

**Submission
No 918**

INQUIRY INTO BIRTH TRAUMA

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I would like to make a submission as an act of advocacy for the many women who I have sat in consult with, listened to, supported and encouraged as a Women's Health Physiotherapist, following their traumatic birth experience. The trauma may exist in far-reaching ways – the obvious front of mind may be their presenting physical symptomology, and the reason they are seeking my opinion or advice. This rarely happens in isolation however, with impacts apparent on their immediate postpartum experience, family life and social life, as well as just as significantly impacting their emotional wellbeing and mental health. It was soon clear that birth injury was not the only reason women may experience birth trauma.

I have been a Physiotherapist for over 15 years with the majority of this time being in the field of Women's Health; I am of the past 2 years a Titled Women's Health Physiotherapist and Member of the Australian College of Physiotherapists. I have worked within two of the major maternity hospitals in Sydney, NSW as well as within a number of busy private practice settings in Sydney and now on the mid north coast of NSW. I was so certain that the impact and the incidence of birth trauma is so under-recognised that I embarked on a research project with a colleague to investigate this impact, our findings were published in early 2020. The results were unsurprising to us, sadly, with more than half of the women responding experiencing ongoing symptoms of their birth injury. This research explored only one particular aspect of birth trauma, being the impact and ongoing effects of sustaining a 3rd or 4th degree tear during childbirth also known as an obstetric anal sphincter injury. This research illuminated what we both already suspected to be true: the impacts of this aspect of birth trauma were far reaching, long lasting and under-resourced in the public sector.

As a Women's Health Physiotherapist, I see women coming in for their physical symptoms in the aftermath of birth, their symptoms can be so significantly disabling they may become socially isolated at a time when they, more than ever, need support. I hear women sharing their stories of disappointment, distress, grief and know that they deserve better. Without a doubt we owe birthing women more. We need women to feel safe, supported and heard, as well as prepared for birth. Ideally, I would like to see more action on preventing birth trauma from happening in the first instance. This may be facilitated by increased focus on antenatal education, access to resources and support and opportunities for women to feel heard in their concerns. Then if adverse events happen during birth, women need to feel supported with adequate follow up and access to support, advice and resources. I also feel these resources should not be based on ability to pay; I believe all women deserve to have access to exceptional postpartum care.