



# Physiotherapy and physical birth trauma

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A statement by the  
Australian Physiotherapy Association

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AUSTRALIAN  
PHYSIOTHERAPY  
ASSOCIATION

# Statement from the Australian Physiotherapy Association on the role of physiotherapy in physical birth trauma prevention and treatment

Reducing the risk of physical birth trauma through pelvic health physiotherapy care during pregnancy and postpartum is a priority for the Australian Physiotherapy Association (APA).

## Overview

**Physical birth trauma** refers to injury sustained to the pelvic floor muscles, perineum, connective tissues, nerves or bones as a result of childbirth. These injuries may include perineal tears (including obstetric anal sphincter injuries), levator ani avulsions, nerve injury and musculoskeletal trauma.<sup>1</sup>

Not all physical birth trauma results in long-term dysfunction, but in some cases, it may lead to chronic symptoms such as pain and impaired mobility as well as pelvic floor disorders including incontinence and prolapse. As the birthing experience and impacts can vary, women must be listened to and appropriately diagnosed to ensure tailored care for their individual circumstances is provided.

Without adequate support, physical birth trauma can have direct long-term and debilitating impacts on almost every facet of daily life, including intimate relationships, work and undertaking basic household activities.

According to a Birth Trauma Australia (BTA) report,<sup>2</sup> one in three women viewed their birth as being traumatic with an estimated 100,000 people impacted by both physical and psychological birth-related trauma each year in Australia. A lack of education and support is limiting women's informed decision-making and further contributing to trauma.<sup>3</sup> Physical birth trauma is further associated with stigma and poor mental health outcomes.

Pelvic health physiotherapy during pregnancy provides evidence-based health interventions that may reduce and prevent some perineal tears.<sup>4</sup> Trained pelvic health physiotherapists have a critical role in preventing and treating perineal trauma by identifying the risk of physical birth trauma. Prevention and reduction of pelvic floor disorders resulting from birth trauma is another critical benefit of physiotherapy, particularly when commenced in the antenatal stage.<sup>5</sup>

Physiotherapists provide care during all stages of pregnancy, including pelvic floor muscle training in both antenatal and postnatal care, preparing for childbirth, promoting recovery and prescribing appropriate exercises during pregnancy and at birth.

The Australian Commission on Safety and Quality in Health Care's national standard on third- and fourth-degree perineal tears recognises the role of physiotherapy in the best practice care pathway for the management of perineal tears.<sup>6</sup> The UK's National Institute for Health and Care Excellence guideline *Pelvic floor dysfunction: prevention and non-surgical management* recommends supervised pelvic floor muscle training before and after pregnancy to prevent symptoms of pelvic floor dysfunction.<sup>7</sup>

In Australia, there is currently no government funding for antenatal physiotherapy-led pelvic health assessment and individualised pelvic floor muscle training as preventative approaches.

There is no Medicare-funded antenatal physiotherapy assessments and postnatal treatment for physical birth trauma, as well as limited funding for telehealth and workforce development.

Unresolved symptoms of incontinence and pelvic organ prolapse can lead to costly and invasive downstream treatments for these conditions including surgery and, in many cases, repeat surgeries.

Equipment is available to diagnose physical birth trauma (such as obstetric anal sphincter injuries and levator avulsions<sup>8</sup>). This has great potential with a referral pathway to tertiary urogynaecological and/or colorectal services and onward referral to physiotherapy for the symptoms of incontinence and prolapse to reduce the future economic burden on the health system through early diagnosis, appropriate management and reduced need for future surgery.

## Recommendations

### The APA is calling for:

1. Medicare-funded obstetric pelvic health physiotherapy at a minimum of five individualised antenatal and postnatal pelvic health physiotherapy consultations to enable antenatal screening and education, prevention and early identification of physical birth trauma and referral to diagnostic imaging.
2. Establishment of a specific Medicare Benefits Schedule item for frontline physiotherapy treatment of physical birthing trauma injuries.
3. Funded access to outpatient physiotherapy telehealth consultations.
4. Modelling on the economic, health and social impact of physical birth trauma in Australia.
5. Incentivised professional development for physiotherapists to increase the pelvic health physiotherapy workforce.

## Background

Access to publicly funded pelvic health physiotherapy does not only vary considerably from state to state and from metro to rural and regional areas—there can also be significant differences in access between hospitals within the same city.

Those in rural and regional areas have far less access to this critical healthcare and are increasingly disadvantaged. The APA notes that some state governments are investing in antenatal health initiatives. The NSW Government held an inquiry into birth trauma<sup>9</sup> and heard evidence from those with lived experience and key peak bodies, including BTA<sup>10</sup> and the Australian Medical Association (AMA NSW<sup>11</sup>), about the critical role of pelvic health physiotherapy in the prevention, early diagnosis and treatment of physical birth trauma.

The absence of nationally funded and consistent access to Medicare-funded pelvic health physiotherapy services must be urgently addressed.

The APA calls for Medicare funding of assessment, preventative and non-surgical strategies to reduce the prevalence of severe symptoms and invasive treatment. Removing financial and geographical barriers to care and creating a specific Medicare Benefits Schedule item for the treatment of birthing trauma injuries will save lives, drastically improve health, reduce health costs associated with birthing injuries and provide myriad benefits to families.

The APA also wants block funding access to pelvic health physiotherapy assessments and management to provide interventions that reduce the risk of physical birth trauma commencing with early intervention in the postpartum period. Physiotherapists should be integrated into multidisciplinary care teams, along with obstetricians, midwives, GPs and sonographers, to provide the appropriate antenatal and postnatal care to reduce the risk of complications and to improve health outcomes.

Financial incentives for physiotherapists to undertake APA or university-based pelvic health professional development units are needed to increase the number of qualified pelvic health physiotherapists, particularly in rural and regional areas where access to postnatal pelvic health support can be limited.

The APA also calls for funded access to outpatient physiotherapy telehealth consultations to increase access to postnatal support, particularly for those in rural and regional areas.

## Reducing physical birth trauma—the evidence

There were 300,684 births in Australia in 2022. About 63 per cent of all Australian births are vaginal. Of those, third- and fourth-degree perineal tears affected about three per cent (five per cent for first vaginal births).<sup>12</sup>

According to the *Second Australian Atlas of Healthcare Variation*, in 2012–14 (page 158), ‘the number of Australian women who had a third or fourth degree perineal tear ranged from 6 to 71 per 1,000 vaginal births in different areas across Australia. There was up to a 12-fold variation between areas (rural vs urban).<sup>13</sup> There is also variance between ethnicities with Asian women, for example, at higher risk of perineal tears<sup>14</sup> and anal sphincter injury<sup>15</sup> than Caucasian women—indicating that screening of high-risk populations and the creation of more targeted prevention and treatment strategies is appropriate.

The rates of these tears in Australia are above the reported average for countries in the OECD.<sup>16</sup> Some of these injuries will cause short-term discomfort or inconvenience and have no lasting impacts. However, in other cases there will be ongoing long-term dysfunction, pain, discomfort and mental health distress.

Physical birth trauma can be reduced by providing appropriate screening and assessment of risk factors and interventions including but not limited to pelvic floor muscle therapies. Pelvic health physiotherapists are best placed to provide this service in the antenatal period. Early access to physiotherapy in the postnatal period is essential 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 endoanal ultrasound is important to accurately detect physical birth injuries including obstetric anal sphincter injuries<sup>17</sup> 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 the future economic burden on the health system through early diagnosis and appropriate management.

There is evidence to support the use perineal massage in the antenatal period to reduce the rate of perineal trauma and postpartum complications such as faecal incontinence and ongoing pain.<sup>18 19</sup> Regular antenatal exercise including pelvic floor muscle training has also been found to reduce urinary incontinence postpartum.<sup>20</sup> These interventions need to be appropriately provided by trained clinicians with skill in detecting risk factors.

## Impact of physical birth trauma

Located at the base of the pelvis, the pelvic floor is a hammock of muscles that support internal organs: the bladder, rectum, uterus and prostate. These muscles also contribute to human continence and essential functions such as urination, bowel movement, posture and sex. The Centre of Perinatal Excellence describes birth-related trauma as ‘a wound, serious injury or damage... [it] can be physical trauma or psychological trauma, or a combination of both.’ Physical and mental trauma experienced during and after childbirth are often interrelated.

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
- micro or macro trauma to the pelvic floor. Microtrauma includes sarcomere stretching, grazes or tears. Macrotrauma refers to when the puborectalis muscle is detached from the pubic bone.
- pelvic organ prolapse: if pelvic muscles are damaged as per above description or become weak, the pelvic organs may descend towards or beyond the vaginal introitus
- bone injuries to the pelvis including coccyx fractures, dislocations or pubic bone separation or fractures
- problems emptying the bowel
- nerve damage (caused if the pudendal nerve is compressed or strained during childbirth)
- pain or problems engaging in vaginal sex
- persistent pain in the pelvic girdle or lower back
- problems with lifting and even standing caused by a ‘dragging’ feeling in the pelvic region, sometimes described as a feeling that ‘something is ‘falling out’
- headaches, dizziness and gastrointestinal issues not diagnosed as another medical condition.

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

- work, affecting workforce participation and productivity
- exercise, reducing overall health and wellbeing
- undertake domestic activities, 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.

## The role of pelvic health physiotherapists

Physiotherapy plays a holistic role throughout pregnancy in examination, diagnosis and prevention of birth trauma, and addressing modifiable risk factors that may contribute to physical trauma. This includes educating patients about pain (for example, lower back or pelvic pain prevention and/or care); pelvic floor exercises to reduce or prevent birth trauma; and providing antenatal exercise to minimise gestational weight gain and to promote maternal and offspring metabolic health.

**Pelvic health physiotherapy interventions can decrease the risk of physical birth trauma. These treatments and supports must be funded so that all birthing parents have access to best practice birthing healthcare.**

Pelvic health physiotherapists are highly trained, Ahpra-regulated healthcare professionals with an extended scope and expert knowledge, skills and training. They are tertiary qualified and undertake further training by completing postgraduate university-based courses (which are recognised by the Australian Quality Framework) and the Australian College of Physiotherapy Clinical Specialisation training program. Also contributing to a skilled, competent workforce, the APA has developed and delivered courses in pelvic floor physiotherapy, building on a physiotherapist's knowledge and skills as part of a career pathway that leads to titling and specialisation, based on the Physiotherapy Competence Framework.<sup>21</sup>

Pelvic health physiotherapists treat conditions that are often initiated by pregnancy and experienced post-birth, including pelvic floor weakness and abdominal separation (when the growing uterus causes the parallel muscles of the 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. They are committed to providing evidence-based, patient-centred, safe and high-quality care and promote social inclusion through optimising function.

### Antenatal consultations

Suitably qualified pelvic health physiotherapists will assess for risk of physical birth trauma and diagnose existing conditions using questionnaires and physical assessment. This might include external examination of the stomach muscles and perineum and internal examination of the vagina to assess the pelvic floor muscles and check for prolapse or conducting ultrasounds to examine the levator hiatal area and function of the abdominal muscles.

Access to these highly trained healthcare professionals in the antenatal stage provides a source of information to enable patients to make informed decisions regarding their mode of delivery and to educate them about the importance of pelvic floor muscle training and perineal massage and teach them the skills.

Physiotherapists teach patients how to massage the perineum, relaxing and stretching the skin to prepare for childbirth and prevent perineal tears, which are prevalent during childbirth and can have long-term impacts on quality of life. In addition, physiotherapists have the skills to assess a woman's ability to bear down and improve the effectiveness of this technique where necessary. Women with poor bearing down technique have been shown to have a longer active second stage of labour, increasing their risk of pelvic floor micro and microtrauma.<sup>22</sup>

Pelvic health physiotherapists are ideally suited to developing safe, effective movement and exercise programs for women who are pregnant. There is strong evidence supporting the role of obesity in adverse maternal and neonatal outcomes and emerging evidence for the benefits of movement and exercise during pregnancy.<sup>23</sup>

Physiotherapists have the ability to improve outcomes for women and their infants by encouraging and prescribing movement during the antenatal period, and their future involvement in antenatal care is critical to combating the vicious cycle of obesity and metabolic disease.<sup>24</sup>

Exercise during pregnancy has been shown to reduce lower back and pelvic pain,<sup>25</sup> and reduce excessive weight gain in pregnancy and when combined with diet also reduce gestational diabetes mellitus.<sup>26</sup>

### Postnatal consultations

It is important to identify childbirth injury and prevent the development of pelvic health conditions soon after birth. It is recommended that a postnatal physiotherapy consultation be undertaken six weeks post-birth to assess for injury and to establish pelvic floor muscle training and abdominal wall rehabilitation.

Symptoms such as incontinence, prolapse and vaginal and lower back pain may be present immediately after birth or may develop over time—access to physiotherapy is required up to 12 months or more post-birth. Pelvic floor therapies provided by physiotherapists have strong evidence of clinical<sup>27</sup> and cost-effectiveness<sup>28</sup> for treating incontinence in the childbearing year, and in the treatment of prolapse<sup>29</sup> and pelvic pain.<sup>30</sup>

Pelvic health physiotherapists work closely with doctors, recommending further ultrasounds, medication and referrals to medical specialists such as gynaecologists, colorectal surgeons or pain specialists if required.

### Conclusion

Pelvic health physiotherapy is widely recognised as a key part of birthing care and is vital for identifying, preventing and treating physical birth trauma. Access to this critical expert care must be made available via Medicare to reduce avoidable suffering and costly invasive treatments.

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