

This page summarises women's accounts of their injuries with extracts taken directly from interviews with injured women. To protect women's identities, we have not used their real names.

Please be aware that some people may find this content distressing. If you have been affected or need extra support, please follow this [link](#).

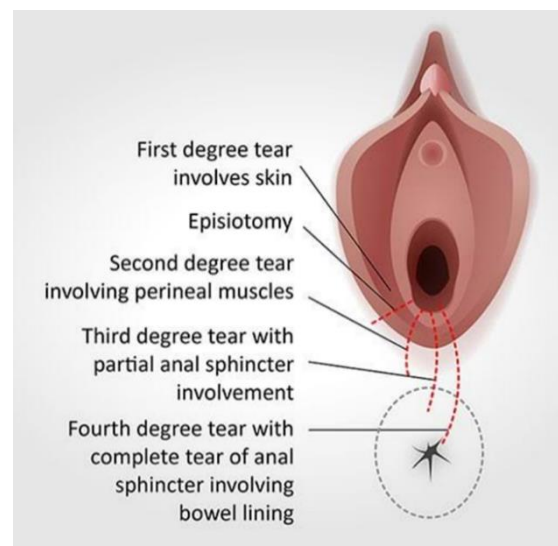


Injury

Most of the women we spoke to had suffered a tear during labour, some had had an episiotomy (a surgical cut made to the vagina and perineum to help their baby's birth) and some suffered with infections after the labour.

Although many women knew they had torn, they were unclear about what this meant. They said they would like to see diagrams to understand what the different types of tears meant.

Women talked to us about their injury. They spoke about when they first noticed there was an issue and described the problems they had. They also discussed their beliefs about the causes of their injury.



Experience of noticing symptoms – postnatal

Some experienced issues immediately. It was common for women to discuss symptoms they had straight after birth. Anya talked about how she lost control of her bowels in hospital, but was advised it was 'normal' at that stage:

"It was literally the next day after having him, while I was still on the ward, I was definitely still in hospital, I stayed in for two nights. I had an accident there, told the nursing staff and and I, I think it was sort of, it felt that it was fairly normal at that point. That's the impression I got. So, uh, I just sort of went from there really and so symptoms started straightaway" p.26

Others found symptoms worsened in time. Jenny teared with her first baby but did not have any major problems until she was pregnant with her second.

"I think it actually started after my first baby because I suffered a third-degree tear, and obviously was stitched up quite a lot. And, so yeah, so I think, looking back, I

think symptoms started then, but they weren't really troublesome at that point, it was just more an upset tummy and stuff rather than anything really noticeable. And it was, it was mainly after my, my second ... Well, it was actually while, I think it was while I was pregnant with him when I was six to nine months pregnant with him, I started with, like, constipation type issues and stuff which I didn't suffer from, didn't before. And, yeah, and I actually, and then he, he was born back-to-back and he put quite, he put a lot of pressure on my bowel.” p.27

For many women, there was initial confusion as to whether their symptoms were 'normal' after giving birth, but they realised there was an issue as symptoms persisted. Emma talked about how she realised 'something wasn't right' after some time.

“Then the anal incontinence symptoms, so that wasn't until much, much later that I realised, that was when I'd actually had a full-on accident. I'd had symptoms of a lot of pressure and pain and like problems with like flatulence accidents, if that makes sense rather than like actual poo. So, I noticed within the first couple of weeks, well to begin with, I thought that was yeah, kind of relatively normal after birth, but as it went on, you know by a couple of months I realised something wasn't right. And then, so the accidents, well probably like the actual accidents, I class actual accidents was maybe about a year afterwards.” P34

Experience of noticing symptoms during time of menopause

Some women do not experience symptoms until years later during their menopause. As oestrogen levels decrease, muscles weaken and anal incontinence can worsen, or become a new issue, for some women. Many women are surprised to discover that their symptoms were linked to a previous labour injury. Although she had suffered symptoms previously, Bernie found they got worse around the time of menopause.

She spoke about how she had to carry out her own research about the link with her birth injury, as the healthcare professionals she spoke to seemed to be unaware of it.

“My symptoms have been bad for the majority of the time, but I would say that they are worsening with menopause and and I didn't realise that that can happen. Women that had injuries but never had any issues with their injury. They can now get issues in the menopause, so I didn't realise that, so that's why mine are a bit more worse.

“So, in the beginning and throughout I received nothing. Nothing at all, no help at all, and now even when I've been to my doctor spoken to my doctor. She hasn't really seen the connection between the menopause and the injury. It's only through doing my own research. I think with an injury like this, you have to do your own research with everything. You can find other like-minded women that have been through the same thing as yourself. Because there is no help, nothing really nothing sadly. So, I've only got all my information about the worsening during menopause from social media. 100% come from women's posts. And yeah, like I say when I've been to my doctor, she's been a bit like I don't know if there's a connection. Everyone wants to talk about the vagina or issues in menopause like prolapses, muscle weakness, lack of libido and all that no one wants to connect the bowel issues I find.

“When I went to the colorectal appointments last year, I did mention to them like I'm going through menopause. Is it going to get so much worse? And they didn't tell me. Because, I just don't think they realise that there is a link.” P4

When consulting a healthcare professional about something else, Donna was told about the link between menopause and anal incontinence because of a previous birth injury. This came ‘out the blue’ for Donna, as she had no idea about the link.

“Actually, even before I went to see the physio I'd had a, I'd stopped having my periods at start of, well 2017/18. I had a short relationship and once after intercourse I bled, when I hadn't bled for a while. So, I had to go to see a gynaecologist. And I think I might have mentioned then about the incontinence thing, and it was, that was probably the first time I'd heard someone say, ‘there's lots of women of your age going through menopause that are presenting with these problems’ and that was out of the blue. Not really connected to the problem I'd gone to see about, they'd said that, and I thought, well, I've never heard of that.

“And that's probably what set the alarm bells off from that point. And then you know, when I did go to see the physio, it was something then was more important to me. Like I think I need to sort this out. And then she started taking me quite seriously, you know, she checked my back passage and then said that she did, she could feel there was something not quite right in the sort of sphincter area and it sort of went from there with the extra appointments and things” P7.

Types of symptoms

Anal incontinence caused by birth injury can affect women in different ways. Many women talked about a lack of control and having accidents. Some also could not control their wind and suffered with flatulence. Many women experienced urgency and had to get to a toilet very quickly when they felt they needed to. Others talked about not being feeling completely clean when they wiped and finding they had leakage from stains in their underwear.

Also related, some women talked about being in a lot of pain when going to the toilet and some had a rectocele (also known as a rectal prolapse). This is a condition caused by a weakness of the firm tissue wall between the vagina and the rectum, which can result in the part of the rectum wall to bulge into the vagina where bowel movements can become stuck. Many women talked about their discomfort, constipation and not feeling like they are able to finish when on the toilet.

Caroline talked about when she did not make it to the toilet in time and how bad that made her feel. She also commented on the how she experiences urgency and constipation combined.

“I do remember kind of, I mean I remember running up, trying to run up the stairs after like when I needed, needed the toilet urgently and realising that I’d, you know, had a poo all over the stairs and being absolutely distraught. And then you know, sitting on the toilet and trying to push a poo out and also feeling distraught and you just feel very, unfeminine, unsexy, undesirable, broken. You know, and you don’t understand what’s happening, no-one’s, you don’t understand why it’s happening, so, it’s like you just don’t think there’s any, you think this is it forever.”p.22

Aanya suffered with pain and talked about how difficult it was to get to the toilet in time, especially as she was also looking after her baby.

“Yeah, and so quite immediately, it was at first it was very painful when my bowels opened up and I just couldn’t... like if I was sitting on the sofa holding the baby or like feeding her and I just couldn’t even get from my sofa to the toilet a few metres away in time, and especially because it was so painful, it just made it difficult to walk even. It was much more frequent. And it’s reduced from how frequent it was then, and the pain’s gone away mostly now, but it’s still, it feels worse to me. It’s still more frequent, and it’s unpredictable, so it can happen at any time of day.”p26

Fatima was so relieved to regain some control of her bowels, it took her while to realise the urgency she continued to experience was also an issue.

“And then what actually happened was it went from not being able to control it, to really, really urgent. So, in my mind I just thought ‘oh great, it's sorted. I can control it.’ But then kind of that, I was so happy that I could obviously control my bowel that then you know that urgency. It kind of took me a while to realise that that still wasn't normal.

“So, I think probably the thing that was more, gave me the confidence was that it went from actually not controlling to urgency, so at least, with the urgency, you know, you've got more of a hope of going to the toilet. If I still couldn't control then, obviously it would have been a different story, so I think it was just having to just adjust to know that when you're going to the toilet. You know, like I said, you know at least I wouldn't eat beforehand and things like that so. So yeah, so I did still go out, but obviously it took some you know, getting used to what the new normal was”.

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Vanessa talked about how she had some pain and then started noticing that she was having some leakage after going to the toilet.

“Well within a couple of days I sort of thought the pain wasn't right, just something about it just didn't feel right, and then the midwife at home examined me and she said, “Things don't look right down there”. Incontinence wise I didn't actually pass a bowel motion until about a week after and then from then on, then onwards I had sort of like leakage and seepage after I'd had a bowel motion that I couldn't control.”

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It was common for women to talk about how they spent a lot of time on the toilet. Mary talked about urgency and how difficult it was to empty her bowels properly.

“So, two years ago I realised that it started getting a bit more frequent where I wasn't emptying out my bowels fully. I'd have to go at least three times before my bowels were properly emptied and even then, after I thought I've emptied out my bowels, I'll still leak. And now it's happening on a daily basis where I'm spending a lot of time on the toilet to empty out my bowels and they're not fully emptying and I'm still leaking.

“I'm emptying out my bowels daily. I'm not constipated so I'm not having to push at all, but I'm not able to hold my bowels for too long either. So, I more or less have to go when I need to go. I don't think I can hold it for more than about 10-15 minutes at the most. Then when I've emptied out my bowels when I think I've cleaned myself up and I flush the toilet, I have to go again. I'll probably walk around for about 5 minutes, and I realise I have to go again, or I can feel that I'm leaking again.”

Anal incontinence had a profound impact on many women's lives. Ulrike thought that urinary incontinence was much easier to manage, than the flatulence and bowel leakage, which was very difficult to cope with.

“I started noticing that the symptoms weren't just the urinary side, they were the bowel side, and it was just horrendous, it was awful. I could have coped with the urinary side because you can wear the pads, you can, you know, you do the different things there but the bowel side, leaking, I was leaking poo, I was obviously leaking wind and gas, I couldn't control that. I was passing wind a lot and I couldn't control it, and that was really embarrassing, especially at work, you know, and thankfully where I'm working with the children a lot of the time I could say, you know, I could blame the kids, as, as awful as that sounds, but I'm with younger children so it's a, you know, it's a feature of the classroom p15

[...] “My stool was very watery, and I was getting, like, basically the, the poo was getting stuck in the rectocele, so it's like a, it was like a bulge, and it was getting stuck in there. So, when I would walk or, or do anything, it would almost, it would come out, so it would be very watery, and that was the poo that was coming out.”

Yasmin's injury caused her discomfort and she often felt like she could not finish on the toilet. She felt she could no longer attend the exercise classes she loved due to risk of passing wind and having an accident.

“When we got home and stuff, a year or so went by, I was still having uncomfortableness and feelings of... basically, I couldn't go to the toilet properly, couldn't empty, never felt like I had a complete bowel movement like I did before him. So, it was more of a... I spent all day, spent a lot of time on the toilet, seven years later.

[...] *“And it makes me anxious. I call it “it” because I hate the thing! I hate the whole thing. You know, I’m sat on it, I feel it, I feel it when I’m sitting down, I feel it when I’m lying down, I can’t exercise. I used to go and do Zumba, used to love doing Zumba. Then that was... so after I had my sons, I went back to Zumba and I was doing Zumba, I was like, “Oh, this doesn’t feel right,” with jumping and stuff. “Every time I jumped, I would trump, basically. And I got myself in a bit of a... I kept feeling like I needed the toilet, so I had to keep going out of the lesson and into the toilets and stuff. And doing sit-ups and stuff, I used to do like a half-hour abs thing before it, and doing the sit-ups when I was lying down to go into a sit-up position, again, I could feel... it felt like I was going to poo myself, basically. It just feels... and I have, it has happened as well. That’s partly why I’m... it’s not an everyday issue but I have had accidents and I do worry that it’ll get worse. Yeah, it’s stopped me doing exercise because I just don’t feel comfortable. I get jealous, I look at people running down the street, and I get jealous, thinking, “How can you do that?” I can’t even walk to the top of the garden without needing the toilet!” P18*

In rare cases, some women have a colostomy, which is a surgical procedure, whereby a stoma and colostomy bag is attached to the large intestine providing an alternative route for faeces to leave the body. This procedure is performed for those women with the most severe injuries where other management options have been unsuccessful or when the injury needs time to heal.

Sophie talked about how having a colostomy solved a problem of having faecal matter and wind passing into her vagina. Sophie found she still had mucus pass through, but this improved with time.

“So, in terms of any faecal matter coming out of my vagina, I didn't have that anymore. I didn't have any wind coming through front passage. What I did struggle with for a week or two, I had a sensation that I needed to go to the toilet. I don't know if you're aware, the body still produces mucus. So, the rectum, the parts that's not being used, so from like stoma downwards of the intestine, still produces mucus.

“So, say my stoma is working and I’m having output. That sends a message to my brain because because of my colostomy, it just goes when it wants, so I don't know when it needs to go because there's no sphincter muscle. They're sending that message to my brain to say, you need to go for a poo. And so, it just comes out as that's happening, you send a message to my brain that says oh, you're going to the toilet now you need to produce mucus.” P29

Beliefs about causes

There was a lot of uncertainty about what had happened during labour to cause the injury and many women said they felt they was not fully informed afterwards. Once understanding they had sustained an injury, many women reflected on their labour experiences and beliefs about how their injury was caused.

Akira was unsure about why she sustained her injury and tried to piece together the reasons behind her injury.

“I remember though, that, so you normally push out the head and then with the one push the rest of the body comes out. I remember that at that point where she said we've got a full head out. We need one big push and the baby's out. The baby kind of stuck, and I kind of remember this moment that baby stuck like in the belly. I don't know why I remembered it that way. Of course, I don't know whenever it was a belly or whenever there was an arm or or I'm not sure. I remember during the scans baby was measuring quite a high circumference on the on the belly so maybe that's why it stuck in my head. So I'm not entirely sure whenever baby stuck on the belly, but I remember that I I needed like a a longer push or to push it twice to get the baby out. So now thinking back potentially this is where the damage occurred. Maybe that I didn't, or maybe I wanted to push him too quick at that second time. 'cause there there is a certain moment during during the the delivery when you just want everything to be over. And you just feel like I just one big push and then we'll be fine. It'll be over and the pain will go because you know the pain will go. And maybe I was too aggressive with pushing, maybe I I remember the midwife saying, “just keep it shallow, keep it shallow”. Uhm maybe I needed to be told that tiny bit earlier. So maybe the instructions about pushing and breathing and when to push and when to stop and went to maintain the breath, potentially, if they would be slightly better, maybe that I could avoid the injury, but God knows. [...]

“So, the second thing I was surprised after the delivery that although I was in the water, everything seems, supposed to be soft and relaxed and and flexible and and give... give. So, I'm not sure why the damage is so, so was so big. One of the doctors mentioned that water can have an opposite effect that it could actually soften it so much that the fibres tear easier. So, this is something I wasn't aware of. I always had this image in my mind that the water will help preventing that, that's why I was so

shocked that the damage is so big. I was under impression that after water birth, uh, you tend to have less damage or even no damage at all. So maybe this picture had wrong in my mind. Not sure if I didn't read enough materials about that, maybe I should be giving... If that's the case that the fibres, if you are in the water for such a long time, for example, then you know your fibres are stretched enough to tear easier. So maybe if I would have a guidance that you know, you can go into water for pain management, but you were advised to come out of the water every so often, for that reason. Then maybe we could avoid it, but again, that information needs to be checked". P33

The evidence behind whether waterbirths impact likelihood of having (or not having) a tear is unclear, however Akira's account demonstrates her search for answers and feelings of uncertainty about how her injury happened.

During labour, Leanne became panicked and believes this is the point when the damaged was caused. She was told about the tear straight after and referred for physiotherapy.

"It was quite a, it was a fast labour and then my son got stuck [...] it was fine and then suddenly they did it, and then they couldn't hear a heartbeat and I could see the midwives looking at each other. I just had from there like, you have to get this baby out now. They press the buzzer and all that, so I think I panicked at that point, and I just pushed and I pushed and that's what did the damage. So I think it was like a panic I pushed and and then, like the, there was a newly qualified midwife in a more experienced one and the more experienced did the quick examination... oh yeah, you've got tear, we need to sew you up and then the newly qualified one was there a bit longer and she said oh I think there's a third degree here. And she got the registrar to come, and the registrar said yes there is and did the temporary sew up and then I went upstairs. And it was all very like, efficient and sewn up and everything fine. Uhm, I had a referral to the physio then before I went home." p31

Susan talked about having a long labour, assisted by forceps and an episiotomy. She also discussed how walking seemed to hinder the repair.

"So, I had had quite a few issues post birth because I had quite a difficult delivery, it was assisted with forceps. It was very long, she was back-to-back so she was then, she got stuck so I was on the way to have an emergency C-section because they realised she was stuck. But then on the way to theatre she moved, so then I think maybe then they said I will try with forceps to get her out. And then they did get her

out that way, but I had to have an episiotomy and so there was various issues post birth because where the... where the cut was for the episiotomy was, so I don't actually know the technical term, but in a in a difficult place for healing because it was, you know, uhm, where the... I suppose near the perineum, can never say that word. And uhm, just in a, in a slightly difficult place for healing, I think. Because it turned out because every time I try to walk it was stopping the healing. So, the problem, the problem was that I had quite, I had lots of issues to start with. And they were all, um, they they they couldn't... as in, it was a bit unclear I think what was causing it to start with because I had some, I had pain from the scar from the tear and then that didn't heal properly. It also then got a little bit infected because it wasn't healing properly, so I was having pain from that and pelvic floor issues mainly dragging and a bit of pain.” P30

Olivia talked about how much of the damage was caused after her labour as her stitches did not appear to hold.

“So, she referred me to physio, but just before I saw the physio I did have a, you know, a few accidents. I had no control at all. I lost all control and then the physio took a look at me and said “yes, you need to see a doctor” and they said that apparently the stitches I'd had after childbirth hadn't held, so the injury got worse. And so that's why I was in the pain after. And I think that that the... that must have been the main injury afterwards, kind of, yeah, after the actual childbirth.”

Violet's symptoms became worse at around the time of the menopause. When she had medical investigations, she was surprised to discover she had had an injury from giving birth over 30 years ago.

“The colonoscopy showed that the bowel itself was okay, but there was damage to the pelvic wall. He then referred me to the Colorectal Team, who examined me again and said, “Yes, there is significant damage there,” which to me was absolutely amazing because my youngest son is 32. [...]

“They said inside there was obviously significant damage, but it was nothing they were worried about at the time. They thought everything would feel as normal, and obviously now I ... Well, I'm 60 in August.”

Many women felt they had unanswered questions about how they were injured. Some went through phases of blaming themselves and then other factors for what happened. Zara was surprised when her mother-in-law arrived uninvited in the delivery suite during labour. Later her mother-in-law told her that she did not push properly and for a long time Zara thought that was the reason she tore. Now she thinks it was because her baby was big, and she should have been advised to have a c-section.

“For some reason they let my mother and mother-in-law in then you're only allowed two birth partners. And then she drove up, she got asked to my husband's brother to drive her up and then I remember thinking whilst I was delivering like “why is she here and why isn't anyone telling her to go?”

“She just came in and afterwards you know, because I had a lot of how I had a lot of symptoms and I had a lot of like upset over the hospital and I was obviously, I guess I was crying, perhaps quite a lot, maybe, and then she said to me that it was my fault that I tore. She said, “I was there”, and she said, “I saw you” and she said, “you didn't know how to push”.

“And I really believed that, I really, really thought that it was my fault that like I, I, I didn't know how to push, which is why I gave myself the tear. And I believe that for a long, long time, it wasn't until I had that counselling actually. And she said to me, she challenged that. But up until then, I I. I genuinely believed it was my fault that there was something wrong with me because she said, she said to me, when the midwife was telling you to push, you weren't pushing properly.

“Lasted with me and I think then I felt, embarrassed to tell people about my tear because it was like it, wasn't people that everyone's can think it was my fault that she did that. That's how people tear. I genuinely believed that's how I tore because I didn't know how to push.

[...] “So yeah, so yeah, that stayed with me for a long time, completely forgotten about that actually. But yeah, that was I think I, I think I believed that it was my fault.

[...] “And she was too big for my body, and they knew that in advance. I'd had growth scans and I'm very petite and I had an appointment with a consultant when I was 36 weeks to say she's a bit big and your options are XY or Z. And we spent about an hour

with him and he said, "I can only present the options to you, I can't tell you what to do". And so we said, and we went for, and we went for induction, early induction, try it naturally, and if any if there are any complications then please do an emergency caesarean.

[...] "He did mention C-section, but he, not not one stage in that appointment, did he mention tearing. He just said that you have a a big baby and a big babies kind of run in the family a bit, and I had my mum... for my mum I I was shoulder dystocia when I was born, they were concerned about that and we kept saying to him, I remember this, I kept saying if it was your wife or a family member, what would you say? I said I don't mind, can you just give me the relevant medical advice as we're both kind of in health, and I said, and he said, "I can't. I can't tell you what to do." I think that played over my mind over and over and over again because I think that looking at the risk factors now, obviously after my 4th degree tear when I read the guidelines the NICE guidelines from the Royal College of gynae and obs or whatever it was, family risk factor for tearing, first babies are a risk factor for tearing and the third thing was a kind of big growth scans, which is exactly what I had, so I don't why he didn't say that these are the risk factors and you should have a caesarean"

On reflection, Maya also thinks she should have had a c-section or been cut like she was with her previous baby.

"With my second one I didn't have a cut, which I did with my first one, they gave me a cut before he was born, a nice and neat one. The second one they thought he was going to be quite small, but when he was born he was eight three and he sort of flew out and, like a ball, literally, so I had, I sustained a fourth-degree tear, trauma to the sphincter which got damaged. They did operate, so it wasn't like just an episiotomy repair, it was quite a significant surgery after giving birth. So, I didn't have an epidural whilst I gave birth, during labour, but I had an epidural after for the fourth-degree tear. [...]

"At the time I was requesting to perhaps consider a C-section, but they were like, "Well, you can but the chances are the baby's going to be quite small," and I'm so close, just to keep pushing and, and, yeah, so I think in hindsight if I had a C-section, obviously I wouldn't have a fourth-degree tear. I tried to deliver naturally but a fourth-degree tear it was really ... Yeah, I'm still living with the symptoms of it now.

[...] “And it was messy, ‘cause he literally, when I say, like, he was like a ball, he was like a ball and he was eight pound three, and I’m like, seven three stone, so seven three, so he was big.

“Hindsight, or if they could have given me a cut they could have given me a nice, neat cut like they did with my first child, my first, it might not have got so messy down ‘cause I sort of tore, like, funny, funny places. But it’s hard, as well, and the, and the, the tear, the tear was, is deep inside, it was a fourth-degree so it was right at the back as well.”

Normally, women do not sustain such injuries during labour.

When it does happen, in most cases it could not have been predicted and it’s unavoidable.

As shown in the accounts above, many women spent time searching for the reasons they sustained an injury, reflecting their uncertainty and shock that this had happened to them. Many felt there should be raised awareness of anal incontinence and the risk of tearing, so women are more informed during pregnancy. Some – like Maya and Zara – questioned healthcare professionals’ advice or decisions. Others felt it was because their labour was fast, or their baby was big.



It is clear there were a lot of unanswered questions for many women, we cannot know the exact circumstances, but only present women’s thoughts about what may have happened and potential causes.