

Submission
No 1050

INQUIRY INTO BIRTH TRAUMA

Name: Name suppressed

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Partially
Confidential

Dear Select Committee on Birth Trauma,

I gave birth to my second child in late 2022 at

This submission is a personal tale that will address several of the terms of reference of the committee, primarily the physical, emotional, psychological, and economic impacts of birth trauma. This submission will also consider issues related to informed choice, continuity of care, and midwifery practices. I am submitting this document with no intention to present to the hearings.

My Birth Story

As I had had an emergency c-section for my first child's birth, I was classed as high-risk by the hospital and received my antenatal care primarily from obstetricians.

I was seen by about six different obstetricians and two midwives during the pregnancy—never by the same person twice. I found this discontinuity really challenging to navigate, as I would have to repeat information about my birth history every appointment. I would constantly have to repeat what previous providers had said and received conflicting information about my care from different providers. I believe that the lack of continuity of care meant that I 'fell between the cracks' in terms of the information I was provided about my different birthing options. This had a huge impact on my ability to make an informed choice regarding the birth.

At each appointment, I was asked whether I wanted to have a repeat c-section or a VBAC (vaginal birth after c-section). I was initially unsure, so wanted more information. I was provided with one very basic leaflet which outlined the risks of uterine rupture and the risks of a caesarean, and sent on my way to make a decision by myself. At no point, in any written or verbal information that I was provided, was pelvic floor damage listed as a risk of vaginal birth. This is despite research showing that VBACs result in higher rates of pelvic floor damage than other vaginal births. As I wasn't given much information to help me make an informed choice about the birth, I was left to my own devices. I spent months doing my own research. I learnt that the rates of successful VBACs increase if the birthing mother goes into labour spontaneously. I learnt that repeat caesareans increase the risks of placenta accreta in future pregnancies (and we wanted a third child, so this was important to me). However, I learnt very little about possible pelvic floor damage from vaginal delivery and I *certainly* did not learn that c-sections are associated with less pelvic floor damage than vaginal deliveries.

In the end, I decided to try for a VBAC. I will regret this decision for the rest of my life.

The labour itself felt, at the time, to be straightforward and uneventful. In hindsight it was anything but. I don't know how long I pushed for but I remember wanting and trying to *breathe* my baby out and to let my body do the work. I had read that this reduced the rate of 3rd and 4th degree tears, which I was obviously keen to avoid. However, the new midwives on shift had different ideas. They wanted me to

“*PUUUSSSHHH!*” and kept yelling at me to hold my breath and push harder. They had me lying on my back, which I knew was not optimal for birth. At one point I asked whether I could move into a different position to push but was told that I couldn't. That I needed to stay on my back and push as hard as I could. This moment is something I keep replaying in mind, months later. Was this the moment I damaged my pelvic floor forever? Why wasn't I strong enough to fight against this bad advice from the midwife? If I had advocated harder for myself, would the damage have been less or even been avoided?

My beautiful baby was born soon after. He was absolutely perfect. Over the next few days and weeks I thought I recovered well. I was on cloud nine. It was only three weeks later when I realised things had gone wrong.

The Physical, Emotional, Psychological, Economic and Other Impacts of Birth Trauma

I was in the shower one evening, cleaning myself, when I felt a bulge coming out of my vagina. Immediately I knew that I had prolapsed.

I called a private pelvic floor physiotherapy clinic the next day and asked for the first appointment they had. The physiotherapist did an internal examination and diagnosed me with a Grade 2 cystocele, a Grade 1 uterine prolapse, and a Grade 2 rectocele. This means that all of my pelvic organs were bulging into my vagina. The physiotherapist also said that I probably had a levator avulsion. I had never heard of this and was shocked to learn that it meant my pelvic floor muscles (specifically the levator ani muscle) had been ripped off the bone. Apparently it happens to 10-35% of women in their first vaginal delivery. Avulsion means there is no longer muscular support for my pelvic organs and they fall into my vagina. There is no surgical fix. My life was instantly changed.

I have a constant sensation of a bulge and like something is stuck in my vagina. Occasionally I struggle to poo and I am needing to manage hemorrhoids for the first time in my life. Every now and then I can't hold in a fart. Sometimes it is hard to empty my bladder. I constantly feel like I need to wee. Towards the end of the day, I leak a bit of urine when I bend over. My periods haven't returned, but I imagine I won't be able to use tampons or a menstrual cup anymore. Because of the levator avulsion, it has been a real challenge to find a pessary that fits my anatomy. I have tried 3 different styles, in 2 different sizes, with no real luck. I am currently wearing the 'least bad' one but it does not work as it should. I can feel it in my vagina for most of the day.

I think that bears repeating. I am in my early 30s, I wear a pessary, and I leak wee whenever I bend to pick things up from the floor. It is so undignified. I am disgusted by my body.

When my son was 6 months old, I finally saw a urogynecologist. This doctor confirmed the three prolapses and, based on imaging, a bilateral levator avulsion. He

also diagnosed an 'insufficient perineum' which he attributed to how poorly the episiotomy was stitched up after birth. Most alarmingly to me, he also identified a missed 3rd degree tear. My external anal sphincter was torn in childbirth and I had no idea. The trauma was never-ending.

Unsurprisingly, I was diagnosed with postnatal depression. My life was filled with worries for my future, and for my children's future. It was all I could think about. Would I be able to have more children? Would I be able to play with my children? Run around and chase them in the garden? Go travelling with them? Would I be incontinent by the time my children started school? Would they be ashamed of their mother? Would I poo myself in front of colleagues at work? What would my life look like after menopause? My dreams for my life were shattering before my eyes.

I cannot clearly explain the impact that this trauma has had on my life. It has impacted me personally, psychologically and financially, and will continue to do so for the rest of my life. In the 9 months since my son was born, I have spent over \$4,000 on doctors appointments, specialist appointments, physiotherapy appointments, psychology appointments, exercise programs and other equipment to manage my prolapses. That is the out-of-pocket expenses, after any Medicare rebates I am entitled to. I have not yet returned to work from maternity leave, so I am not sure how my birth injuries and prolapses will impact my ability to do my job and progress in my career. Over the course of my life, I will need to spend so much more money managing my physical birth injuries and mental health and will require a lot of support from the public healthcare system.

I will need surgery at some point. Probably in the not too distant future. But, surgical outcomes for prolapse repair are abysmal for those of us with avulsions. Avulsions can't be fixed. It feels like I am destined to go through painful major surgery for it to fail within a few years.

One of the hardest things to cope with is the fact that this injury will probably mean that I won't have any more children. I am not sure I will be able to risk worsening my prolapses. My partner and I were so looking forward to having three children: when I was pregnant with my second, we imagined what our lives would look like in 5, 10, 20, 30 years' time. We were so excited for big family holidays and Christmases spent together. For raising three young children and watching them grow. And now we probably won't get that. I am heartbroken.

All of this is made a million times worse when I remember that the main reasons I decided to have a VBAC were to avoid major surgery and to reduce risks in a future pregnancy. It feels like a sick joke.

It's even more frustrating when I consider that all of this trauma could have been avoided if I had been provided with sufficient information to make an informed decision about birthing options. If I had seen the same care provider for multiple appointments we could have had more detailed ongoing discussions about my preferences and concerns for birth, and about strategies to minimize pelvic floor

damage. I don't know what I would have done if I had been given this information: I may still have chosen to have a vaginal birth, but I could have felt informed about my body and my choices, rather than blindsided by a life-altering diagnosis that can't be repaired.

My birth trauma will never leave me and will never stop impacting me. I hope that other women don't have to go through what I have experienced. It has been truly horrendous.

Potential Recommendations

Women's health has historically been overlooked. Although never spoken aloud, there is an unspoken assumption that women should accept life-changing birth injuries as the price of bearing children. Why? We should not have to put up with these injuries or lifelong continence. Change is needed. Here is a short list of small actions I believe could be taken to reduce the physical impacts of birth trauma and improve outcomes for birthing women and their children:

- Provision of comprehensive education regarding pelvic floor conditions, symptoms and sources of support for all pregnant women (not just a passing comment to "do your kegels")
- Mandatory continuing education for obstetricians and midwives about the risks and impacts of pelvic floor trauma, with specific information about levator avulsion
- Updating information leaflets about birth after caesarean section to include information about pelvic floor damage, so that women are able to make an informed choice considering their own unique risk factors and preferences
- Publicly-funded pelvic floor physiotherapy provided antenatally and postnatally for all pregnant and birthing women
- Increased statewide data collection, analysis and reporting related to postpartum pelvic floor damage and symptoms
- Clearer referral pathways for GPs to follow when postnatal women present with pelvic floor complications following childbirth

In an ideal world, I would hope that no other women would ever have to experience birth trauma. But, birth is unpredictable. Injuries happen. Yet there are known ways that the risks can be minimized, and these should be a huge priority for a government that cares about birthing women and children. Informed choice and continuity of care are two pieces of the puzzle. The impacts of birth trauma are immeasurable, not just for the individual birthing woman, but for their partner, baby, other children, extended family, workplace, the medical staff, and society. Change is needed.

Thank you for the opportunity to share my story.