Submission No 975

INQUIRY INTO BIRTH TRAUMA

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Submission

NSW Senate Inquiry on Birth Trauma

My name is Hans Peter Dietz. I'm a Urogynaecologist and was, until 2021, Professor of Obstetrics and Gynaecology at the University of Sydney. I am a partner in Sydney Urodynamc Centres, which to my knowledge is the largest private practice in Australia specialised in the assessment of pelvic floor problems. I have undertaken over 35 years of clinical research in this field. With an H factor of 82, almost 23.000 citations of nearly 400 published peer-reviewed papers and over 700 conference abstracts, I consider myself the leading expert on the assessment of somatic maternal birth trauma worldwide.

Somatic birth trauma encompasses perineal tears, anal sphincter tears and tears of the levator muscle. Anal sphincter tears occur in about 5-7% of first-time mothers delivering vaginally and are about 50% likely to result in lifelong anal incontinence.[1] Levator tears ('avulsion') occur in 10-15% of first-time mothers having their baby vaginally, with much higher rates (40-50%) after Forceps.[2] Avulsion is likely to result in prolapse of the bladder and uterus which is difficult to impossible to cure in the presence of such tears.[3]

The existence of levator tears was first described in 1943, but there is no mention in the world literature since 1955, until the phenomenon was re-discovered recently. This is mainly due to the fact that levator tears are commonly occult, that is, hidden behind intact skin. While anal sphincter tears are usually obvious clinically and have received much attention, there was no mention of levator tears in our textbooks until about 2015. That discovery is changing the subspecialty of Urogynaecology, even if the full impact will take another generation to materialise.

Many colleagues, midwives and patients are not aware, or at least not fully aware, of the high risk and potentially severe consequences of somatic birth trauma. Due to a lack of awareness and training, most such trauma is missed by our Maternity Services. Often it only comes to light once civil litigation is commenced by a badly traumatised mother. Litigation is becoming ever more common, especially after Forceps delivery, due to information being available on the internet- information that was never disclosed to those women by their caregivers. It is not surprising that some mothers are furious at being treated like immature children rather than adults.[4]

There are certain measures that can serve to reduce the prevalence of such trauma and the subsequent burden to individuals, the healthcare system and society. First and foremost is to enforce compliance with the NSW Consent Manual 2020[5, 6] in antenatal and intrapartum care. To make this possible a risk conversation needs to be facilitated between first-time mothers between 32 and 38 weeks' gestation, and an obstetrician or senior obstetric trainee.[7] This would go a long way towards disseminating information and affirming the autonomy of pregnant women.

Secondly, women after high risk births (Forceps, Vacuum, large babies over 4000 g, shoulder dystocia, 3rd or 4th degree tears) ought to be given the option of a formal physiotherapy follow-up at 6 weeks after childbirth. This is already available at most tertiary hospitals in NSW and ought to be made universal.

Thirdly, women after high risk births (Forceps, Vacuum, large babies over 4000 g, shoulder dystocia, 3rd or 4th degree tears) should have the option of a proper assessment for trauma about 2-3 months after childbirth.[8] This requires the establishment of pelvic floor imaging

services at tertiary maternity hospitals. This service is available only in a few locations, but zero-cost teaching is available by myself and several of my trainees.

I'd be happy to assist the Committee if required.

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