

Supplementary
Submission
No 220a

INQUIRY INTO BIRTH TRAUMA

Organisation: Association for Pelvic Organ Prolapse Support

Date Received: 1 March 2024

I apologize to The New South Wales Parliament, members of the Select Committee, and attendees for the time zone and prior conference commitment complications which have roadblocked my attendance at this critical meeting addressing levator avulsion (LA). The women of NSW who manifested this movement, as well as the women throughout the rest of the world experiencing LA, are subjected to significant physical, emotional, social, sexual, fitness, and employment quality of life ramifications. I am hopeful NSW Parliament will acknowledge and address the needs of women appropriately, and that the world at large will in-kind replicate positive forward engagement to address this most unsettling cryptic shortfall in women's health.

The evolution of healthcare typically follows a long and winding road, often under construction. Within the child birthing space, LA, is most typically the end result of invasive childbirth delivery tooling such as forceps or suction devices, utilized to eliminate the need for a cesarean section which is considered a more invasive surgical procedure with increased risk of complications. However, limited visibility utilizing forceps certainly equally sets the stage for complications. While avoiding surgery is logical in some cases, in others the damaging end result defeats ethical medical intent, resulting in a lifetime of suffering for women post-delivery.

To reiterate to an already aware panel, the reasons for the use of forceps or suction are:

The baby is in an awkward position.

The baby is getting tired and may be in distress.

Protect the premature baby's head from perineum crush.

Maternal exhaustion from pushing during a long labor.

Maternal medical comorbidities that preclude pushing or operative delivery.

Rotation of a breech baby.

Damage that may occur to the baby is:

Facial lacerations, skull fracture, intracranial hemorrhage, hematoma, facial nerve injury, ocular trauma, or fetal death.

Damage that may occur to the mother is:

Vaginal lacerations, perineal lacerations, hematomas, and anal sphincter injury.

Additionally, pelvic organ prolapse (POP) is the expected progression of levator avulsion, since the torn, damaged levator ani muscle structures are unable to sufficiently provide support to organs. POP impacts urinary, defecatory, reproductive, digestive, and vaginal systems and includes symptoms such as urinary incontinence, fecal incontinence,

prolapsed umbilical cord, generalized pelvic pain or discomfort, or pain with intimacy, typically with multiple systems impacted simultaneously.

Research indicates vacuum delivery is safer than forceps for the mother, forceps delivery is safer for the fetus. Who decides the best course of action to decrease complications? Mothers are rarely given options during complicated birthing scenarios prior to procedures.

Within APOPS space, we hear the voices of women with LA daily, and anxiety, the pain, the frustration. LA is one of APOPS two most-impacted subgroups of complicated POP scenarios. These women wonder why the world does not care. They wonder why the medical systems do not care.

I assure you that behind APOPS curtain, women are becoming empowered and vocal. They deserve appropriate awareness, screening, and treatment options. I queried the women in APOPS closed patient support forum prior to building this document to capture the targeted voices of the women APOPS serves. While the ages of the women who responded were primarily between 25-45, women as mature as in their 60s-80s who have suffered for decades responded as well. These women indicated how blindsided they were by devastating levator avulsion injuries, how difficult it is to navigate raising a newborn baby when suffering so much pain and physical dysfunction, how hopeless they feel when the medical system fails to acknowledge or address their needs, how devastating it is to be unable to resume intimate relations with their life partners, how frustrating it is that physicians do not recognize or acknowledge LA, and how overwhelming the loss of being active and fully engaged in life is to self-confidence and self-esteem.

Fear of change runs rampant in multiple fields of practice; healthcare is no exception. However, addressing the diverse below-the-waist needs of women with levator avulsion is pivotal to the evolution of women's vaginal, rectal, and pelvic health awareness, screening, practice, and policy.

It is critical healthcare powers-that-be recognize and acknowledge system shortfalls. Unfortunately, in medicine, we do not know what we do not know, and the nature of healthcare, as in any other system, is evolving step by step. It is imperative throughout this process that patient voice continues to be enabled and respected, to effectively and efficiently identify issues in need of evolution.

Public health regulatory agencies world-wide must evolve in order to address cryptic aspects of women's below-the-waist health needs that remain underrecognized, underacknowledged, under-screened, or dismissed as not worth exploring because they have not been in the past. Health systems, health providers, academia, and global

regulatory agencies that monitor health needs must redirect focus in a timely way to capture ballast regarding newly recognized health shortfalls.

APOPS applauds New South Wales efforts to assess a critical aspect of women's health that flies under the radar on patient, practitioner, and policy sides of the equation. However, women with LA deserve appropriate awareness, screening, and treatment options expeditiously. I would like to assure this panel that behind APOPS global curtain, women are becoming empowered and vocal, just as the women in Australia have become. Evolution in healthcare always has a pivot launch point. I encourage New South Wales to be that beacon.



Sherrie Palm, Founder

Association for Pelvic Organ Prolapse Support