

MASIC

SUPPORTING WOMEN WITH INJURIES FROM CHILDBIRTH

Women's Experiences of Instrumental Delivery in the UK



About us

The MASIC Foundation is the only multi-disciplinary UK charity to support women who have suffered severe maternal perineal trauma during childbirth known as OASI (Obstetric Anal Sphincter Injury).

OASI injuries are a leading cause of bowel incontinence in women and can have a devastating impact on quality of life - affecting a woman's long-term health, relationships, lifestyle, and employment.

In addition to bowel incontinence women often experience other symptoms of pelvic dysfunction long-term such as urinary incontinence, painful sex, nerve damage, and pelvic organ prolapse.

Many injured women also experience mental health issues and problems bonding with their babies.

Women who have sustained these injuries often suffer in silence due to societal stigma and shame. This results in isolation and a delay in support and treatment.

The charity is run by injured women and healthcare professionals who are committed to better detection, repair and prevention of injury during childbirth.

- 1 Supporting injured women and raising public awareness
- 2 Supporting research and prevention
- 3 Educating healthcare professionals



Survey methodology

The MASIC Foundation carried out an online survey in November 2022, exploring women's experiences of having a vaginal birth assisted by instruments (Forceps or Ventouse).

The survey ran for two months across the charity's website and social media channels and received responses from 703 women who had experienced an instrumental delivery in the UK.

The survey aimed to explore whether women were aware before going into labour about when an instrumental delivery might be needed, what their choices and risks were, and if they were informed about any potential impact on their postnatal physical and mental health. The survey also explored women's experiences of postnatal care after instrumental delivery and what information they felt would help women who may need this type of delivery in the future.

93% of our respondents had an instrumental delivery with their first birth.

67% of respondents had a forceps delivery, **24%** ventouse and **9%** had both instruments used to deliver their baby.

The majority of our respondents (**64%**) were in the age range of **31 - 40 years** when their instrumental delivery occurred.

Key findings

– antenatal information

- Of our total respondents **82%** were aware antenatally that instruments may need to be used to birth their baby, but only **9%** were aware of a 'trial of instruments' where there is a choice between having instruments or a Caesarean section to deliver their baby.
- Of the respondents who were aware antenatally that instruments may need to be used the largest proportion found out from their antenatal classes (**52%**), with only **16%** finding out from their midwife and **5%** from their obstetrician. **20%** of respondents had to find this information themselves from the internet.
- **78%** of our respondents felt they did not have enough information to make an informed decision about having an instrumental birth and the type of instrument used.
- **57%** of respondents were not aware of factors which mean some women are more likely to need an assisted vaginal birth. These factors include having a first baby, the baby becoming distressed, having an epidural for pain relief, the baby being too big for the mother's pelvis and being unable to push the baby out.
- The majority of our respondents (**73%**) were not made aware antenatally that instrumental deliveries are associated with an increased risk of maternal injury.

“ All the information I had came from my own research. Nothing came from my antenatal care. I was terrified at the prospect of forceps. ”

“ No information about likelihood or impact of tearing, no discussion of alternative choices, no clear rationale given for need to have instrumental delivery. ”

“ No information I read about instruments or birth talked about faecal incontinence. None. It completely minimised and misrepresented the injuries you can sustain in birth. ”

“ I knew nothing about the injuries that can be caused, especially to the mother. ”

“ The doctor refused to answer my questions about rationale, risks or alternatives. I was not informed of the risks of injury and am left with lasting injuries as a result of the forceps. ”

“ I didn't know that I had any other options, and I wasn't aware I could be left with life-long life-altering damage. ”

Key findings

– trial of instruments

- Only **32%** of our respondents had a trial of instruments in theatre discussed with them, including a possible Caesarean section if this trial did not work. **57%** said this was not discussed with them and **11%** could not remember what was discussed.
- **70%** said the risks of a trial of instruments compared to the risks of a C section were not discussed with them.

“Ventouse and forceps were only suggested after three hours in second stage and unsuccessful pushing and it was an emergency situation. I would have liked to have had my options discussed after 1 hour of unsuccessful pushing and given the choice of a C section.”

“I raised the concern that my baby was very large and was dismissed by all medical staff. By the time the birth was going wrong there was no issue of “choice”. If I had been given a choice I would have had a Caesarean but not choice was offered to me.”

“I wasn't given a choice in the forceps birth, I asked for a C section as I was quite scared of forceps but it wasn't allowed. I was coerced/forced into the procedure against my will.”

“In both cases I don't feel we were the ones in a position to 'make an informed decision' I feel we were told we would need to go to theatre for forceps to be used. It wasn't presented in a way as though we were able to choose at this point.”



Key findings

– injuries sustained

- **78%** of respondents reported that their baby had physical injuries sustained during the instrumental delivery:
 - **84%** of these reported marks on the face or head
 - **44%** reported a bruise on the baby's head.

Other injuries that were reported include a black eye, cuts on the forehead, a dent in the jawbone, permanent scarring down the side of the face, facial palsy, burst blood vessels and damage to babies' necks and ears.

77% of respondents needed an episiotomy, **23%** sustained a 3rd or 4th degree tear, and **21%** a 2nd degree tear

33% of respondents have subsequently been told that they have suffered a different injury to the one diagnosed immediately after birth.

“My baby is now 14 months and his skull has two long dents in his skull which were caused by the forceps.”

“My GP and health visitor advise these will never go away.”

“Cuts down his head. He still has scars, aged almost 5.”

“Lips were squashed to the point they thought he had a cleft pallet”

“My son is 11 and still has a scar on his forehead from the forceps.”

- “ Fourth degree tear was so bad that I was advised I needed a de-functioning stoma - which I had the same day. ”
- “ I sustained an anterior, posterior and uterine prolapse and my tissue was severely stretched. I also developed rectal intussusception and have had severe problems going to the bathrooms ever since. ”
- “ I knew I had an episiotomy but I only found out 10 months later when I had a birth debrief that I had a separate tear from my vagina to anus. ”
- “ Unfortunately it was discovered following the breakdown of my wound a week later that I had a 3c tear following the episiotomy and required further surgery. ”
- “ My injury wasn't missed but it was not communicated to me at all. I spent two years following the birth visiting GPs in tears as I was soiling myself daily and was told it was nerve damage and would take time to settle. My daughter was a toddler before I understood fully what had happened to me and how badly I had been let down. ”
- “ They completely missed my faecal incontinence so I only found out about that a day or so later when I tried to get to a toilet quickly. ”



Key findings

– postnatal care

- **52%** of respondents said the doctor or midwife who cared from them immediately following the instrumental delivery did not explain the need to examine their back passage for any tears or cuts.
- **58%** of our respondents did not have their perineum examined by their GP at their 6-8 week postnatal check.
- **87%** of respondents say they have had concerns about their health and wellbeing following their instrumental delivery:

60% suffer with symptoms of pelvic floor dysfunction prolapse

55% have suffered flashbacks about the birth

53% have felt anxious and/or depressed

48% have been worried about their mental health

43% suffer with urinary incontinence

43% suffer with pain during sex

42% suffer with involuntary loss of flatus

39% have been unable to return to activities they enjoyed prior to the birth

33% have suffered with pain when standing, lifting or exercising

33% say their bond with their baby was affected

32% have been unable to make it to the toilet in time due to impaired bowel function

28% have difficulty emptying their bowels normally

21% of respondents suffer sexual dysfunction

6% of respondents have been unable to return to work due to the injuries sustained

“ I have recently returned to work part time after 4 years not working. I'm managing symptoms, but they still massively affect my mental health. ”

“ I have been too ashamed of the way I look to have had sex since giving birth 2 years ago. ”

“ I have at times thought I'd be better off if I'd never had my baby at all. ”

“ I was in pain for months, terrified that I would be doubly incontinent and remain in fear of this happening. It affected my relationship with my husband as I was unable to have intercourse for a year. ”

“ I feel I've been given a disability following the instrumental delivery. ”

“ Diagnosed with PTSD caused by birth trauma from a horrific forceps delivery. Took over 2 years to get any help and I'm still recovering now 5+ years down the line. ”

“ I have worked intermittently but it is difficult to hold down a job with the after effects of the birth. ”

“ I have been too scared to have sex (2.5 years post birth), I feel horrible about myself sexually and physically. ”

“ As a result of the forceps I suffered a vaginal haematoma over 13cm wide that blocked my bladder and caused me to be catheterised for 2 months. It severely affected my physical and mental health and I was diagnosed with PTSD. I suffer long term pudendal nerve damage and have had to pay privately for treatment for my pelvic physio, diagnosis of nerve damage and counselling. ”

“ It has destroyed my life. I'm not the mother or partner I want to be. It's criminal what they are doing. I'm 20 months post-partum and still discovering things wrong with me after forceps birth. The damage was completely avoidable and all I've been told since is, "that's the price you pay for a beautiful baby". Horrific post-partum care. ”

“ I had to have a Fenton procedure 18 months after birth, to treat scar tissue that was making me bleed during sexual intercourse. I developed severe depression after birth and had to be admitted to an inpatient ward on a mother and baby unit. ”



What needs to change?

7 Point Plan for change

- 1** Improved communication antenatally around the potential risks to the mother's shorter and longer-term health from instrumental delivery.
- 2** Improved information antenatally for all pregnant women around the risk factors that lead to an increased likelihood of Instrumental delivery.
- 3** A 'trial of instruments', where there is a choice between instruments or Caesarean section, to be offered to all women where appropriate. A management plan should be agreed antenatally and written in the notes. This should be signed by both clinician and patient as a form of consent.
- 4** An enhanced training programme rolled out to ensure that where instruments are used they are handled by an appropriately trained clinician, competent in the use of both forceps and ventouse.
- 5** Nationwide roll-out of the RCOG OASI Care Bundle, so that severe injuries that result from instrumental births are recognised at birth and treated immediately in line with best evidence, and more injuries are prevented.
- 6** A primary care education programme so that all women are asked at contacts following instrumental birth about their pelvic health, signs and symptoms of OASI and incontinence, and those women have access to dedicated perineal clinics as part of the ongoing PPHE programme.
- 7** Specialised psychological treatment and support for women who have suffered birth injuries and an end to the stigma and taboo of talking about these injuries.







Email: info@masic.org.uk

Charity no: 1169632

Production of this report has been supported by

