This document helps me describe what I am going through and the support I hope to receive. Please be aware that I may find it difficult to talk about some or all of the information I have provided, so please ask questions considerately and gently.

ABOUT ME

I gave birth within the last 12 months (Day/Month/Year) .....

I gave birth more than 12 months ago (Day/Month/Year) .....

My baby was born by:

1. Vaginal birth (no instruments)
2. Vaginal birth (with assistance from forceps)
3. Vaginal birth (with assistance from ventouse/vacuum)
4. Vaginal birth (with assistance from ventouse and forceps)
5. Caesarean birth after they tried instruments
6. Unplanned/planned caesarean birth

I sustained (please tick all that apply)

1. Episiotomy
2. 2nd degree tear
3. 3rd degree tear (please indicate level of tear 3a/3b/3c)
4. 4th degree tear
5. Postpartum haemorrhage
6. Difficulties with my stitches healing
7. Other .....

After birth, I was: (please tick all that apply)

1. Taken to theatre for emergency repair surgery
2. Repaired in the delivery room
3. Repaired by my midwife
4. Repaired by a surgeon
5. I did not receive repair surgery/my OASI (3rd/4th degree tear) was missed
6. I am unsure

MY SYMPTOMS

Below is a list of symptoms that people can face after having a birth injury. Please tick the symptoms you have been experiencing. You can also add notes to indicate the frequency of these symptoms, such as 'I experience this a little bit', 'I experience this quite a bit', 'I experience this often', 'Iexperience this all the time', 'I have only experienced this since menopause'

Physical Symptoms: (please tick all that apply)

1. I am having difficulty controlling wind/gas
2. I experience bowel urgency (I cannot hold a bowel movement and have to rush to the toilet)
3. I experience bowel incontinence (leaking poo/messing of underwear)
4. I am having difficulty passing a bowel movement
5. I experience pain when having a bowel movement
6. I am having difficulty controlling urination/wee
7. I leak urine/wee
8. I feel the need to urinate/wee very frequently
9. I feel heaviness/discomfort in the pelvic area
10. I feel as if I have a lump in my vagina (prolapse)
11. I feel looseness in the vagina/loss of sensation
12. I am having difficulty/pain with sexual intercourse
13. Other .....

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Emotional symptoms: (Please tick all that apply)

1. Feeling nervous, anxious or on edge
2. Feeling down, depressed or hopeless
3. Feeling more jumpy, irritable or scared
4. Feeling little interest or pleasure in doing things I used to like
5. Difficulty concentrating
6. Difficulty bonding with my baby
7. Trouble falling or staying asleep, or sleeping too much
8. Feeling distant or cut off from other people

9. Loss of appetite or overeating
10. Repeated, disturbing and unwanted thoughts, memories or flashbacks
11. Feeling strong negative emotions such as fear, anger, failure, guilt, shame, blame
12. Having a strong physical reaction when someone reminds me of my stressful experiences (e.g. heart pounding, trouble breathing, sweating)
13. Thoughts of harming myself / my baby
14. Thoughts of taking my own life
15. A compulsion to check, clean or count to feel safe
16. Finding it hard to care for myself, such as showering or changing my clothes
17. Challenges with my relationship with my partner and or challenges with my family
18. Fear of having another baby

MY SUPPORT OPTIONS

I would like to explore my symptoms today, discuss my options for treatment and what further support is available to me.

I would like to ask about a referral to: (please tick all that apply)

1. Local Perinatal Mental Health Service
2. Pelvic Health Physiotherapist
3. Urogynaecology
4. Colorectal
5. Birth Debrief/Birth Reflections Service
6. Specialist Birth Trauma Counselling
7. Mental Health Services
8. Peer Support Services
8. Other .....

ADDITIONAL INFORMATION I WANT TO INCLUDE

Please feel free to write any more information to describe how you are feeling, your symptoms, medication, mental health history, physical illness or injury. You can also add more about what you hope to achieve from this appointment:

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MASIC
SUPPORTING WOMEN WITH INJURIES FROM CHILDBIRTH

Birth Trauma Australia would like to thanks to MASIC.org.au in the creation of this resource.