the continuity of care required to manage them and avoid surgical intervention.

The critical role of physiotherapy in preventing and treating physical birthing injury is recognised in research and clinical guidance in Australia and internationally. However, there continues to be minimal funding to ensure access to physiotherapy throughout pregnancy and beyond.

The APA is hopeful that this inquiry – in bringing the once taboo topic of birth trauma into the public discourse – will remove the barriers faced by women in New South Wales to accessing life-changing women's health physiotherapy.

Impact of physical birth trauma

Physical birth-related trauma is, in many cases, preventable, although it often remains undiagnosed, untreated, or in too many cases, both.

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 the bowel in position. During birth trauma, the pelvic floor can sustain micro trauma, 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 pelvic region, sometimes described as feeling that 'something is 'falling out'.
- Headaches, dizziness and gastro-intestinal issues not diagnosed as another medical conditions.

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

- Work – impacting on 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.

There are, however, health interventions that can decrease the risk of birth trauma. These treatments and supports must be funded so that all women in New South Wales have access to the best birthing care.

The role of women's pelvic health physiotherapists

Women's health physiotherapists are highly trained, Ahpra-regulated healthcare professionals with expert knowledge, skills and training. They are tertiary qualified and undertake further training to develop skills specific to women's health care.

The APA has developed and delivers courses to physiotherapists who work in the area of women's health and pelvic floor physiotherapy. This education includes contemporary and evidence-based theoretical background and hands-on practice of the physical assessments that are needed to work with patients in order to prevent and also manage injuries associated with birth trauma. These Level 1 and Level 2 courses build on a physiotherapist's knowledge and skills and are part of a career pathway that leads to Titling and Specialisation.

Women's health physiotherapists treat conditions often triggered by pregnancy and experienced post-birth, including pelvic floor weakness and abdominal separation (when the growing uterus causes the parallel muscles of your 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.

Physiotherapists are committed to providing evidence-based, patient-centred, safe and high-quality care to people and promote social inclusion through optimising a person's function.

Ante-natal consultations

Suitably qualified physiotherapists will assess for risk of birthing trauma through questionnaires and physical assessment. This might include feeling stomach muscles, performing an internal check of the vagina to assess the pelvic floor muscles, or looking at the perineum and checking internally for prolapse; or ultrasound to examine the bladder or pelvic floor and abdominal muscles.

Access to these highly trained health care professional in the ante-natal stage provides a source of information to enable women 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 women how to massage the perineum (the skin between vagina and the anus) to relax and stretch the skin to prepare for childbirth and to prevent perineal tears, which are prevalent during childbirth and can have long-term impacts on quality of life in some cases.

Post-natal consultations

It is important to identify childbirth injury and prevent development of pelvic health conditions soon after birth.

It is recommended that a post-natal physiotherapy consultation is undertaken six weeks post-birth to assess for injury and to establish pelvic floor muscle training.

Many symptoms such as incontinence, prolapse, vaginal and lower back pain can develop over time and women require ongoing access to physiotherapy as required up to 12 months or more post birth.

Women's health physiotherapy will work closely with doctors, recommending further ultrasounds if needed, medication to be prescribed, or requesting a referral to medical specialists, such as gynaecologists, colorectal surgeons or pain specialists.

Our solution

Action

- › Invest in the assessment, prevention and non-surgical management of physical birth trauma.
- › Publicly fund obstetric pelvic health physiotherapy at five individualised ante-natal and post-natal pelvic health physiotherapy consultations to enable ante-natal screening and education, prevention and early treatment of physical birth trauma, and referral to diagnostic imaging.

Impact

This systemic reform combines 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.

Why we need reform

Physical birth trauma is common and affects a large number of Australians. Left untreated, physical birth trauma such as perineal tears, urinary and fecal incontinence and prolapse can have long-term and debilitating impacts on many facets of daily living and can lead to serious mental health issues¹, including post-traumatic stress disorder. Physical birth trauma is common and can significantly limit productivity, sexual function, participation in social and community life, clothing choices, self-esteem and the ability to undertake domestic activities—affecting relationships, families and the workforce. Removing financial and geographical barriers to care and creating block funding for the treatment of birthing trauma injuries will save lives, drastically improve women's health, reduce health costs associated with birthing injuries and provide myriad benefits to families.

State to state, access to public pelvic health physiotherapy varies considerably with New South Wales vastly underfunded in comparison to Victoria, which has a well-funded program. There are significant differences of pelvic health physiotherapy provision within New South Wales itself with the Royal Hospital for Women in Sydney offering far greater access to this critical health care than other public hospitals across the state – disadvantaging women in rural and regional areas.

Those who travel to larger hospitals to give birth are often disadvantaged upon their return to rural and regional New South Wales where there are fewer suitably trained pelvic health physiotherapists.

How to achieve it in New South Wales

Funding of assessment and preventive and nonsurgical strategies to reduce the number of women developing severe symptoms and needing invasive treatment.

- › Block fund access to pelvic health physiotherapy assessment and management to provide intervention to reduce the risk of physical birth trauma or early intervention in the postpartum period. Include women's health physiotherapists in multidisciplinary care teams (along with obstetricians, midwives, GPs and sonographers) for all pregnant women to reduce the risk of complications and to improve health outcomes.

- › Financially incentivise physiotherapists to undertake APA Women's Health Professional Development units to increase the number of qualified women's pelvic health physiotherapists in New South Wales, particularly in rural and regional areas where access to post-natal pelvic health support can be limited.
- › Fund access to outpatient physiotherapy telehealth consultations to increase access to post-natal support, particularly for those in rural and regional areas.

Conditions for success

There is good evidence that rates of physical birth trauma can be reduced by providing appropriate screening and assessment of risk factors and intervention 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 post-natal period is valuable 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 endo-anal ultrasound is important to accurately detect physical birth injuries including obstetric anal sphincter injuries 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 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.²

Evidence base

There is strong evidence to support the use of pelvic floor muscle training (PFMT) and perineal massage in the antenatal period to reduce the rate of severe perineal trauma and postpartum complications.^{3,4,5,6} In addition, regular antenatal exercise including PFMT has been found to reduce urinary incontinence postpartum⁷ and anal sphincter injury.^{8,9,10,11} Techniques such as antenatal perineal massage in addition to health education are recommended to reduce perineal complications.^{12,13,14} These interventions need to be appropriately provided by trained clinicians with skill in detecting risk factors.

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 the management of third and fourth degree perineal tears. The UK's National Institute for Health and Care Excellence's Pelvic floor dysfunction: prevention and non-surgical management guidelines recommend supervised pelvic floor muscle training before and after pregnancy to prevent symptoms of pelvic floor dysfunction.¹⁵

Conclusion

It is encouraging that there appears to be a growing awareness about the often debilitating, ongoing impacts of physical birthing trauma on women and that the New South Wales Legislative Council is examining this long neglected women's health issue. Women's health physiotherapy is critical to ensuring good health outcomes during and after pregnancy for all women regardless of where they live and their socioeconomic status. It is time to remove the barriers to accessing high quality physiotherapy, whether financially or geographic – and ensure it is integral to the ante and post-natal care team.

About the Australian Physiotherapy Association

The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. Through its National Groups, the APA offers advanced training and collegial support from physiotherapists working in similar areas.

The APA represents more than 31,000 members who conduct more than 23 million consultations each year. It is committed to professional excellence and career success for its members, which translates into better patient outcomes and improved health conditions for all Australians. The APA believes that all Australians deserve equal access to safe, high-quality, evidence-based care. It advocates for service efficiency, research-informed treatment modalities and practitioner scope of practice.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

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