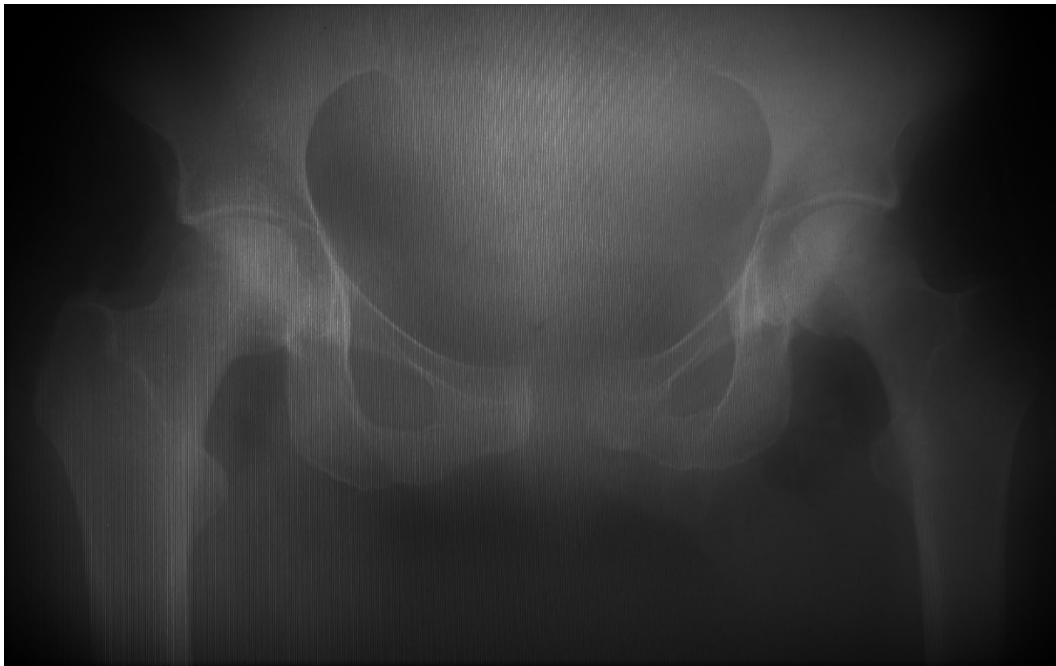


A submission on  
Obstetric Pelvic Injuries  
with particular reference to  
'Spontaneous Symphysiotomy'

to the United Nations Special Rapporteur on  
Violence Against Women, its causes and consequences  
on the topic of mistreatment and violence against women  
during reproductive healthcare with a focus on childbirth.



'Spontaneous Symphysiotomy' Support Network  
May 2019

---

Facebook: <https://www.facebook.com/SpontaneousSymphysiotomy/>

Email: [SpontaneousSymphysiotomy@gmail.com](mailto:SpontaneousSymphysiotomy@gmail.com)

Telephone: +353-28-40860

## **Table of contents:**

<b>Introduction</b> .....	3
<b>Background &amp; Context</b> .....	4
<b>Submission</b> .....	6
A. Cases of mistreatment and violence against women during reproductive health care, particularly hospital-based childbirth.....	9
B. The issue of full and informed consent in reproductive healthcare and during childbirth.....	11
C. Accountability mechanisms in place within hospital facilities.....	12
▫The lack of acknowledgement of wrongdoing.....	13
▫The consequent absence of guarantees of non-repetition.....	14
▫The lack of information about the right to file a complaint & to follow up with the Ombudsperson on unsatisfactory responses to complaints made.....	15
▫Reasons for the absence of appropriate redress in obstetric care.....	16
▫Barriers to seeking financial compensation & inability to file a ‘class action’ in Ireland.....	16
D. Policies that guide health responses & the need to bring these in line with WHO guidelines.....	17
<b>Responses &amp; Treatment Options Internationally</b> .....	18
<b>Key Issues For Consideration</b> .....	20
<b>Legislative &amp; Judicial Responses</b> .....	20
<b>Recommendations</b> .....	22
<b>Conclusion</b> .....	23

## **Introduction**

1. This submission outlines the experiences of women in recent times, in Ireland, who have experienced what is commonly referred to in this country as a 'spontaneous symphysiotomy'. This is to be differentiated from a surgical symphysiotomy – another obstetric topic about which the UN has received previous submissions<sup>1</sup>.
2. A surgical symphysiotomy is an obstetric procedure that surgically divides the fibro cartilaginous symphysis pubis joint that sits at the front junction between the superior rami of the pubic bones and binds the two sides of the pelvis together. It also sometimes severs the reinforcing ligament. In contrast, a 'spontaneous symphysiotomy' - despite having '-otomy' in the title - does *not* involve cutting the symphysis pubis. Instead, it is a so-called 'spontaneous separation' of the pubic joint.
3. The intention of a surgical symphysiotomy is to enlarge the diameter of the pelvis to facilitate a vaginal birth in cases of moderate cephalopelvic disproportion. In our submission, however, that in Ireland a so-called 'spontaneous symphysiotomy' often involves birthing practices which allow, facilitate, encourage or cause a woman's symphysis pubis to shear, rupture or tear asunder to similarly facilitate an enlargement of the pelvic diameter.
4. In some other cases, where a degree of separation at the symphysis pubis has already been diagnosed antenatally – which in less severe cases is usually referred to a Symphysis Pubis Dysfunction (SPD), Pelvic Girdle Pain (PGP) or Pelvic Girdle Dysfunction (PGD), depending on the degree of pain and separation – we submit that this is enabled or allowed to substantially increase by the insistence on a vaginal birth through a pelvis which is already known to be damaged.
5. The term 'spontaneous symphysiotomy' is used in inverted commas throughout as it is central to our submission that the use of the word 'spontaneous' in relation to these types of obstetric pelvic injuries in Ireland – a term which does not commonly appear in published medical literature on these types of perinatal injuries – is deliberately used in order to put the blame on women for what has happened to their bodies in pregnancy and during childbirth.
6. Furthermore, it is our submission that the term 'spontaneous symphysiotomy' is used as a deliberate mechanism to avoid recording these as birth injuries and further, to neglect the need to refer the women for necessary treatment.

---

<sup>1</sup> Survivors of Symphysiotomy 2014 *Submission to the UN Human Rights Committee* 12 June 2014, Appendix **Submission to the UN HRC** [https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/AFG/INT\\_CCPR\\_ADR\\_AFG\\_16782\\_O.pdf](https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/AFG/INT_CCPR_ADR_AFG_16782_O.pdf)

## **Background & Context**

7. The 'Spontaneous Symphysiotomy' support network began in 2012 and is the sole group for women who have experienced a 'spontaneous symphysiotomy'. At that time there was some coverage in Irish media about the topic of symphysiotomy in general and a heavily criticised draft report on symphysiotomy<sup>2</sup> in particular. There was also coverage of the 'SoS - Survivors of Symphysiotomy'<sup>3</sup> group who had their symphysis pubis surgically cut – a surgical symphysiotomy – or their pelvises deliberately broken – a pubiotomy – some decades prior.

8. A pattern emerged in the comments of some women who had given birth in more recent times and who had been told they had a so-called 'spontaneous' or non-surgical symphysiotomy that these injuries were not all inadvertent or even due to professional negligence. The opinion of some of these women was that their 'spontaneous symphysiotomy' seemed to have been intentional. The intention being to expand the span of their pelvises – this was caused by either carelessly allowing or, it is our submission, sometimes deliberately causing their symphysis pubis to shear, rupture or tear asunder.

9. Some of these women made contact with one another and this prompted the setting up of the 'Spontaneous Symphysiotomy' Facebook Page – which currently has 101 'members' (though not all of these will have experienced a 'spontaneous symphysiotomy' themselves. This was the beginning of a support network which is aimed at giving these women a forum to be able to get in contact with one another, to ask questions, share resources and try to get much-needed support.

10. Over the years multiple women who have had this regrettable, life-altering injury have made contact. Although their stories differ in some respects, many have been left severely damaged, some requiring surgeries and almost all needing ongoing treatments even decades later.

11. Furthermore, the extent of these women's injuries and the impact of them on their subsequent lives has never been acknowledged, they have not received apologies, guarantees of non-repetition or any financial compensation for their injuries, which adds insult to injury.

12. The fact that in Ireland a permanently damaged and often unhinged pelvis is still not accepted as requiring full investigation and prompt treatment is an unfortunate reality these women have had to live with. The reality that this obstetric pelvic injury will most likely have life-changing impacts on a woman is also still not routinely accepted in Ireland either. This is perhaps unsurprising though as many of the same obstetricians and gynaecologists (OBGYNs) who previously defended the routine historic use of *surgical symphysiotomy* in Ireland are the same OBGYNs delivering babies today.

---

<sup>2</sup> <http://www.irishhealth.com/article.html?id=20494>

<sup>3</sup> <https://www.thejournal.ie/readme/symphysiotomy-walsh-report-survivors-catholic-church-doctors-ruadhan-mac-aodhain-492511-Jun2012/>

13. When some ‘spontaneous symphysiotomy’ women have attended OBGYNs even many years after giving birth – long after any thought of litigation would be statute barred in Ireland – they are often met with a refusal to talk about or even utter the name of the injury the woman endured. This has led to unsatisfactory and incomplete care of this cohort of patients to the present day.

14. Judge Harding Clark<sup>4</sup>, in her report on the ex gratia payment scheme for *surgical symphysiotomy* women, describes ‘spontaneous symphysiotomy’ as: “*causing an abnormal separation of the pubic symphysis*” and goes on to say: “*the condition is not particularly common, it is well recognised and is usually diagnosed within 12 hours of the delivery as the new mother complains of severe groin pain*”. This is not the experience of any of the women in our support network – not one of whom was diagnosed whilst still in the maternity hospital.

15. ‘Spontaneous symphysiotomy’ women’s experiences of reproductive healthcare are far more in line with a statement made recently by Joe Duffy, the presenter of ‘Liveline’ – Ireland’s second most listened-to radio programme – of, “*once again women not being believed*”. The presenter, on the national broadcaster RTÉ Radio 1, was summing up the frustration felt by many in the country as he dealt with an overwhelming volume of calls telling of the distress many women had experienced while giving birth.

16. Women, including one who endured a ‘spontaneous symphysiotomy’, were phoning the radio programme for over a week wanting to share their stories on air. Their powerful accounts told how: “they felt staff did not listen to them, feeling traumatised during labour and immediately afterwards, and of suffering immense pain, in some cases for years”<sup>5</sup>.

17. The experiences of women who have experienced a ‘spontaneous symphysiotomy’ seem also to be echoed in the words of Dr Gabriel Scally, who wrote a report on the ‘Cervical Check’ scandal in Ireland, that women began to feel the awful attitudes towards them “were accounted for by paternalism in the health system”.

18. Some consultants have used the fact that women in Ireland historically had their symphysis pubis cut in a surgical symphysiotomy as a reason to justify this occurring so-called ‘spontaneously’. Whilst simultaneously discrediting the experience of the surgical symphysiotomy women. In turn, some of the survivors of surgical symphysiotomy have had the seriousness of their injuries undermined by the statement that this can occur ‘spontaneously’ during childbirth.

---

<sup>4</sup> Clark, Judge M. H. (2016) *The Surgical Symphysiotomy Ex Gratia Payment Scheme Report* to Minister Simon Harris, TD. <https://health.gov.ie/wp-content/uploads/2016/11/The-Surgical-Symphysiotomy-Ex-Gratia-Payment-Scheme-Report.pdf>

<sup>5</sup> <https://www.independent.ie/irish-news/health/dozens-of-women-vent-anger-over-their-ordeal-at-hands-of-hse-maternity-services-37988446.html>

## **Submission**

19. We submit that mistreatment and violence against women during reproductive healthcare and hospital-based childbirth in Ireland currently includes serious violations of women's human rights.

20. Submissions have been made to the UN previously about *surgical* symphysiotomy amounting to: "torture, cruel, inhuman and degrading treatment"<sup>6</sup>. The Irish state failed to protect women's human rights when they accessed reproductive healthcare and during childbirth in the past and to properly vindicate their rights since. It is our submission that 'spontaneous symphysiotomy' is a non-surgical continuation of this practice in reproductive healthcare and during childbirth in Ireland today.

21. The UN Special Rapporteur on Torture found that 'medical care that causes severe suffering for no justifiable reason can be considered cruel, inhuman or degrading treatment or punishment', and that healthcare practitioners may inflict physical and psychological suffering amounting to cruel, inhuman and degrading treatment on women before, during and after childbirth.<sup>7</sup> It is our submission that obstetric practices which result in a 'spontaneous symphysiotomy' align with this statement and amount to mistreatment and violence against women during reproductive healthcare and childbirth.

22. We submit that following on from our dark history with surgical symphysiotomy there has continued to be an acceptance of childbirth practices in Ireland which result in a woman's pelvis – both inadvertently and deliberately – becoming sheared, ruptured or torn. This so-called 'spontaneous' occurrence is at times a non-surgical continuation of an historical, debilitating pelvis-widening practice.

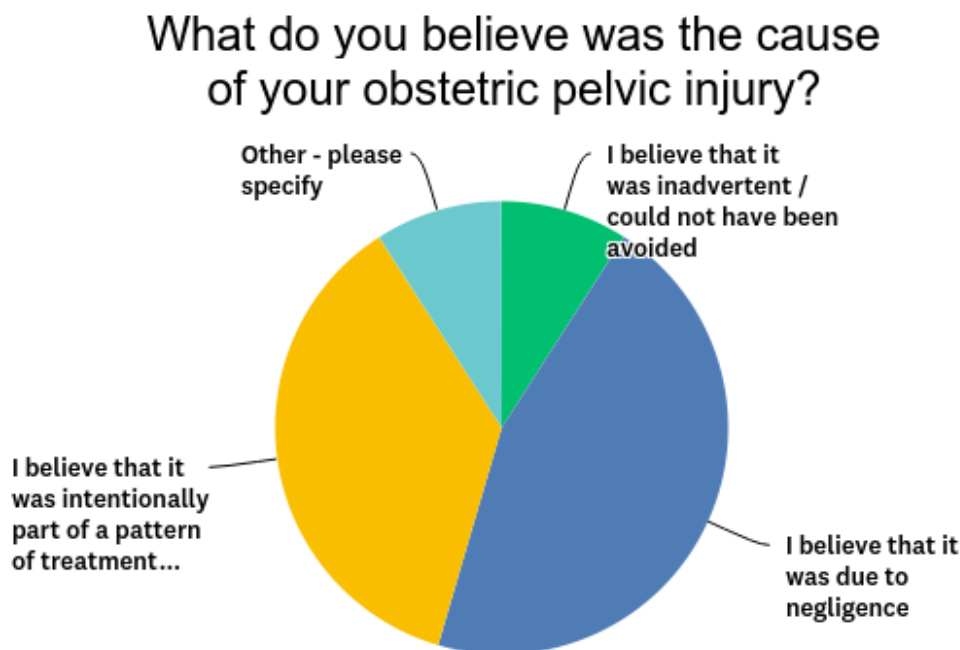
23. Additionally, due to this acceptance – which has historically paternalistic influences – there is a pattern of women not being listened to and an absence of perinatal and postnatal treatment when a 'spontaneous symphysiotomy' *does* occur. This has resulted in many women not being believed when they complain of symptoms and of often not receiving treatment for prolonged periods thus being left with their pelvis permanently unhinged. Other women are left needing 'plate fixation' surgery to try to stabilize their pelvises – some with success others, sadly, not.

---

<sup>6</sup> Survivors of Symphysiotomy, *The Convention Against Torture, Cruel, Inhuman or Degrading Treatment or Punishment*, **Submission to the 61st Session of the United Nations Committee Against Torture**. [https://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/IRL/INT\\_CAT\\_CSS\\_IRL\\_27972\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/IRL/INT_CAT_CSS_IRL_27972_E.pdf)

<sup>7</sup> Juan E Mendes UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. *UN Doc. No. A/HRC/22/53* (2013), para 39, available at [http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53\\_English.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf)

24. It is our submission that a so-called ‘spontaneous symphysiotomy’ in Ireland often involves reproductive healthcare and childbirth management techniques which deliberately expand the span of a woman’s pelvis and consequently – either carelessly or, at times, intentionally – allow, facilitate, encourage or cause a woman’s symphysis pubis to shear, rupture or tear asunder to facilitate an enlargement of the pelvic diameter similar to that obtained with a surgical symphysiotomy.



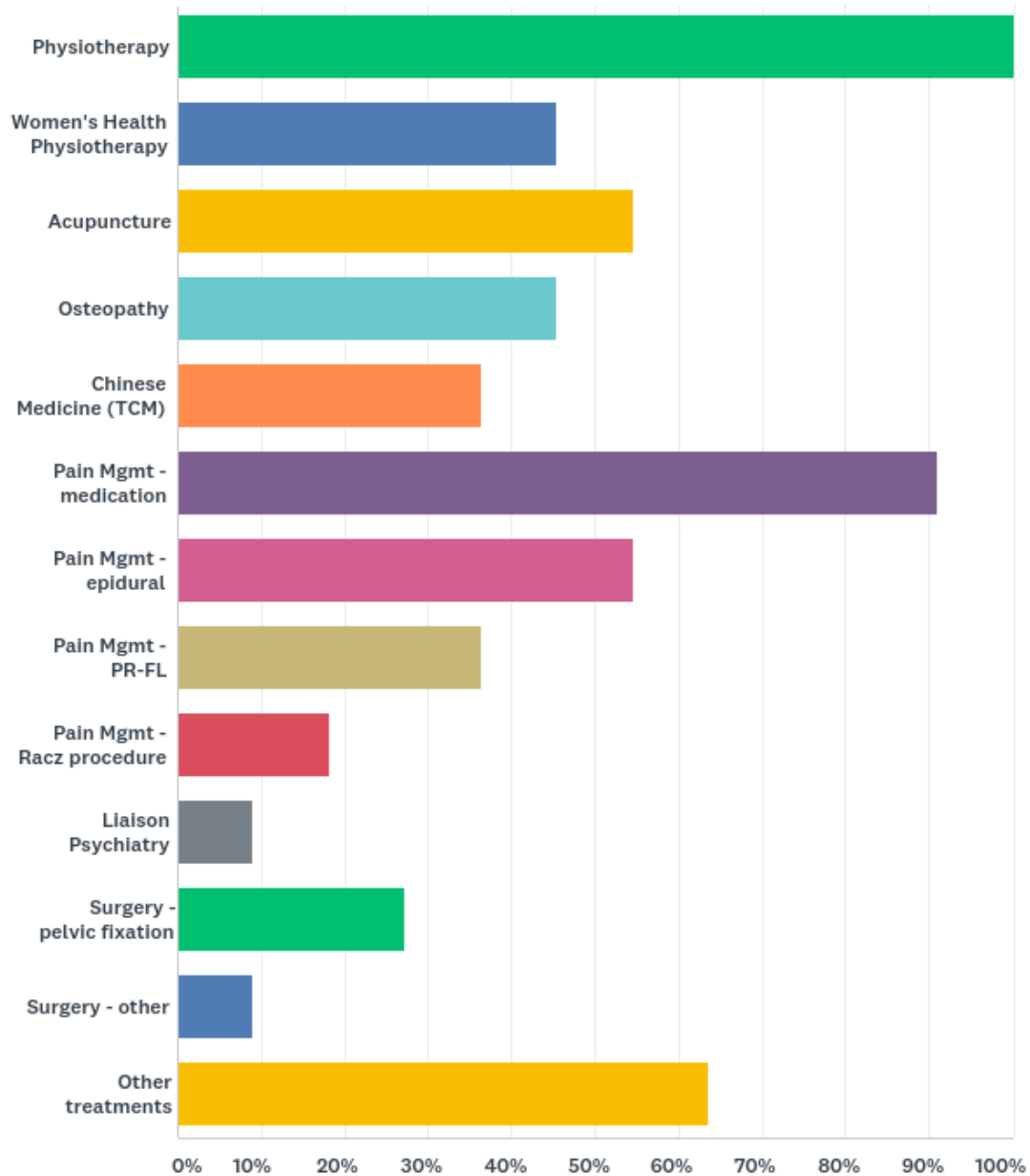
25. The women who responded that she believed that her ‘spontaneous symphysiotomy’ was ‘inadvertent / could not have been avoided’ expanded that response in her further comments, saying: *“However I believe the long-term impact could have been mitigated and no attempt was made to do so. Ignorance, acceptance, lack of properly developed services”*.

26. The woman who indicated ‘other’ in her response went on to state that even though *“it was spontaneous. However even though it was spontaneous the pain is still the same, the difficulty walking is still the same the treatments are the same and the ongoing issues are the same. All in all, it was a very difficult time, with having to deal with the pain and looking after small babies and toddlers. It still affects me to this day, and it is scary the amount of doctors and others who are still ignorant to the effect of a spontaneous symphysiotomy”*.

27. The women who responded to the survey we undertook indicated all of the treatments, therapies and surgeries that have required as a consequence of these obstetric injuries and the list is extensive – including several who required surgical fixation of their pelvis – and for many of these women these treatments are ongoing, at their own expense, many years and in some cases decades later.

## What treatments, surgeries or therapies have you required as a consequence of this obstetric injury?

Please tick ALL relevant answers.



28. We submit that childbirth practices which can lead to a 'spontaneous symphysiotomy' – that can require such a multitude of ongoing treatments for many years – constitute mistreatment and violence against women during reproductive healthcare and childbirth.

29. It is our submission that in cases where a degree of separation at the symphysis pubis has already been diagnosed antenatally – referred to by various terms, including Symphysis Pubis Dysfunction (SPD), Pelvic Girdle Pain (PGP) or Pelvic Girdle Dysfunction (PGD), depending on the degree of pain and separation – that this is allowed, facilitated, encouraged or caused to become substantially increased by the insistence on a vaginal birth through a pelvis which is already known to be compromised and damaged.



30. The term ‘spontaneous symphysiotomy’ is used in inverted commas throughout as it is central to our submission that the use of the word ‘spontaneous’ in relation to these types of obstetric pelvic injuries in Ireland – a term which does not commonly appear in published medical literature on these types of obstetric pelvic injuries – is deliberately used in order to put the blame on women for what has happened to their bodies in pregnancy and during childbirth.

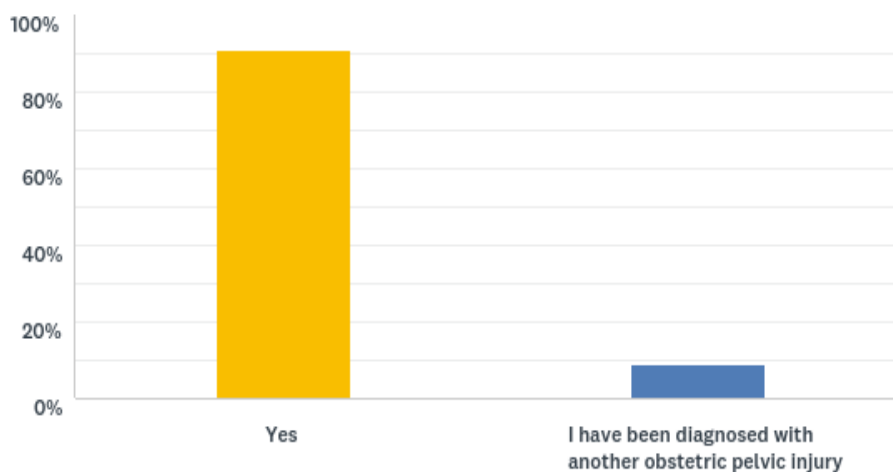
31. We submit that the terminology used to describe a ‘spontaneous symphysiotomy’ is part of the problem. Firstly, the term used in Ireland is disingenuous and does not align with any of the various terms in use internationally to describe these childbirth injuries.

32. This submission outlines how the treatment of women during reproductive healthcare in Irish hospitals constitutes mistreatment and violence against women, which is deliberately inflicted in a manner that deprives them of the right to full and informed consent and this has led to lifelong suffering.

A. Cases of mistreatment and violence against women during reproductive healthcare, particularly hospital-based childbirth:

33. In preparation for this submission we drafted an anonymous online survey<sup>8</sup> (see Appendix A) and released it to our members. In the very limited time, we had to receive responses (2 days) 11 women completed the survey. All of them have been diagnosed with a ‘spontaneous symphysiotomy’ or another obstetric pelvic injury.

### Have you been diagnosed with so-called 'spontaneous symphysiotomy' or any of the other diagnostic labels mentioned earlier?

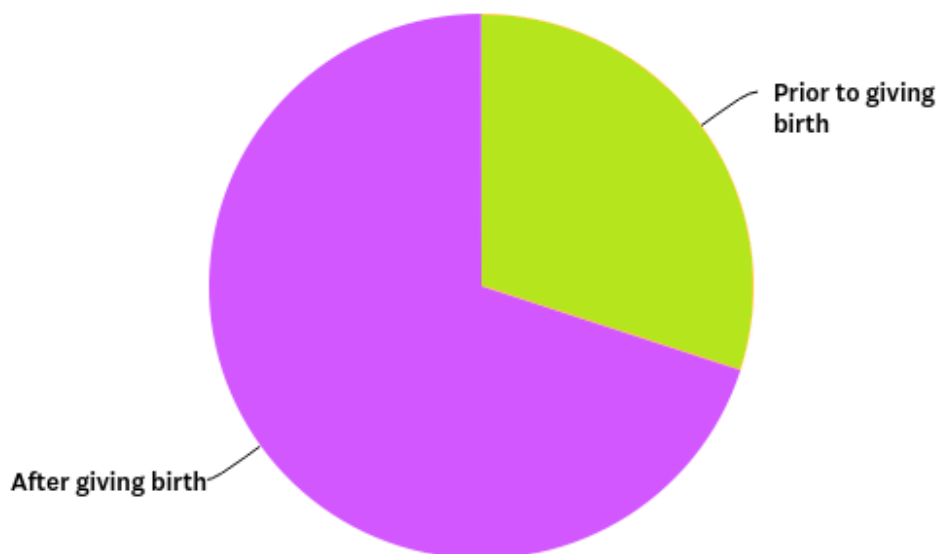


\*The ‘other diagnostic labels mentioned earlier’ were: Postpartum Osteitis Pubis, Symphysis Pubis Diastasis, Postpartum Symphysis Pubis Separation, Symphyseal Shear, Rupture of the Symphysis Pubis.

<sup>8</sup> <https://www.surveymonkey.com/r/3FLK5CC>

34. We heard many instances of mistreatment and violence against these women during their reproductive healthcare and particularly during hospital-based childbirth. 30% of the respondents had a diagnosis of significant issues with their symphysis pubis prior to giving birth but were still made to give birth vaginally. For one of these women she had already suffered a 'spontaneous symphysiotomy' in her first pregnancy, but she was still made to deliver vaginally again on her next pregnancy.

### Was your diagnosis made prior to giving birth, during the birth or after giving birth?



35. One woman described her birth: *"I was very distressed. I was given no pain relief of any description although myself and my husband asked for some. 2ns stage of labour was very protracted to over 2 hours and the staff dismissed my husband. I could feel my bones parting, but I was completely ignored. The midwife said to me "you have had your turn at life. It is now your baby's turn" I thought that they were going to let me die! It was horrendous. When I couldn't close me legs for weeks after the birth nobody ever mentioned the term "Spontaneous Symphysiotomy." I was given the impression in the hospital and by my consultant that I was making it up"*.

36. Another respondent stated that although a Caesarean section had been agreed if there was a delay in the progression of the labour (because of a known risk of possible shoulder dystocia) due to the baby measuring large, the OBGYN arrived only moments before she began pushing: *"she... had me physically man-handled in a manner which I believe was intended to cause my symphysis pubis to tear"*. She also states: *"I have been diagnosed with "Osteitis Pubis from perinatal trauma" & 'Spontaneous Symphysiotomy' as well as 'Reflex Sympathetic Dystrophy' (now known as 'Complex Regional Pain Syndrome'), a Cystocele, a Rectocele & an Intussusception"*. The same respondent stated that as a consequence of the birth injuries she suffered she had required surgeries on her *"spine... bowel and vagina"*.

37. Here the long delay in responding to symptoms first seen in the maternity hospital is outlined: *“I was referred for a physiotherapy review while still in the maternity hospital because of issues with walking, etc... at that appointment... no x-ray was taken or suggested & I was just given a pelvic binder. It was 20 months after I gave birth that I was first seen by a women’s health physiotherapist who got my GP to refer me for an x-ray, which led to my first (of many) diagnoses.”*

38. This respondent believes that although negligence contributed to the situation, that a deliberate act ultimately tore her symphysis pubis: *“I believe there was definitely negligence which contributed to me finding myself in the situation that I ultimately did... However, once my child’s head was delivered - and the cord was found to be so tight around his neck that it had to be cut before his shoulders could be delivered - I believe that from that moment on my delivery was managed in a way that deliberately widened my pelvis to the point of knowing my Symphysis Pubis would tear, which it did! I have been left with life-altering consequences ever since & it has changed utterly, not only my own life, but that of my two wonderful children. I’m just genuinely grateful that I - and not my innocent child - bore the brunt of his horrific delivery.”*

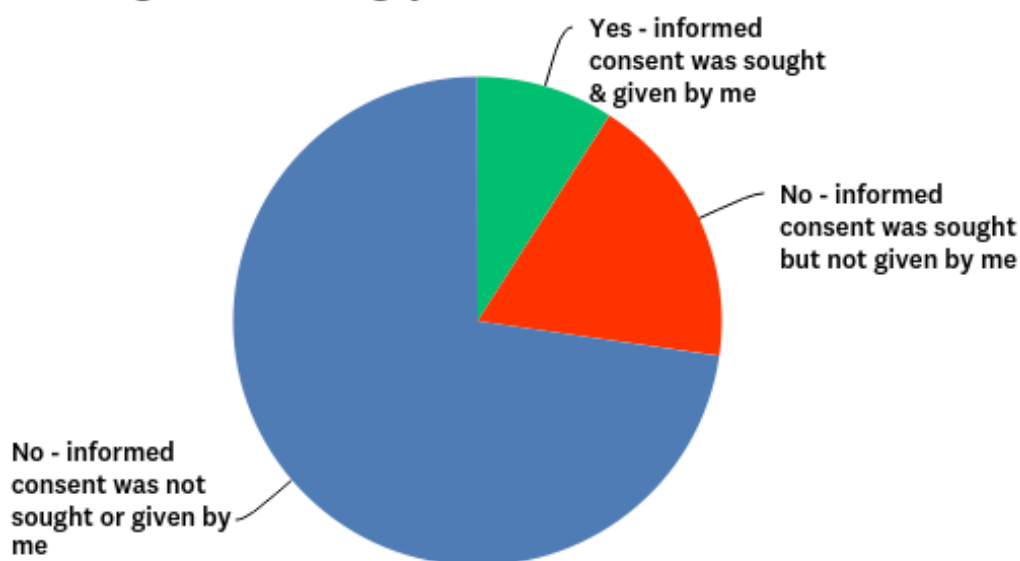
39. Another woman wrote about the impact on her husband as well as their child: *“Baby was stuck and swallowed meconium, cord was wrapped around her neck. She wasn’t breathing when she came out, the floor was covered in blood. My leg fell out of the stirrups as a result of his brutal technique in which he had one foot up on the bed to increase the force. It was like delivering a calf. My poor husband witnessed this, and I feel he has been completely forgotten about. Has been traumatized from what he had to sit helplessly through. I was just vomiting everywhere as my body went into shock. Need I go on.”*

#### B. The issue of full and informed consent in reproductive healthcare and during childbirth:

40. There has been an ongoing issue in Ireland for some time regarding informed consent in the context of reproductive healthcare and hospital-based childbirth. It is an issue which, with the result of the recent Referendum, now needs to be addressed. Women in Ireland have for some time been denied the right to make full and informed decisions about interventions during childbirth and this situation needs to be remedied legislatively.

41. In our survey only one woman indicated that she *had* given informed consent. However, even this respondent (in her additional comments) went on to state that: *“Aspects of care consent was sought but for other interventions they just happened. Consent assumed”*.

## Do you believe that informed consent was sought & given during your obstetric care?



42. On the topic of whether consent had even been sought, one respondent wrote: *"No - definitely not! I do vaguely recollect being made to sign something \*after\* my child was born - whilst I was haemorrhaging profusely in the delivery room - but I don't know what it was & nothing was explained to me".*

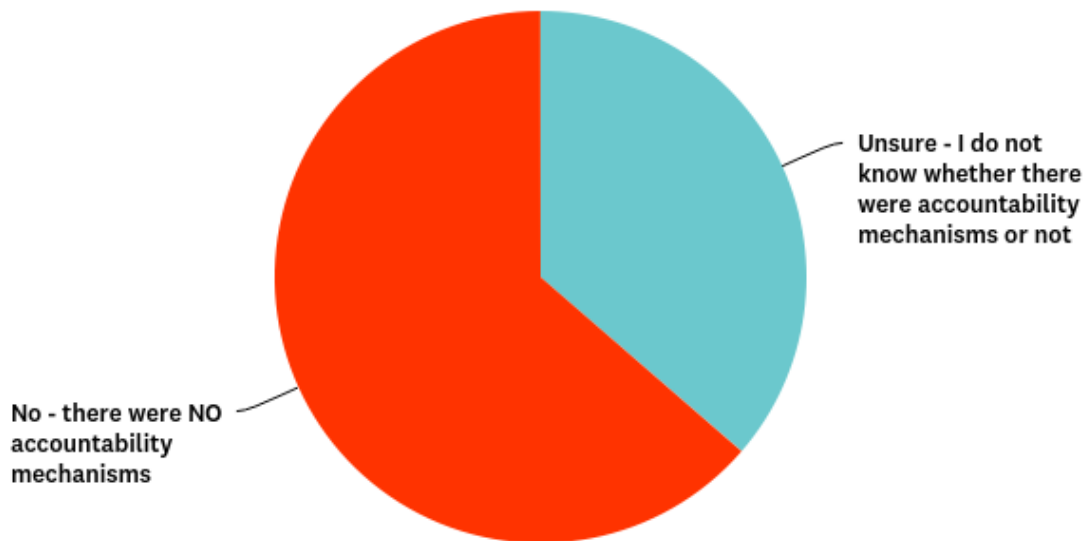
43. In a response which refers to both consent and accountability one woman wrote: *"There has never been any interest from anyone in that hospital in particular or in the medical profession in general to look at accountability. So much so that a gynaecologist I subsequently attended in another hospital didn't even tell me that part of my labia had been cut off - I can only hope inadvertently, when I was having an episiotomy that I also wasn't asked, or told, about. I only found out about both accidentally. The Urogynaecologist I currently attend won't even discuss what happened to me or why I am as I am. But nothing makes sense without knowing what has happened."*

### C. Accountability mechanisms in place within hospital facilities:

44. Our survey asked about accountability mechanisms and the results indicated that *not one woman* felt that there were accountability mechanisms in place within hospital facilities. The all indicated either that there were none or that they were unsure – in which case they could not have accessed them.

45. One respondent stated: *"If nothing was admitted then they were not accountable. That is the way the medical profession in Ireland works"*. Another woman responded: *"I understood that I should have been offered a section. Especially when it happened a second time. That is why I answered No. However, the hospital doctors and physios were fully aware, and I did have epidurals"*. Another distressingly stated: *"They wouldn't even tell me what had happened to my body. I was left to think that I may need psychiatric help for many years"*.

## Do you feel there were accountability mechanisms you could follow to make a complaint or make known what had happened to you?



### ▫The lack of acknowledgement of wrongdoing

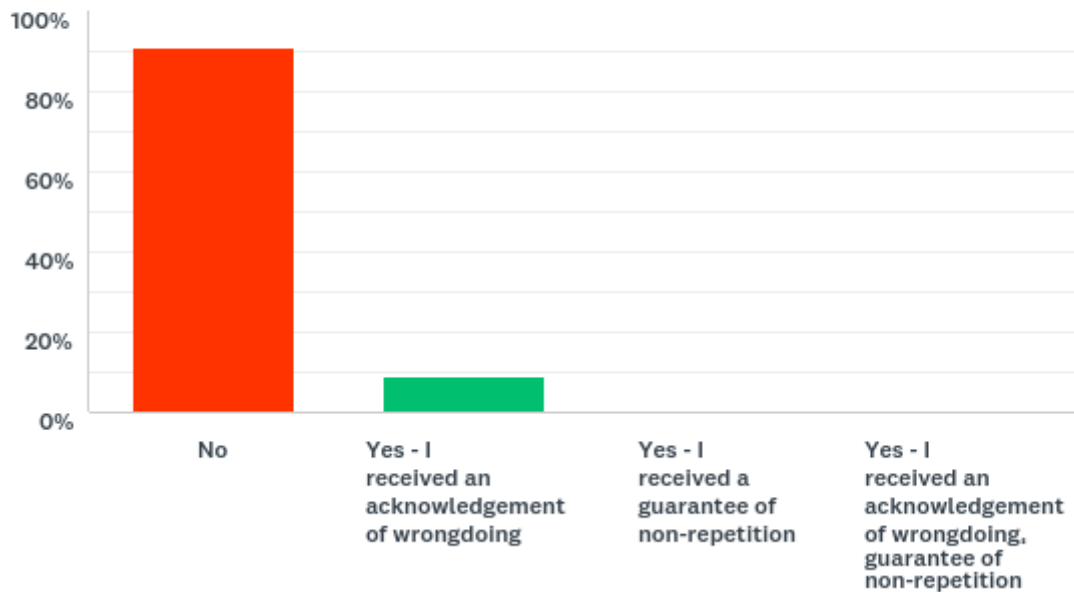
46. The survey response of women's experiences in reproductive healthcare and during childbirth indicated a total lack of acknowledgement of wrongdoing. The closest to an acknowledgement any woman came was: *"We received a verbal acknowledgement that the nurses & doctors were overworked & understaffed & that this was the reason for my injury"*.

47. In some cases, there was victim blaming, with women being held responsible for their own so-called 'spontaneous' injuries: *"my understanding at the time was this was spontaneous therefore my problem. Twice."*

48. Respondents made statements such as: *"Hospital never admitted that they did anything wrong. I didn't know they did anything wrong. I just accepted their word that I was just unfortunate"*. One woman said: *"Not one doctor held their hands up"*. Another stated: *"A complete cover up by all involved. Hospital report missing pages"*. One pondered that as it: *"Happened in 1999. I'm not sure if accountability mechanisms existed"*. Yet another commented: *"There isn't a sense of wrongdoing but of mid management and ignorance. Also "shit happens with pregnancy" is kind of accepted"*.

49. Perhaps the starkest example of the total absence of acknowledgement of wrongdoing was by an OBGYN who went as far as describing 'spontaneous symphysiotomy' as: "Acts of God"!

## Did you ever receive an acknowledgement of wrongdoing &/or a guarantee of non-repetition - that what happened to you would not happen again?



50. A reply about both a lack of an acknowledgement and / or guarantee of non-repetition stated: *"No – neither... The only comfort I've had is that I'm told both OBGYNs retired relatively soon afterwards. However, I strongly fear that the culture & practices may well have remained on afterwards. Also, my son ended up in the SCBU with a Staphylococcus Aureus & Pseudomonas infection of his umbilical cord... but no lessons will have been learned from that either. And even though we were both kept in for 7 days, I passed 2 pieces of retained placenta after I came home - again, no apology or acknowledgement of wrongdoing."*

▫The consequent absence of guarantees of non-repetition

51. Rather than guarantees of non-repetition women relate instead: *"I was told I was unlucky, that these things happen during labour. I never heard of it. I was so traumatised I didn't have any more children in case it happened again. I didn't know anyone that it happened to, so I had no one to talk to about it. I was given no information, literature or groups to help me deal with it"*

◦The lack of information about the right to file a complaint & to follow up with the Ombudsperson on unsatisfactory responses to complaints made

## Did you file a complaint with the maternity hospital, the Health Services Executive (HSE)'Your Service Your Say' &/or with the Ombudsperson?

Please tick ALL relevant answers.



**52.** It's interesting to note the lack of information most women had about their right to a file complaint or to follow up on unsatisfactory responses to complaints made with the Ombudsperson. As one woman put it: *"I didn't know I could complain as I was told that "these things happen". My baby was sick when she was born, and I was told she had a serious infection and had an IV into her head in special care unit. I was so worried about her and was grateful to the hospital for looking after her."*

**53.** Another stated: "I didn't know you could file a complaint... as my delivery was private", which was the case for several respondents. As quite a large amount of maternity care in Ireland is either in private hospitals or under the private care of an OBGYN in a public hospital it is vital that it be clear to women what routes of complaint are open to them in whichever situation.

**54.** It's unfortunate to note that another reason why complaints aren't always made is that, ironically, the more devastated one's life is from an injury – most particularly combined with having to care for one or more babies and possibly other children as well – the less strength one has to file a complaint.

**55.** Although this respondent didn't make a written complaint she states that: *"I also told the Professor who was going to be in charge of the perinatal statistics report in Ireland, in person at an appointment, but he had no interest in anything that could be learned & was just aggressive with me about it"*.

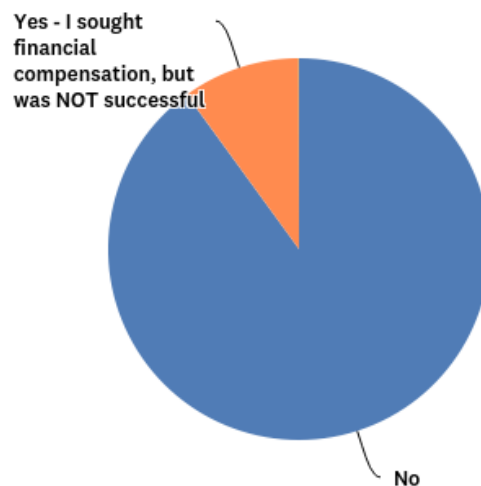
Reasons for the absence of appropriate redress in obstetric care

56. One reason why women do not seek redress was put like this: *“What would be the point of looking for redress? They wouldn't even give me a diagnosis. I had to wait for years to see an xray of my pelvis with a huge gap between my pubic symphysis. Now I suffer badly from bad back pain because my pelvis is unstable”*.

57. Two additional reasons why appropriate redress for their mistreatment in obstetric care was not sought were either because of a delay in being diagnosed or because of a belief that the OBGYN was no longer working: *“because it was almost 2 years after I gave birth before anything was properly diagnosed & by then the OBGYNs whose care I was under - one that I paid to see privately & the other who actually attended the birth - had retired or were due to shortly. I did, however, telephone the maternity hospital's Customer Service department at one stage - to look for a copy of my file - and mentioned what had happened to me to them”*. The same sentiments are echoed here: *“It was so many years after the Symphysiotomy that I learnt what had happened that my consultant had died. I thought that it would be a waste of time.”*

Barriers to seeking financial compensation & the inability to file a 'class action' in Ireland

Did you litigate or receive financial compensation?



58. One woman tried to seek compensation: *“We tried to litigate but we're told that it could not be brought further!”* Others still consider it: *“Still thinking of it. I wanted to sue, but HSE was my main client at the time”*. However, even when litigation is financially successful there is the frustration that cases are often settled with no acceptance of liability and no apology.

59. One of the barriers mentioned by respondents as to why they did not seek financial compensation was fear: *“No - largely because it was a struggle just to physically get from day to day with 2 small children. I was also concerned about meeting the financial cost of trying to litigate when I was no longer able to work & I feared losing my house if I tried to & failed”*.



60. One respondent stated: “*I’m sure I would have had a case, but I was just trying to get through each day that I didn’t have the energy or head space to bring a case against Obstetrician*”. Whilst another poignantly remarked: “*I would have preferred the truth and compassion*”.

61. The inability to file a ‘class action’ in Ireland is a matter worthy of review. Several of the respondents to this survey named the same hospital and some others named the same OBGYN whom, it is reported: “*has injured at least five other women I know of similarly, including a nurse. The two I’ve spoken to feel it was deliberate. One of those is the nurse*”.

#### D. Policies that guide health responses & the need to bring these in line with WHO guidelines

62. When the redress scheme for women who had experienced a *surgical symphysiotomy* was announced there was hope that this was an opportunity to address the absence of health systems policies on the entire topic of symphysiotomy. It is regrettable that this did not come to pass and instead the accompanying report was used to criticise those who applied for the scheme who did not qualify as well as deciding – admittedly “*unsupported by orthopaedic literature*”<sup>9</sup> – the level of symphyseal separation there must be for a woman to experience a high level of disability. It is most unfortunate that a policy about levels of disability experienced by women who are known to have experienced violence against them by way of *surgical symphysiotomy* had this decision made by a judge. This highlights the need for research on this and all other topics that guide health responses to violence against women.

63. The experiences of many of the women who contributed their responses for their submission is that there ‘spontaneous symphysiotomy’ was caused by a deliberate act, consequently a form of intentional violence which was entirely separate to the mistreatment from unplanned negligence which many also suffered. Policies and standardized paperwork on the proper recording of all events during reproductive healthcare, childbirth and the postnatal period are vital, and Ireland would do well to look at systems in place in other countries and what we can learn from them.

64. Although caesarean section rates are increasing and this can be considered a worrying trend, in a developed country like Ireland there should be no reason why a woman goes into hospital to give birth and ends up with lifechanging injuries. All reasonable resources and research should be aimed at reducing maternal morbidity from ‘spontaneous symphysiotomy’ and any other obstetric injury. Additionally, as the incidence of ‘spontaneous symphysiotomy’ is not as rare in Ireland as it would appear to be internationally, there is a need to look at policies and practices in Ireland and ensure that these are in line with WHO guidelines and standards.

---

<sup>9</sup> Clark, Judge M. H. (2016) *The Surgical Symphysiotomy Ex Gratia Payment Scheme Report* to Minister Simon Harris, TD. <https://health.gov.ie/wp-content/uploads/2016/11/The-Surgical-Symphysiotomy-Ex-Gratia-Payment-Scheme-Report.pdf>

## **Responses & Treatment Options Internationally**

65. There are many published medical articles on PubMed and ResearchGate.net on topics relating to obstetric pelvic injuries occurring to women whilst pregnant and during childbirth. However, there are only 3 that appear in the search results of either for: spontaneous symphysiotomy. One of these refers to a breech presentation, one to shoulder dystocia and the third to a clinical study in Zambia of labour following Caesarean section. Not one of these articles are describing what in Ireland is referred to as a 'spontaneous symphysiotomy'.

66. An internet search for the exact term: "spontaneous symphysiotomy" brings up very few medical papers published elsewhere. One that does appear is: "Spontaneous symphysiotomy: rare case review"<sup>10</sup>. This paper describes fixation of the woman's pelvic bones and a need for a subsequent month of bedrest. It goes on to state: "*This patient was in great agony and pain when she came to us. With all resources and facilities available to us in this modern world, we cannot allow any mother to go through such hard labour*".

67. Another article, which can be found via a search of: 'spontaneous symphysiotomy' on www.academia.edu, is entitled: "A rare case of accidental symphysiotomy (symphysis pubis fracture) during vaginal delivery"<sup>11</sup>. To start with, even the title gives a far more descriptive and honest appraisal of what a woman with this injury might endure. This article, as with many others, also comments on the rarity of a "*symphysis pubis fracture*" as they describe it. However, the incidence does not seem as rare in Ireland as one would hope, and this is a matter worthy of further investigation – regardless of the cause.

68. The above paper states: "*There is no overwhelming evidence in the medical literature to support any particular treatment. However, this condition is commonly treated conservatively, with stabilization of the pelvis using a brace / pelvic belt and muscle strengthening. Analgesic and anti-inflammatory medication are used to treat the pain as required. On occasion, women may benefit from physical therapy. In severe cases, orthopedic surgical consultation and operative fixation of the pelvis may be necessary. (1,5,9) Although specific recurrences are difficult to predict, women must be informed of the high recurrence rate of 68-85% in future pregnancies*". A specific protocol, such as is described here, must be instituted in Ireland as too many women, once a 'spontaneous has occurred' seem not to be referred for any form of treatment.

---

<sup>10</sup> CHOUDHARY, Ankita; JHAKHAR, Rekha; BHATI, Balgopal Singh. *Spontaneous symphysiotomy: rare case review*. **International Journal of Reproduction, Contraception, Obstetrics and Gynecology**, [S.l.], v. 5, n. 7, p. 2485-2487, feb. 2017. ISSN 2320-1789. Available at: <https://www.ijrcog.org/index.php/ijrcog/article/view/1394/1278> Date accessed: 17 May 2019. doi:<http://dx.doi.org/10.18203/2320-1770.ijrcog20162159>

<sup>11</sup> Nishant H. Patel, Bhavesh B. Aiarao, Bipin Shah. *A rare case of accidental symphysiotomy (syphysis pubis fracture) during vaginal delivery*. **Indian Journal of Obstetrics and Gynecology Research** 2017;4(4):455-457 [https://www.academia.edu/35656514/A\\_rare\\_case\\_of\\_accidental\\_symphysiotomy\\_syphysis\\_pubis\\_fracture\\_during\\_vaginal\\_delivery](https://www.academia.edu/35656514/A_rare_case_of_accidental_symphysiotomy_syphysis_pubis_fracture_during_vaginal_delivery)

69. None of the women who have been in contact with the ‘Spontaneous Symphysiotomy’ support network were assessed fully or referred immediately for treatment of their ‘spontaneous symphysiotomy’. Perhaps there are some women in this country who were, in which case perhaps this would suggest that early intervention results in them not requiring to seek out help in the years and decades afterwards.

70. Research of the exact term “obstetric pelvic injuries” finds an article in ‘Pelviperineology’<sup>12</sup> which accurately acknowledges that: “*Debate is open on risk factors, prevalence and management of pelvic postpartum dysfunctions*”. Referring to an Italian context, it acknowledges that: “*few centers offer a specific management of obstetric pelvic injuries and often the treatment of these dysfunctions relies on the willingness of single professionals*. In response to this, the “Italian Society of Urodynamics, continence neurourology (sic) and pelvic floor (SIUD)” established a specific committee to tackle this. “*Starting from existing experiences, the group has created a recording tool aiming at standardizing women pelviperineal assessment in the postpartum period*”.

71. The ‘recording tool’, the: “*SIUD delivery & pelvic dysfunctions card*” is comprised of two parts: (i) Delivery Card – collecting obstetrical data and potential risk factors & (ii) Postpartum screening card – collecting the signs of damage. A dire need exists for a standardized system like this that records and collects *all* obstetrical data, risk factors and signs of damage. There also needs to be a requirement that all data be recorded accurately and any omissions (discovered later) be questioned.

72. The absence of recognised, standardised terminology internationally to describe these childbirth injuries, which in Ireland are referred to as a ‘spontaneous symphysiotomy’, is an issue which requires collaboration, research and agreement. The multitude of different terms currently makes even researching the issue or finding treatment options enormously difficult.

73. Some of the *very many* terms to be found when researching this topic on PubMed include:

- Postpartum symphysis pubis diastasis
- Peripartum diastasis of the symphysis pubis
- Symphysis pubis separation
- Severe diastasis of the symphysis pubis
- Symphyseal Shear
- Symphysiolysis pubis
- Symphysis pubis diastasis
- Postpartum symphysis pubis separation
- Pubic symphysis diastasis postpartum trauma
- Symphysis pubis rupture
- Postpartum symphysis pubis distension
- Diastasis Pubic Symphysis
- Symphyseal distention
- Postpartum diastasis of the pubic symphysis
- Symphysis pubis dysfunction
- Inferior / Superior Pubic Shear
- Symphyseal pelvic dysfunction
- Rupture of symphysis pubis

---

<sup>12</sup> Birolì, A. et al. (2013) “The “Italian Society of Urodynamics’ (SIUD) delivery & pelvic dysfunctions card”: an Italian language screening tool.” Pelviperineology 03; 32: 81-55. [http://www.pelviperineology.org/september\\_2013/pdf/pelviperineology\\_september\\_2013\\_hd.pdf](http://www.pelviperineology.org/september_2013/pdf/pelviperineology_september_2013_hd.pdf)

74. The terms mentioned above are largely variations on a theme, but it should be noted that none of them describe ‘spontaneity’ or suggest that the woman to whom they have occurred is to blame for this having happened. The use of the term ‘spontaneous symphysiotomy’ has been used to suggest this to women in Ireland.

### **Key Issues For Consideration**

75. An elected member of parliament, Deputy Clare Daly, TD, stated in Dáil Éireann, the Irish houses of parliament, on 19<sup>th</sup> September 2018<sup>13</sup>, that: “Dismissing, ignoring or denying information to patients has real lifelong consequences for them. It is not minor but, rather, a frightening mark of the paternalism that still infests our maternity services that we are so far behind the curve in terms of being honest with women about what is happening to them and why”.

76. The above statement, Dr Scally’s remark, the callers to ‘Lifeline’ and the experiences of women who have endured a ‘spontaneous symphysiotomy’ cause one to consider whether there is an issue specific to the management of reproductive healthcare and hospital-based childbirth in Ireland – one which accepts a severely damaged pelvis as a legitimate consequence of childbirth?

77. Historically, Ireland’s Constitution had implications for the giving (or withholding) of consent in maternity care. Perhaps it is necessary, in the context of the result of the more recent Referendum, to look afresh at the issue of informed consent. Perhaps we need to overhaul the training being given on this topic and to re-educate those already working in maternity healthcare settings.

78. One final recommendation which could be very easily implemented would be for the collation of statistics on maternal morbidity to be specifically expanded to include all incidents of so-called ‘spontaneous symphysiotomy’ aka symphysis pubis shear / rupture / tear / diastasis, etc. in the ‘Perinatal Statistics Report’ now compiled in Ireland every year.

### **Legislative & Judicial Responses**

79. In Ireland in 2013, after much foot-dragging on the topic of *surgical* symphysiotomy – prior to any mention of a redress scheme – there was the appearance of cross-party support for the statute bar to be lifted via the ‘Statute of Limitations (Amendment) Bill 2013 so that survivors of surgical symphysiotomy could seek to litigate in the courts. Unfortunately, this amendment never came to pass, but at the time it was being debated in Dáil Éireann<sup>14</sup> the topic of ‘spontaneous symphysiotomy’ arose. A member of parliament, TD, brought it up on foot of being contacted by one of our members.

---

<sup>13</sup> <https://data.oireachtas.ie/ie/oireachtas/debateRecord/dail/2018-09-19/debate/mul@/main.pdf>

<sup>14</sup> <https://www.oireachtas.ie/en/debates/debate/dail/2013-04-17/36/>

80. Somewhat ironically, the only result for the women who experienced a ‘spontaneous symphysiotomy’ from this mention in the Dáil chamber was that they were then specifically excluded from what became the ‘Surgical Symphysiotomy Ex Gratia Payment Scheme’. Despite the press release and subsequent communications from Judge Maureen Harding Clark, who oversaw the scheme, specifically noting their exclusion, 23 women who were found to have had a ‘spontaneous symphysiotomy’ nonetheless applied.<sup>15</sup> In her subsequent report to the Minister for Health in 2016, Judge Harding Clark makes multiple references to ‘spontaneous symphysiotomy’ but no need for research on the incidence of this occurrence or of appropriate treatments or the possible need for support network is mentioned.

81. Instead she states: “*Spontaneous symphysiotomy is not a surgical procedure. It was notable that although the condition is recognised as very painful, the applicants did not furnish statements outlining the same degree of disability described in many surgical symphysiotomy claims. I have no criticism of these 23 ineligible applicants*”. It is perhaps unfortunate that some of the women who have contacted the ‘Spontaneous Symphysiotomy’ support network over the years or those who contributed to the research survey for this submission did not apply as they would have no doubt been able to demonstrate similar levels of disability.

82. The point raised above about historical cases involving surgical symphysiotomy being statute barred raises interesting questions for women who experienced a ‘spontaneous symphysiotomy’. Many of these women were not given a diagnosis at the time they gave birth and, even for those who were, two years in which to begin litigation is a very narrow window when one has suffered life-changing health complications.

83. Consequently, might there be a case in suggesting that two years in Ireland is too short an amount of time in which to have initiated legal proceedings? Might we benefit also from clarification as to when exactly the clock starts ticking as well as guidelines, as exist in other countries, on when leniency can be applied?

84. The only compensation claim that we are aware of relating to a ‘spontaneous symphysiotomy’ is that of a successful litigation in 2013<sup>16</sup> The level of the award in her case was almost €600,000 and the judge ruled then: “*that the standard of care provided by medical professionals at the hospital to [the litigant] “fell substantially below” that required and she was entitled to compensation for the damage caused*” and that he was: “*satisfied the doctors and midwives who attended [the litigant] were “oblivious” to her SPD condition and took no precautions during the course of her labour*”.

---

<sup>15</sup> Clark, Judge M. H. (2016) *The Surgical Symphysiotomy Ex Gratia Payment Scheme Report* to Minister Simon Harris, TD. <https://health.gov.ie/wp-content/uploads/2016/11/The-Surgical-Symphysiotomy-Ex-Gratia-Payment-Scheme-Report.pdf>

<sup>16</sup> <https://www.irishtimes.com/news/woman-awarded-600-000-over-symphysiotomy-1.1320285>

## **Recommendations**

85. One key recommendation would be the introduction of legally binding Mandatory Open Disclosure both for individuals working in hospitals and healthcare settings as well as for the hospitals and Health Services Executive in Ireland. Although the intention behind the recommendation that these guidelines not be made legally binding in the past was to encourage those who may have made or observed mistakes to come forward, it has definitely not had the desired effect and (as was learned via the ‘Cervical Check’ scandal in this country) patients – most often women, it would appear – suffer as a consequence.
86. Another recommendation would be that there needs to be an internationally recognised terms for when a woman’s pelvis shears, ruptures or tears, whether this occurs during pregnancy or childbirth.
87. There is a serious need for research to be done on the topic of ‘spontaneous symphysiotomy’ / postpartum symphysis pubis diastasis to ascertain the exact level of incidence of this obstetric pelvic injury which can have potentially lifelong consequences.
88. Research also needs to be undertaken on the best form of prevention as well as how to accurately diagnose when a ‘spontaneous symphysiotomy’ has occurred. Additionally, there is a need to establish ‘best practice’ treatments or interventions and to have protocols in place for when a woman’s pelvis does split perinatally
89. There is quite possibly a need for re-education of some OBGYNs who seem to still believe that a torn, split or ruptured pelvis is an acceptable consequence of pregnancy and, furthermore, erroneously believe that this does not require thorough investigation and prompt treatment.
90. In Ireland, women who have had a *surgical symphysiotomy* are entitled to a specific Medical Card<sup>17</sup>, which gives them access to some healthcare free of charge and very deservedly so. Other people with specified long-term illnesses are also entitled to a medical card as part of the Long-Term Illness Scheme (LTI Scheme) with cover for various, restricted drugs, medicines and appliances, etc. It would be our strong recommendation to the Government of Ireland that the very least that could be done to offer support to women who have experienced **any** form of symphysiotomy, regardless of the cause – be it surgical or ‘spontaneous’ – should be that they would automatically qualify for a Medical Card.

---

<sup>17</sup> <https://www2.hse.ie/file-library/medical-cards/medical-cards-national-assessment-guidelines.pdf>

## **Conclusion**

91. The timing of this call for submission on the issue of mistreatment and violence against women during reproductive healthcare and childbirth is very timely in Ireland given that these topics have been so prevalent recently in the media and in our parliament.

92. It is our hope that Irish women are finally finding their voices and now feel empowered to speak about their experiences of pregnancy and childbirth.

93. The notion that they (hopefully) have a “*healthy baby and so what are they complaining about*”, will no longer suffice. No longer can obstetric pelvic injuries be accepted or described as: “*Acts of God*”!

We hope that this submission will be accepted by the United Nations (UN) Special Rapporteur on Violence Against Women its causes and consequences, Ms Dubravka Šimonović, and that the women who have unfortunately experienced a so-called ‘spontaneous symphysiotomy’ and other obstetric pelvic injuries will be acknowledged for the first time.

‘Spontaneous Symphysiotomy’ Support Network