

# Submission for the Accident Compensation (Maternal Birth Injury and other Matters) Bill.

## APHERM

Advocating for Pelvic Health Empowerment and Rehabilitation for Mothers

Wednesday, 9 February 2022

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### APHERM Background

APHERM is a multidisciplinary group of healthcare professionals and consumers who came together because of concerns about increasing pelvic floor disorders and injury occurring pre and post birth. Alongside the APHERM committee members, 55 000 New Zealanders signed our petition (<https://www.change.org/p/ministry-of-health-improve-physical-maternal-health-care-for-our-mothers-post-labour>) because they also felt strongly that women are struggling unnecessarily to get the help they need, and because they felt that women's health was not, and is still not a priority for either the government or ACC.

ACC's own research clearly evidenced a gender bias and inequity of cover in the Aide Memoir briefing provided to the ACC minister Hon Carmel Sepuloni on the 22 April 2021. This memoire highlighted how the scheme's definition of "injury" clearly favoured the types of injuries suffered by men. [ACC biased against women, Māori and Pasifika - agency's own analysis shows | RNZ News](#)

ACC's vision statement is to “*create a unique partnership with every New Zealander, improving their quality of life by minimising the incidence and impact of injury.*” Taking into consideration this gender bias, reducing the incidence and severity of injury seems wishful thinking without a clearly defined women's health prevention of injury policy. [ACC7849-Statement-of-Intent-2021-2025.pdf](#)

ACC have stated that “*Three words sit at the core of what we do: prevention, care and recovery.*” Yet there seems to be very little focus at ACC on prevention of injury for women and this must change.

ACC absolutely needs to develop a tangible formal Women's Healthcare Strategy; prevention of injury should be at the forefront of ACC's changes to policy and visible within the implementation of this bill. The fact that many women are not receiving any treatment at all after birth and that they are unable to prevent further injury and harm is hugely concerning, more importantly, this is contributing to the long-term financial impacts on ACC.

While we support the changes that this bill is considering, we all agree that these changes do not go far enough by only covering a small portion of birth injury related conditions, and we feel that excluding these conditions does not represent ACC's values, of Prevention, Care and Recovery.

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## Prevention

ACC's intention is to achieve a cost-effective reduction in levy rates and/or government funding, but for this to be successful ACC must establish more of a focus on prevention, rather than using the current 'ambulance at the bottom of the cliff' approach. If ACC are extending cover, then we would expect ACC to increase investment in prevention.

APHERM's current Petition and Submission centres around prevention of pelvic floor disorders with the aim of "All women having access to publicly funded pelvic floor health pre and post birth across Aotearoa/New Zealand by 2025." We are recommending this to be achieved by better education, screening, and treatment during pregnancy and after delivery by all multidisciplinary Maternity Care Providers; [Pelvic Health Physiotherapists, Continence Nurses, Midwives, Practice Nurses and General Practitioners]. We have proposed a Pelvic Health Pre and Post Birth Care/Prevention Pathway to achieve this which will be of great interest to ACC. Our Submission was presented to the Health Select Committee in December 2021, and we are still to hear back from them.

There is no provision for **Antenatal** Education and Pelvic floor muscle training in the Accident Compensation (Maternal Birth Injury and other Matters) Bill. These are vital prevention strategies for pelvic floor disorders (see our Submission, pages 3 and 4 and our Pelvic Health Pre and Post Birth Care/Prevention Pathway page 7 [https://www.parliament.nz/resource/en-NZ/53SCPET\\_EVI\\_112115\\_PET1068/1288ff7c539b4f8c107c47d8b41410f30044238a](https://www.parliament.nz/resource/en-NZ/53SCPET_EVI_112115_PET1068/1288ff7c539b4f8c107c47d8b41410f30044238a)).

We strongly believe there should be a focus on **Prevention** in this new Bill and consideration should be given to including our Pelvic Floor Health Pre and Post Birth Care/Prevention Strategy in this.

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## Care

There are many conditions that are not listed within the bill and limiting the number of these diagnoses will stop many women from getting the health care they need to be an active part of their family. All physical injuries related to birth should be covered under legislative change. But only some conditions are included, not all birth injuries.

This decision was made for financial reasons. The June 2020 ACC guideline for Perineal Injuries During Childbirth is extremely limited and should be expanded and updated. There needs to be a much wider consultation on these guidelines from external relevant stakeholders (subject matter experts) alongside consumers. [acc8163-perineal-injuries-childbirth.pdf](#)

No one deserves to be punished for life by having an injury not on a predefined list, or birthing choices that are often out of the patient's control, no one should be left to fund treatment for a condition that they never intended to be left with, due to no fault of their own!

We agree with Physiotherapy New Zealand on the following points:

1. Make this Bill retrospective
2. Seek to have Clause 6 changed to - “An accident now includes an application of a force or resistance internal to the human body at any time from the onset of labour to the completion of delivery that results in an injury to a person who gives birth”
3. Time frames for acceptance of birth injuries (currently all injuries need to be registered by 12 months) needs to be removed
4. The Definition of an accident to be changed so that it includes childbirth trauma, i.e. any injury form the onset of Labour to the completion of delivery
5. The following injuries need to be covered

Joint injuries	<ul style="list-style-type: none"> <li>• Coccyx sprain/strain</li> <li>• Coccyx fracture</li> <li>• Lumbar sprain/strain</li> <li>• Sacroiliac sprain strain</li> <li>• Hip sprain/strain</li> <li>• Symphysis pubis sprain/strain</li> <li>• Symphysis pubis separation</li> </ul>
Muscle injuries	<ul style="list-style-type: none"> <li>• Abdominal muscle sprain/strains</li> <li>• Abdominal muscle Tear</li> <li>• Internal pelvic muscle sprain/strain</li> <li>• Bladder muscle/fascia sprain/strain</li> <li>• Levator ani avulsion</li> </ul>
Fascia injuries	<ul style="list-style-type: none"> <li>• Pelvic fascia sprain/strain resulting in pelvic organ prolapse</li> </ul>
Neurological injuries	<ul style="list-style-type: none"> <li>• Pelvic neuropathy</li> <li>• Bladder nerve neuropathy compression of nerves supplying vulva and vagina</li> <li>• Pudendal neuropathy</li> </ul>
Tears, Contusions, or surgical incisions that result in scarring to:	<ul style="list-style-type: none"> <li>• Perineal abdominal, rectal, or vaginal tissue</li> <li>• Labial, vaginal, vulval, clitoral, cervical, rectal, and perineal tears</li> </ul>
Uterine Injuries	<ul style="list-style-type: none"> <li>• Ruptured uterus during labour</li> <li>• Uterine prolapse</li> </ul>
Obstetric fistula	<ul style="list-style-type: none"> <li>• Vesicovaginal</li> <li>• Colovaginal</li> <li>• Ureterovaginal</li> </ul>
Haematoma	<ul style="list-style-type: none"> <li>• Obstetric haematoma of pelvis</li> </ul>

Mental injury as a result of physical injury occurring during delivery

- Post Traumatic Stress Disorder - Perinatal
- Major Adjustment Disorder - Perinatal.
- Obsessive Compulsive Disorder when associated with Birth Trauma

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## Recovery

Recovery in some cases will be life long, and partial cover is often not an option for many and this needs to be acknowledged, that not every birth injury can be fixed and should be covered respectfully. In some cases, for a Traumatic Birth Injury the Birthing Person will be unable to return to employment ever again, this can be devastating to the individual not only financially but also mentally and has a considerable impact on the whanau and contribution to society.

Not one Birthing Person goes into pregnancy and birth planning to be injured, but Pelvic Floor disorders are now at epidemic levels, this is having damaging affects on our wahine over their lifetimes, impacting their parenting, relationships, sexual function, financially and mental health.

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## Other Considerations

**The Psychological impact of a Birth Injury** - ACC also needs to cover Psychological/Emotional injury. Psychological support is needed for those affected, but not covered in the bill. Preventative measures can help to reduce this risk, thus reducing the known long term negative impact of psychological birth trauma on women, whānau and their connection with pēpi.

**Streamlining the application process** - The application process for cover should be clear, transparent, supportive and must not retraumatize the claimant. The current burdensome application process affects and impacts greatly on both the patient and health provider. There must be a clear indication (after cover has been accepted) of specific claimant entitlements, what supports and treatment women are entitled to receive, and if this will only be partial cover or full.

**Full/partial cover** - GPs and other allied health workers would benefit from having clear guidelines so it is clear what women are covered for. New ACC codes need to be created so women have speedy access to cover for their claim. Partial cover would result in many women not having the financial means to seek treatment. This needs to be considered as part of the vision, principles, values, and outcomes stated in ACCs 2021-2025 Statement of Intention.

### **Code of Health and Disability Services Consumers' Rights**

Right 4 Right to services of an appropriate standard

*“(4) Every consumer has the right to have services provided in a manner that minimises the potential harm to, and optimises the quality of life of, that consumer”.*

APHERM is happy to present an Oral Submission if required

For more insight on our advice to the Health Select Committee 2021, please find our Petition's:

<https://www.change.org/p/ministry-of-health-improve-physical-maternal-health-care-for-our-mothers-post-labour>)

[https://www.parliament.nz/en/pb/sc/submissions-and-advice/document/53SCPET\\_EVI\\_112115\\_PET1068/don-wilson-and-kirsty-watt](https://www.parliament.nz/en/pb/sc/submissions-and-advice/document/53SCPET_EVI_112115_PET1068/don-wilson-and-kirsty-watt)

Submission:

[https://www.parliament.nz/resource/en-NZ/53SCPET\\_EVI\\_112115\\_PET1068/1288ff7c539b4f8c107c47d8b41410f30044238a](https://www.parliament.nz/resource/en-NZ/53SCPET_EVI_112115_PET1068/1288ff7c539b4f8c107c47d8b41410f30044238a)

Nga Mihi

## **APHERM (Advocating Pelvic Health Empowerment and Rehabilitation for Mothers)**

### **Advisory Working Group - Committee Members**

Don Wilson [Convenor] Emeritus Professor of Obstetrics and Gynaecology, University of Otago and Urogynaecologist and Co Petitioner, Nelson

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