

Inquiry into Reproductive, Maternal and Paediatric Health Services in Tasmania

Submission by the **Australian Physiotherapy Association**

September 2024

Authorised by:

Craig Maltman
Acting Chief Executive

Brice Pennicott
Tasmanian Branch President

Australian Physiotherapy Association
Level 1, 1175 Toorak Rd Camberwell VIC 3124
Phone: (03) 9092 0888
Fax: (03) 9092 0899
www.australian.physio



Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

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1. Executive summary

The Australian Physiotherapy Association (APA) is pleased to contribute to the landmark House of Assembly Inquiry into Reproductive, Maternal and Paediatric Health Services in Tasmania, a critical step in addressing the women's health gap in Tasmania.

We commend the public examination of the adequacy, accessibility and safety of maternal and paediatric health services, and services addressing child birth trauma and focus of delivering accessible and equitable high quality, evidence-based care to Tasmanian women and children.

In Tasmania, physiotherapists are engaged in advanced practice women's health clinics, tertiary pain clinics, hospital outpatient settings and primary care (for example community health centres and private practice clinics).

Physiotherapists deliver evidence-based clinical ante- and post-natal interventions to reduce the incidence of physical birth trauma and address a range of physical and neurological paediatric concerns.

Left untreated, physical birth trauma can have direct long-term and debilitating impacts on many facets of women's daily living and their mental health.

There are, however, evidence-based health interventions that can prevent, alleviate and reduce physical birth trauma. By ensuring these interventions are accessible throughout the maternity continuum—from prenatal care to early childhood parenting—it is possible not only to reduce the risk of physical birth trauma but also to prevent some third- and fourth-degree perineal tears and stress urinary incontinence.

Suitably trained women's pelvic health physiotherapists have a critical role in preventing and treating perineal trauma by identifying the risk of physical birth trauma and using a range of modalities that deliver better health outcomes post pregnancy.

Physiotherapists are critical to addressing ongoing musculoskeletal impacts of pregnancy, child birth and early childhood parenting,

Paediatric physiotherapists work with children who experience some disruption in their development and their families. Paediatric physiotherapists work with a range of patients, can be the first point of contact for families seeking support early in their child's life. It is well documented that birth trauma can impact bonding between primary carer and infant. Paediatric physiotherapists are essential in supporting strong attachment and parent-child relationships. Typically paediatric physiotherapists will address motor issues, but their patients may also present with other impairments that affect cognition, language and psychosocial issues.¹

In our submission, the APA has made a number of recommendations to support provision of affordable, evidence-based multidisciplinary approaches in Tasmania. Specifically, this submission addresses the following Terms of Reference:

- (ii) Maternal health services;
- (iii) Birth trauma; and
- (vii) Paediatric services for children aged 0-5 years.

The APA has also contributed to and appeared before the New South Wales Inquiry into Birth Trauma and the Senate Inquiry into Issues Related to Perimenopause and Menopause, and contributed to the Victorian Inquiry into Women's Pain, highlighting the urgent need to improve access to credible, affordable and local multidisciplinary care.

The APA welcomes the opportunity to give provide more expansive evidence to the Inquiry in women's health

2. Recommendations

Care models	<ol style="list-style-type: none"> 1. Invest in the assessment, prevention and non-surgical management of physical birth trauma such as pelvic health physiotherapy. 2. Fund physiotherapy in community health organisations throughout Tasmania as part of a multidisciplinary team-based approach in all Tasmanian women's health clinics, outreach services and mobile women's health clinics. 3. Invest in a model of care that links lactation consultants, pelvic health physiotherapists and paediatric physiotherapists to improve outcomes (i.e. increase breastfeeding rates, increase parent-child attachment, reduce torticollis and developmental delay presentations). 4. Invest in ante-natal and post-natal programs that include physiotherapy to prevent and treat symptoms that may lead to chronic pain. 5. Invest in development of clear patient referral pathways to outpatient services, and specialist women's health services/clinics such as Endometriosis and Pelvic Pain Clinics. 6. Enable tailored evidence-based and outcome-focused models of care via pooled, blended or bundled funding models. 7. Advocate to the Australian Government to expand the network of Endometriosis and Women's Pelvic Pain Clinics in Tasmania and physiotherapy services within them.
Regional, rural and remote	<ol style="list-style-type: none"> 8. Invest in the multidisciplinary workforce, including physiotherapy, to improve continuity of care in regional, rural and remote areas. 9. Advocate to the Australian Government to fund physiotherapy telehealth consultations for women to increase access to care. 10. Invest in expanded preventive and rehabilitation physiotherapy services under mobile clinic and outreach models to ensure women and children receive the care they need where they need it.
Workforce	<ol style="list-style-type: none"> 11. Work with the Australian Physiotherapy Association to grow the physiotherapy workforce to meet demand by financially incentivising access to pelvic health, pain and paediatric advanced practice training and developing clear career pathways. 12. Map the healthcare workforce across the state to understand service delivery gaps and opportunities.
Research	<ol style="list-style-type: none"> 13. Map the maternal, birth trauma and paediatric patient pathway to identify gaps and opportunities in the care continuum and interfaces/transitions between settings. 14. Invest in research into multidisciplinary models of care in the community.
Education	<ol style="list-style-type: none"> 15. Invest in research into evidence-based interventions and training of women's healthcare professionals. 16. Develop and ensure delivery of education and training for healthcare practitioners on the unique health and support needs of First Nations people, culturally and linguistically diverse communities, refugees, LGBTQIA+ individuals, young parents, and individuals from rural and regional communities, individuals with pre-existing conditions and disability.
Data	<ol style="list-style-type: none"> 17. Capture and report service delivery in maternal and paediatric community and outreach services by profession - detailing services provided, health outcomes and patient reported outcome and satisfaction - to set benchmarks and enhance future services.

3. Impact of physical birth trauma

Physical birth-related trauma is, in many cases, preventable, although it often remains undiagnosed, untreated, or in too many cases, both.

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.
- Muscle damage to the pelvic floor. The muscles and ligaments in the pelvic floor help to keep the bladder, uterus, and the bowel in position. During birth trauma, the pelvic floor can sustain micro trauma, also called a 'levator avulsion'.
- Pelvic organ prolapse (if pelvic muscles are damaged or become weak, the organs inside the pelvis can drop down towards the vagina).
- Bone injuries to the pelvis including coccyx fractures, dislocations, or pubic bone (separation or fractures).
- Problems emptying the bowel.
- Nerve damage (caused if nerves in the perineal area are stretched during childbirth).
- Pain or problems engaging in vaginal sex.
- Persistent pain in the lower back.
- Problems with lifting and even standing caused by a 'dragging' feeling in pelvic region, sometimes described as feeling that 'something is falling out'.
- Headaches, dizziness and gastro-intestinal issues not diagnosed as another medical conditions.

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

- Bond and develop a strong relationship with her baby, increasing the risk of poor maternal and child mental health
- Work – impacting on workforce participation and productivity.
- Exercise – reducing overall health and wellbeing.
- Undertake domestic chores, 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.

There are, however, health interventions that can decrease the risk of birth trauma. These treatments and supports must be funded so that all women in Tasmania have access to the best birthing care.

4. The role of women's pelvic health physiotherapists

Women's health physiotherapists are highly trained, Ahpra-regulated healthcare professionals with expert knowledge, skills and training. They are tertiary qualified and undertake further training to develop skills specific to women's health care.

The APA has developed and delivers courses to physiotherapists who work in the area of women's health and pelvic floor physiotherapy. This education includes contemporary and evidence-based theoretical background and hands-on practice of the physical assessments that are needed to work with patients in order to prevent and also manage injuries associated with birth trauma. These Level 1 and Level 2 courses build on a physiotherapist's knowledge and skills and are part of a career pathway that leads to Titling and Specialisation.

Women's health physiotherapists treat conditions often triggered 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.

Physiotherapists are committed to providing evidence-based, patient-centred, safe and high-quality care to people and promote social inclusion through optimising a person's function.

Ante-natal consultations

Suitably qualified physiotherapists will assess for risk of birthing trauma through questionnaires and physical assessment. This might include feeling stomach muscles, performing an internal check of the vagina to assess the pelvic floor muscles, or looking at the perineum and checking internally for prolapse; or ultrasound to examine the bladder or pelvic floor and abdominal muscles.

Access to these highly trained health care professionals in the ante-natal stage provides a source of information to enable women to make informed decisions regarding their mode of delivery and to educate them about the importance of pelvic floor muscle training and perineal massage.

Physiotherapists can teach pregnant women how to massage the perineum (the skin between vagina and the anus) in order to prevent severe perineal tears, which can have long term impacts on quality of life.

Post-natal consultations

Physiotherapists are well equipped to identify injuries sustained during childbirth and to prevent development of pelvic health conditions in the postpartum period.

It is recommended that women are offered a postnatal physiotherapy consultation six weeks post-birth to assess for injury and support recovery.

Many common symptoms, such as incontinence, pelvic organ prolapse and pain can develop in the months following childbirth, and women may require access to physiotherapy for 12 months or more following birth. Women's health physiotherapists work closely with other health professionals, such as general practitioners, obstetrician/gynaecologists, colorectal surgeons, pain specialists, psychologists & lactation consultants, to support the needs of women in the postnatal period.

Women's pain

Physiotherapy is central to the treatment of chronic pain, a significant health issue that affects 53.8 per cent of Australian women². It is an essential component of multidisciplinary team-based diagnosis and management of pain across all settings.

Investment in proven integrated evidence-based models of multidisciplinary care and patient pathways linking community, hospital and primary care settings must be prioritised to ensure women have access to the care they need, where they need it and at every stage of their lives.

Physiotherapy is a first-line treatment for symptoms and conditions most commonly reported by women as impacting quality of life, social and workforce participation and mental health, including pelvic pain and musculoskeletal disorders. Physiotherapists have a differentiated diagnostic skill set using clinical reasoning and a biopsychosocial approach that reduces pain and discomfort and the resulting withdrawal from activities of daily living caused by these symptoms.

Enabling access

Physiotherapy is a highly feminised workforce - 68 per cent of physiotherapists are women, highly qualified in providing individualised care, trusted relationships and education to enable informed decision-making.

Case study: access to pelvic health physiotherapy for pregnant and postnatal women in Tasmania

Pregnant and postnatal women in Tasmania can access public pelvic health physiotherapy at the Royal Hobart Hospital, Launceston General Hospital, and North-West Regional Hospital. In Hobart, the Community Continence Service provides additional support through clinics at the Repat Centre and Clarence Health Centre. Pregnant women require referrals from healthcare providers, while postnatal women can self-refer. However, the absence of mobile physiotherapy units means women must travel to major city centres, posing significant barriers to accessing care, especially for those living in remote areas.

Limited funding has led to a reduction in services, such as the reduction in frequency and access of pregnancy information classes in Hobart. These classes, which provide pelvic floor education, have been shown to prevent trauma and alleviate distress if trauma occurs. Despite the evidence supporting pelvic floor education, funding cuts have limited access to these crucial services, particularly during pregnancy. This lack of support increases the risk of complications and decreases preventive care options.

5. Paediatric physiotherapy

Paediatric physiotherapists are trained to engage with children to assess their skills and help them learn to move and participate in activities in their everyday environments. This may be in the home, at childcare, kindergarten or school. Physiotherapy assessment should involve validated or reproducible outcome measures which help to determine treatment-effect and goal-attainment.

Physiotherapy treatment will depend on what the problem is and what the child and their family feel is important to them. Many different types of treatment can be used in paediatric conditions. Parent coaching is essential to all paediatric physiotherapy treatment. That is, developing the skills and confidence of parents to provide necessary assessment and intervention for their infant/child. Effective coaching leads to better parent-child relations for children with developmental delays and may include responding to infant cues, understanding paediatric pain presentations and learning how to play with their child.

The choice of treatment will depend on the child's age and the nature of their condition.

Paediatric physiotherapists treat a range of infants and early childhood symptoms and conditions, including:

- Plagiocephaly (misshapen head in infants)
- Torticollis (twisted neck or turned head)
- Infant feet disorders
- Developmental dysplasia of the hip
- Gross motor development
- Neurological conditions such as cerebral palsy; Duchenne muscular dystrophy, spinal muscular atrophy; developmental coordination disorder (DCD), and acquired brain injury.

Case study: paediatric care in North and South Tasmania

Physiotherapists are contracted to St Giles in Hobart and Launceston. Services are covered under Medicare with no out of pocket expenses. Typical referrals to physiotherapists are for plagiocephaly, torticollis, brachycephaly, gross motor delay, gait presentations (in-toeing, toe walking, genu valgum, genu varum) and coordination concerns. There is some support available for children who have been referred to Early Childhood Approach (NDIS) who do not yet have a plan.

Referrals are mostly received from Child Health and Parenting Service (CHAPS) nurses, occasionally from paediatricians, general practitioners and family members (a medical professional is not required to refer).

Services provided vary depending on presentation – this may be centre-based or outreach based, with home/community visits offered in extenuating circumstances only. Centre services: Hobart - Lenah Valley. Launceston – Newstead.

Most services are also offered at Child and Family Centres or Health Centres alongside CHAPS nurses

Wait list varies from two-six weeks for infants under six months, up to 12 months.

6. Conclusion

The landmark Inquiry into Reproductive, Maternal and Paediatric Health Services in Tasmania is a critical examination of the adequacy, accessibility and safety of maternal and early childhood health services.

We thank the Tasmanian Government for its investigation and efforts to ensure women and young children have access to high value, evidence-based regardless of where in the state they live.

Tasmanian families must have increased access to evidence-based physiotherapy, which is an effective, non-pharmacological and non-surgical first-line intervention across the maternity and early childhood continuum. It is time to remove the financial and geographic barriers to expert care.

We look forward to working with you to implement real reform is enabled for all Tasmanians, ensuring access to essential care, including physiotherapy, at every stage of life.

7. References

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https://www.physiopeia.com/Introduction_to_Paediatric_Physiotherapy#:~:text=Paediatric%20physiotherapists%20work%20with%20children,cognition%2C%20language%20and%20psychosocial%20issues.

² Pain Australia, <https://www.painaustralia.org.au/static/uploads/files/national-pain-week-3-wfsouyfpkuza.pdf>