



YOUR BIRTH ²⁰²⁴
**your
voice**

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SUMMARY REPORT NOVEMBER 2024

Birth Trauma Australia, formerly Australasian Birth Trauma Association (ABTA), is the peak organisation supporting women, people, fathers, and partners living with birth-related trauma. Our work is grounded in the lived experience of our community members and matched to the best available research.

In Australia, 1 in 3 women view their birth as being traumatic. This is an alarming statistic that can have lifelong health and economic impacts on Australian women, birthing parents and their families.

Birth-related trauma can be both psychological and/or physical. With 286,998 registered births in Australia in 2023, Birth Trauma Australia estimates that up to 100,000 women, people and families are impacted by birth-related trauma each year.

Despite these figures, birth-related trauma remains a hidden epidemic, putting the physical and psychological health and wellbeing of Australian women at risk.

This report summary of our "Your Birth, Your Voice: Annual Survey 2024" provides a comprehensive overview of the experiences of women and individuals affected by birth-related trauma in Australia. Birth Trauma Australia conducted the survey nationally through organisations and partners and gathered insights from 385 participants across all states and territories. It revealed significant challenges surrounding birth experiences, informed decision-making, and access to care.

In conclusion, the report calls for a multifaceted approach to address the challenges faced by those experiencing birth-related trauma. Recommendations include enhancing education and awareness for healthcare providers, increasing healthcare subsidies for postpartum services, and creating more equitable access to care across regions, particularly for rural and underserved communities. The findings advocate for a trauma-informed care model that recognises and supports the complex needs of individuals affected by birth trauma, ultimately aiming to improve their quality of life and health outcomes.



YOUR BIRTH YOUR VOICE SURVEY SNAPSHOT 2024

In 2024, ABTA launched our annual survey, which aims to gather the voices and stories of our community.



385 VOICES

Most were
aged 31-35

- 85%** Identified as female
- 53%** Live in a metro area
- 37%** Live in a rural or regional area
- 13%** Identified as LGBTQIA+
- 6%** Live with a disability
- 4%** English as a second language
- 3%** Identified as Aboriginal and Torres Strait Islander people

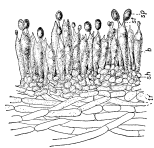
Recommendation Summary

1. ENHANCE EDUCATION AND AWARENESS
2. INCREASE HEALTHCARE SUBSIDISES
3. STREAMLINE REFERRAL PROCESSES AND PATHWAYS TO CARE
4. ADDRESS SOCIAL AND CULTURAL BARRIERS
5. ENSURE EQUITABLE ACCESS ACROSS REGIONS



My birth trauma follows me in every aspect of life—it's like a shadow I can't escape."

About Birth-related Trauma in Australia



58%

identified as having psychological trauma AND physical trauma



30%

of participants have post-traumatic stress disorder (PTSD)



31%

had thoughts about ending their life due to birth-related trauma



70%

of trauma occurred at the first birth



40%

experienced trauma in the last 12 months - 2 years



35%

experienced trauma in the last 2-5 years



5%

experienced irreparable damage to the pelvic floor muscle



YOUR BIRTH YOUR VOICE SURVEY SNAPSHOT 2024

This section explores the alignment between woman’s planned mode of birth and the actual outcomes they experienced, as well as the extent to which they felt informed in their decision-making process. The data indicates that while many women enter birth with a preferred plan—whether for a vaginal birth or cesarean birth—numerous factors can lead to unplanned interventions or alternative modes of delivery.

Planned Mode of Birth vs Type of Birth

Out of the 385 participants, only 25% had a birth experience that aligned with their original birth plan.

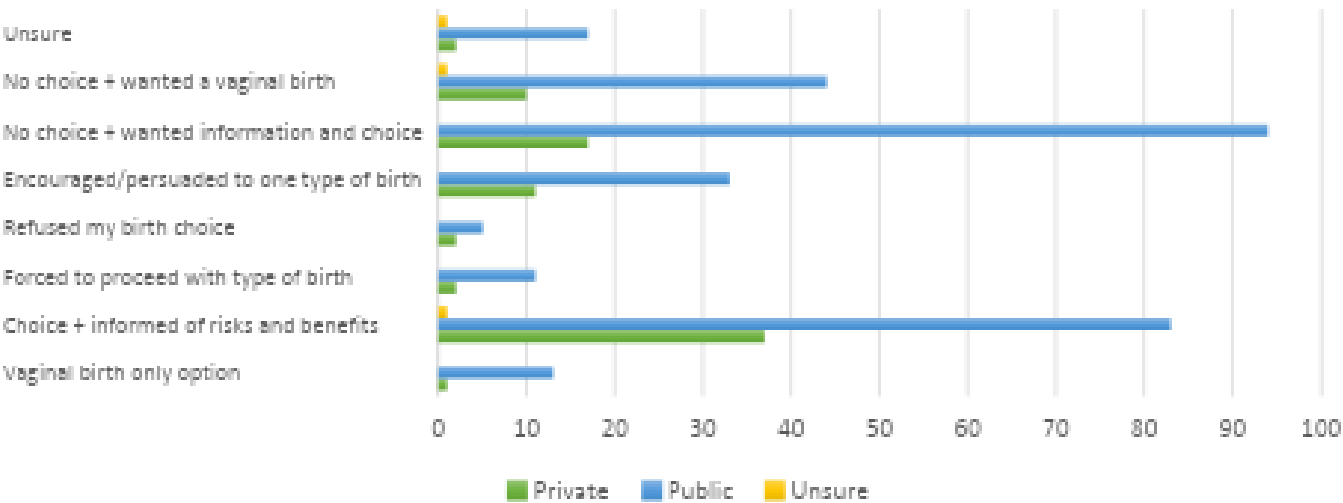
Public vs Private Health Care

21% of participants gave birth under the care of private health
78% gave birth under the care of public health.

Perceived Choice and Informed Consent

Only 10% of participants felt very well-informed vs 35% of participants felt they were ‘not informed at all’. As shown in Figure 1, experiences varied significantly by care setting.

Figure 1. Participant Responses to Birth Choice Question by Care Setting



The data show that 45% of private patients and 28% of public patients reported being informed about the risks and benefits of various types of birth and offered a choice.



YOUR BIRTH YOUR VOICE SURVEY SNAPSHOT 2024

Birth-related trauma can leave lasting physical and psychological effects that profoundly shape lives long after childbirth. The survey responses reveal a spectrum of challenges faced by individuals, including persistent physical conditions, such as pain, pelvic floor injuries, and incontinence, as well as psychological challenges, such as anxiety, depression, and self-blame.

Psychological Trauma Diagnosis and Treatment

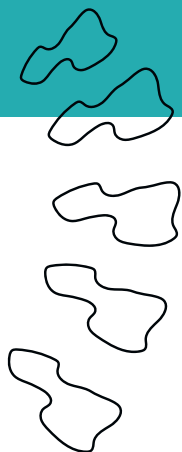


- 38% of participants experienced postnatal depression or anxiety following birth
- 30% of participants experienced post-traumatic stress disorder (PTSD)
- Other diagnoses included acute distress disorder, postpartum psychosis and obsessive-compulsive disorder.



In 37% of participants, a new mental health diagnosis was directly linked to physical birth-related trauma

Out of the 70% of people who have received or are receiving treatment for a mental health condition, only 38% have been asked about their physical wellbeing.



Reported Physical Birth Trauma Symptoms Include

- Urinary incontinence
- Faecal incontinence
- Faecal or urinary urgency
- Pelvic organ prolapse symptoms
- 3rd or 4th degree perineal tears
- Levator avulsion (pelvic floor injury)
- Fistula
- Sexual dysfunction
- Ongoing pain, such as nerve pain, back pain and vulval pain
- Hysterectomy
- Other bowel problems
- Bladder damage
- Other bowel problems
- Flatal incontinence
- Bone injuries such as coccyx fractures
- Wound dehiscence
- Infected wounds (from episiotomy or caesarean)
- Injury to baby

Note that participants could select more than one category, so responses are not cumulative. The most commonly reported symptom was pain. Almost half of the respondents reported experiencing ongoing pain such as nerve pain, pain in the vagina or vulva, painful sex.



Treatment for Physical Birth Trauma (In The Last 12 months)

25%

of participants have spent more than \$1000 on treatment for physical trauma symptoms

10%

of participants have spent more than \$5000 on treatment for physical trauma symptoms

10%

of participants had not received treatment for physical birth-related symptoms because of the cost of treatment, treatment waitlists or because of a lack of information regarding how to receive treatment



YOUR BIRTH YOUR VOICE SURVEY SNAPSHOT 2024

We aimed to explore the relationship between specific birth-related injuries and the development of mental health conditions. Our findings showed particularly strong correlations between certain injuries and mental health diagnoses. The four injuries most likely to result in any new mental health diagnosis were:

65%

fistula

59%

wound dehiscence

59%

Pudendal neuralgia

59%

faecal incontinence

These rates were notably higher than those for more commonly discussed injuries such as urinary incontinence (39%) or vaginal tearing (40%). Across the board, **postnatal depression and anxiety (PNDA)** and **post-traumatic stress disorder (PTSD)** were the most frequently reported diagnoses, with PTSD showing particularly strong associations with **bladder damage (63%)** and **nerve pain (62%)**.

To deepen this analysis, we also correlated which birth type and interventions were commonly associated with the three injuries most strongly linked to poor mental health (fistula, wound dehiscence, pudendal neuralgia). This was done to explore whether it was the injury itself or the broader birth context that contributed to trauma.

Fistula

Most commonly associated with instrumental vaginal births, particularly forceps-assisted deliveries, as well as emergency caesareans following failed instrumental attempts. These births were often characterised by prolonged labour, unconsented procedures, or delays in recognising complications.

Wound Dehiscence

Occurred across a mix of birth types but was frequently preceded by emergency caesarean sections and instrumental deliveries, often after significant perineal trauma (such as 3rd or 4th-degree tears) or extended pushing phases.

Pudendal Neuralgia

Most often linked to vaginal births involving forceps or ventouse, including failed instrumental deliveries, and sometimes emergency caesareans following a trial of labour. A smaller number of cases occurred following planned caesareans, but these were rare. The combination of prolonged second-stage labour and unrelieved pain appeared to increase the risk of nerve damage.

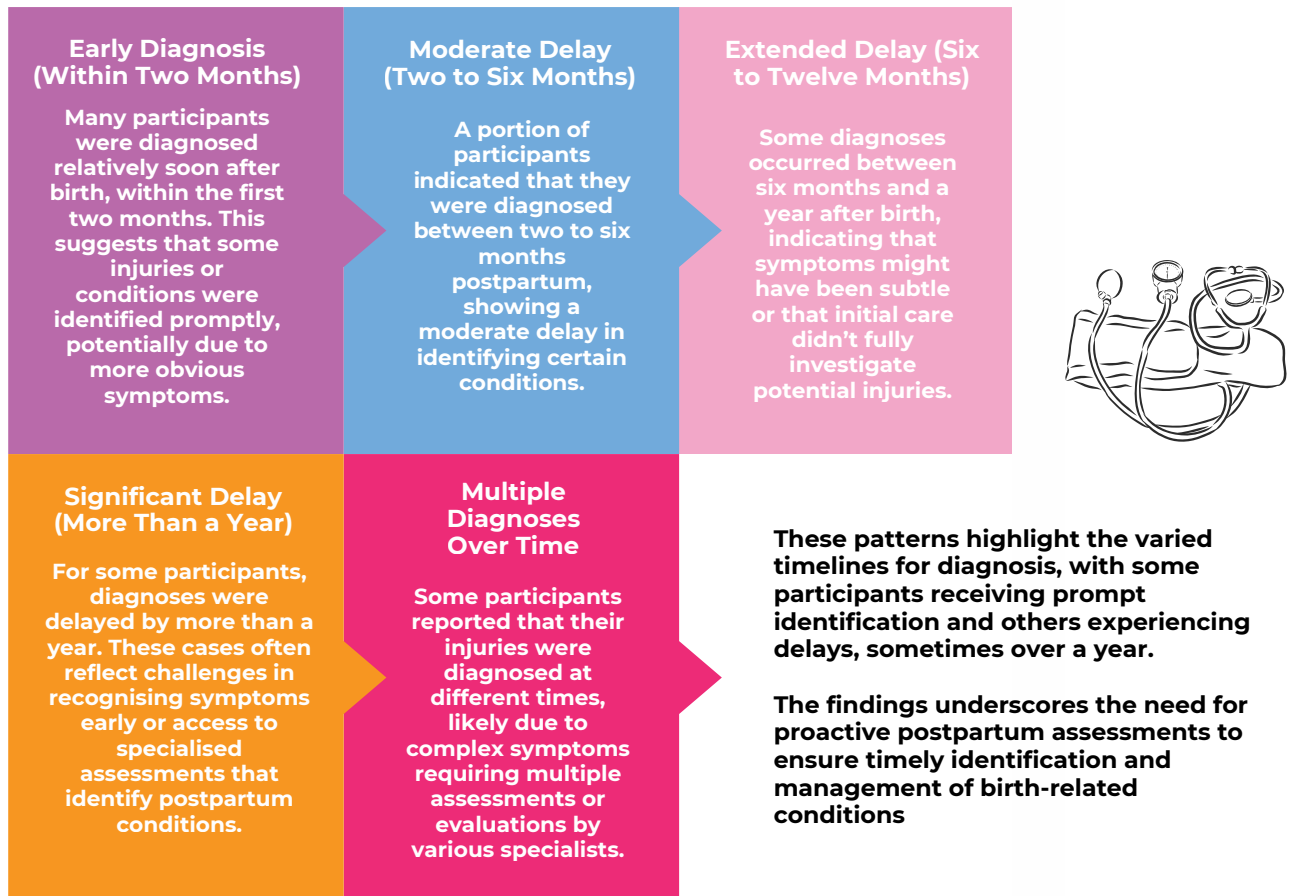


"My life now revolves around whether I've been able to manage pain that day—it dictates everything."



YOUR BIRTH YOUR VOICE SURVEY SNAPSHOT 2024

Obtaining a Diagnosis for Physical Birth Trauma



Delayed Diagnosis - Themes on Impact on Mental Health

- Only **17%** of people diagnosed *immediately after birth* reported suicidal ideation.
- In contrast, **59%** of those *diagnosed more than a year after birth* reported suicidal ideation.
- Participants who selected **“My injuries were diagnosed at different times”** also showed elevated rates of suicidal ideation (**50%**), highlighting the psychological toll of prolonged or fragmented recognition and care.
- Delayed or staggered diagnoses often mean prolonged pain, confusion, and barriers to accessing appropriate care. The highest rates of suicidal ideation were reported in those waiting over 6 months for diagnosis, with the highest point being those diagnosed more than a year postpartum.

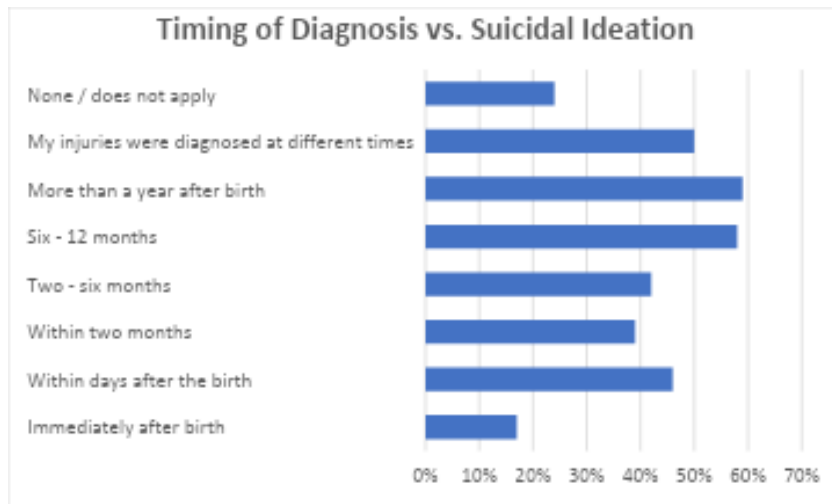


The delay in having pudendal neuralgia diagnosed significantly impacted my mental health. I felt like I was going to be in lifelong pain. Nothing was helping. Pain led to thoughts of suicide, and no one was able to help it stop. I was also treated by my now ex-partner, who said that the pain was in my head and I was imagining it. It didn't get better until I had the diagnosis and appropriate treatment.”



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Delayed Diagnosis - Themes on Impact on Mental Health



I suffered with full incontinence longer than I needed to, and if surgery had been done properly or sooner, I may not have suffered with this at all. It led to me not being able to work or provide for my family, and many awful, humiliating moments. It led me to become very suicidal."

People who have experienced suicidal ideation are:

- **4.8 times** more likely to have been forced to proceed with a specific type of birth
- **2.5 times** more likely to have had a vaginal birth, with multiple interventions
- **2.5 times** more likely to have been between the ages of 18-25 when giving birth

Physical and Mental Health Challenges:

- All demographic groups reported significant rates of physical and mental health challenges post-birth.
- People living with a disability (79%) and LGBTIQ+ participants (65%) reported the highest rates of physical and mental health challenges.
- 55% of survey participants who identified as Aboriginal and/ or Torres Strait Islander reported experiencing physical and mental health conditions.

Suicidal Ideation

- Suicidal thoughts were reported across all demographics, but particularly high among people with disabilities (38%) and LGBTIQ+ participants (43%).
- Those who preferred not to disclose suicidal thoughts were also notably high within the LGBTIQ+ group (43%) and people with disabilities (50%).

Birth Experiences

- The birth experiences categorised as 'other' were removed to fairly represent measurable experiences.
- Rates of caesareans, failed epidurals, vaginal suction, and forceps were generally moderate to high across most demographics. There was no demographic that was significantly more likely to have a birth unlike the one they had planned for. Though the LGBTIQ+ demographic recorded the highest prevalence of having the birth they planned for at 35%.

While responses to the question about significant mental health impacts—including suicidal ideation (24%), loss of identity (5%), medical dismissal (6%), and barriers to care—these findings need to be interpreted with caution. Only 54% of participants responded to this open-ended question, and there was considerable thematic crossover, limiting the precision of theme categorisation. Despite survey design limitations, the depth and severity of the responses reinforce the urgency for trauma-informed system reform and warrant further exploration through more targeted, inclusive, and analytically robust methods.



YOUR BIRTH YOUR VOICE SURVEY SNAPSHOT 2024

Top 5 Referral Barriers For Accessing Support

1



Cost and Limited Insurance Coverage: Many specialised services, such as pelvic health physiotherapy and mental health counselling, may not be fully covered by public healthcare. Out-of-pocket costs can become a barrier, especially for ongoing care.

2



Limited Availability of Specialists: In certain areas, there may be few medical professionals with expertise in birth-related trauma or postpartum care, which limits options for patients and often results in longer wait times for appointments.

3



Lack of Accessible Information: Many individuals report not knowing where to find reputable specialists or even which types of care are available. Healthcare systems often lack a centralised or easily accessible list of qualified providers.

4



Referral Barriers: Specialist care often requires a referral from a GP, which can delay access to assessment and diagnosis. In some cases, participants felt dismissed and reported health professionals minimising their symptoms, making it difficult to obtain a referral. The dismissive attitudes discouraged them from seeking further help.

5



Geographic Barriers: For those in regional, rural or remote areas, the nearest specialists may be hundreds of km away, making frequent visits logistically challenging and costly.

These barriers highlight the need for more accessible, affordable, and respectful care pathways, as well as improved [education](#) and resources for both parents and healthcare providers.

I knew something was wrong in the hospital. No one took it seriously. It took so long to get help that my condition worsened."



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The survey provides detailed data on the experiences of women and people who have experienced birth-related trauma. Some of the richest data comes from the stories individuals have shared through this process and the sheer numbers.

Impacts include:



83%

said birth trauma affected relationships with baby and/or other children



69%

experience partner relationship challenges



48%

said it affected their ability to socialise



56%

report ability to exercise being impacted



15%

have been admitted to hospital due to their trauma - in the past 12 months



49%

said their trauma impacted relationships with family and friends



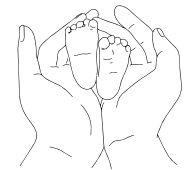
55%

say that day-to-day activities are affected



70%

said it affected their decision about whether to have another child



66%

experienced difficulty parenting due to birth-related trauma



After a while, I managed to put my intrusive thoughts about the birth trauma out of my mind, but now that I am pregnant again, it's all coming back. I'm afraid I will need to have a general anaesthetic to get through my next birth (planned c-section this time) because I panic so much every time I even think about it."

"My child's father and I aren't together because we couldn't cope with what happened. It tore our family apart."

"I don't feel normal anymore, which makes me sad. I feel like a totally different person who can't do things like I used to. I've tried to box up my feelings about the birth and forget about them or brush them off as not a big deal. Having to relive the moments and retell the story and realising I'm still injured by it makes me feel even less normal and like I'll never get back to where I was pre-birth."



YOUR BIRTH YOUR VOICE SURVEY SNAPSHOT 2024

Return to work

21%

of participants had to reduce
work hours

29%

of participants experienced difficulty
returning to work

Loss of earnings reported

- 37% of participants experienced a loss of earnings.
- 18% of participants experienced a loss of earnings amounting to \$40,000 or more per annum.
- 7% of participants experienced a loss of earnings amounting to more than \$80,000 per annum.

When support and care falls short

Isolation and Despair

Participants described feeling alone, unsupported, or misunderstood, which can contribute to feelings of hopelessness. Many describe how trauma changed their relationships, self-image, or ability to find support.

Loss of Identity and Control

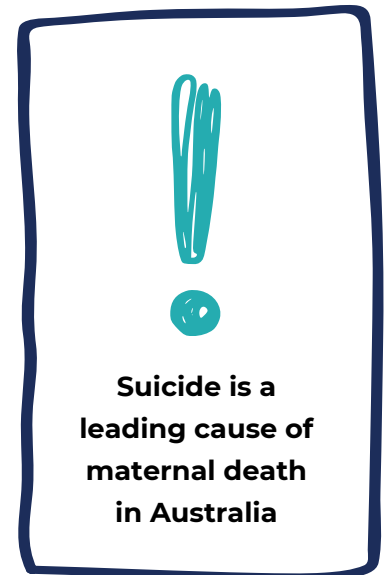
Many participants felt that birth-related trauma fundamentally altered who they were, creating a sense of lost identity or life trajectory. Common phrases such as “*I am no longer who I was*” or “*it has consumed my life*” often reflected profound impacts, potentially linked to extreme distress.

Physical and Emotional Exhaustion

Statements about constant pain, lack of relief, or long-term struggles can indicate how enduring physical symptoms compound psychological distress, leading some to feel trapped or unable to escape their situation.

Dismissal by Healthcare Providers

Respondents who reported suicidal thoughts also mentioned feeling dismissed or ignored by care providers, highlighting the role that healthcare interactions can play in intensifying feelings of despair.



This has totally destroyed my life. Everything changed, including my ability to work as I did before."

"It has impacted all areas of my life, including my career. I could never be as dedicated as I wanted to be. I am a nurse who works with postpartum women, and my trauma has made it difficult to provide the support I want to offer. It's like reliving my experience every day."

"When your body prolapses and you have many traumatic symptoms, working in any physical role becomes extremely challenging."



YOUR BIRTH YOUR VOICE SURVEY SNAPSHOT 2024

Top 5 **needs** for people with birth-related trauma

Enhance Education and Awareness

1

- **Provide Comprehensive Information:** Parents should be given clear guidance on postpartum care, mental health, and physical recovery resources. This could be in the form of informational booklets, apps, or centralised online resources.
- **Educate Providers on Birth-related Trauma and Postpartum Needs:** Training GPs and maternity providers on the importance of timely referrals, respectful listening, and trauma-informed care can ensure that patients are heard and directed to specialists more efficiently.
- **Improve awareness and understanding for employers:** To support people impacted by birth-related trauma to better transition back into the workforce.

Expand Coverage and Financial Support

2

- **Increase Medicare Coverage:** Medicare and other publicly funded healthcare programs should be reviewed and, where needed, expand to more postpartum and birth-related services, such as pelvic health physiotherapy and mental health counselling.
- **Increase Access to Specialist Medical Practitioners:** Recognising the need for early identification and treatment, increasing subsidies for specialists such as urogynaecologists, colorectal surgeons, and pelvic health physiotherapists will help ensure specialised care is accessible for low-income patients.

Streamline Referral Processes and Pathways to Care

3

- **Create Dedicated Postpartum Support Pathways:** Establish specialised pathways that focus on postpartum recovery, including clear steps for accessing care for physical injuries, mental health concerns, and long-term trauma recovery.
- **Simplify Referral Requirements:** Certain types of care, such as pelvic health physiotherapy or mental health counselling, allow patients direct access to specialists without needing GP referrals.
- **Integrate Pelvic Floor Assessments into Routine Postpartum Care:** By bundling specialist services (e.g., pelvic physiotherapy or mental health check-ups) into routine postpartum care, healthcare systems can ensure these services are accessible without extra costs or steps.

Ensure Equitable Access Across Region

4

- **Establish Outreach Clinics in Rural and Underserved Areas:** Satellite clinics with visiting specialists or regular telehealth consultations can bridge gaps in areas with limited specialist availability.
- **Offer Travel Assistance for Specialist Appointments:** Travel stipends or assistance can help patients in remote regions access care, particularly for necessary procedures or evaluations that require in-person visits.

Address Social and Cultural Barriers

5

- **Promote a Culture of Respect and Inclusivity in Care:** Healthcare systems should take active steps to eliminate dismissive attitudes and medical misogyny, providing education on the impact of birth trauma and the importance of validating patient concerns.
- **Increase Peer Support and Advocacy Programs:** Integrating peer support groups and advocacy networks can empower patients and provide additional guidance and encouragement to seek specialist care.



Contact Information:

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We also encourage you to share the insights and findings from this survey. If you cite any of the data or information from this report, please let us know. We appreciate your support in spreading awareness and helping us make meaningful changes for those impacted by birth-related trauma.

