Need for better childbirth support services

Picture: Simon Santi

Mothers suffer in silence

EXCLUSIVE
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Australia has a "long way to go" when it comes to supporting women who have experienced physical trauma in childbirth, according to leading WA obstetrician Michael Gannon.

Dr Gannon has given an insight into the complexities obstetricians face today, including an "increasingly empowered cohort" of women who are potentially ill-informed about birth and an emerging number of women seeking damages for psychological or physical birth trauma.

He said a conflict existed in Australia between the "constant accusation" that there is too much medical intervention — such as inductions — in labour versus the risk of physical damage such as tears or pelvic organ prolapse that could result if women were left in labour for too long.

"One of the realities is that for a long time now, women have suffered in silence about the consequences of vaginal births . . . there is a stigma, there's a shame and women find it very hard to report those symptoms," Dr Gannon said.

"I would love to think we could improve in that area but when it comes to sexual function, bladder function and bowel function, they do remain difficult areas for women to raise.

"And I think we've got so far to come in terms of gynaecological services for women across WA.

"I think we need to do so much better in looking after these women — at a GP level trying to reduce barriers for women feeling confident in talking about these important issues, through to the gynaecological level."

He said there was an emerging trend of women pursuing legal action against doctors and hospitals relating to trauma — psychological or physical — from vaginal births.

"The reality is that as obstetricians and gynaecologists, we see women every week who are damaged by vaginal births and wherever possible we try to minimise that, in the way we look after women during pregnancy and labour," Dr Gannon said.

He said medical professionals had to compete against "reams of information" available to women on birth that came from a non-evidence base.

"From sources with problems with caesareans, inductions and with assisted vaginal delivery — that information is freely available," Dr Gannon said.

"What is very frustrating for obstetricians is they are constantly dealing with an increasingly empowered cohort of women who aren't necessarily better informed.

"So much of the information about the care we try to afford to women seems swamped by inaccurate information.

"When obstetricians talk about, for example, abbreviating labour with a vacuum or inducing labour or a c-section, there is a lot of resistance.

"But obstetricians who give that advice are doing so in good faith."

'Scary' thought of having another bub

Donnybrook mother Samantha Wright had a textbook pregnancy and birth with her 12-year-old son Jesse, so she assumed it would be the same for her second child.

But the arrival of daughter Holly 3½ months ago left her traumatised and in continuing pain.

Ms Wright, 30, went into labour naturally at 39 weeks.

The labour was normal until her daughter became stuck, requiring internal manoeuvres to free her.

Two hours after the delivery Ms Wright started haemorrhaging and lost 1.8 litres of blood. She required emergency surgery, a blood transfusion, stitches for a cervical tear and spent the next 24 hours in intensive care.

Ms Wright was moved to another hospital where it was discovered gauze pads had not been removed after surgery, placing her at risk of infection.

She was sent home from hospital after five days, but had to be admitted two days later as she was still unwell.

Three months on, she is still having mental and physical pain.

"Mentally it's hard because I wanted a bigger family but the thought of having another child is really scary for me ... I'm always replaying how close I was to losing my life," Ms Wright said. She felt alone in that period after the birth and sought help through the Australasian Birth Trauma Support group.

By speaking out about her experience she hopes to encourage other women to do the same.

"I didn't think anything like this could happen to me, so I'd like to see women being more educated in the risks involved ... and knowing they're not alone," Ms Wright said.

The ABTA says one in three Australian women suffer from birth trauma, which can include severe tearing, pelvic prolapse and haemorrhaging.