



Submission to the Senate Community Affairs References Committee on Number of women in Australia who have had transvaginal mesh implants and related matters inquiry

The Australian College of Midwives (ACM) is a national, not-for-profit organisation that serves as the peak professional body for midwives in Australia. The ACM was founded nationally in 1984, when midwifery associations in a number of states and territories came together to create a national peak body for Australian midwives. We provide a unified voice for the midwifery profession, support midwives to reach their full potential and set professional practice and education standards

We have around 5000 members, more than 99% are women. We have heard that some of our members have been affected by transvaginal mesh implants and this is why we are responding. Our members also provide care for women who have had perineal trauma as a result of childbirth. Many of these women have had treatments and surgery including transvaginal mesh implants.

Data collection on the number of women in Australia who have had transvaginal mesh implants

National data collection systems do not collect information of this nature. Nationally consistent data systems in women's health are rare – data relating to maternal and newborn health care is inconsistently collected across the country. The lack of information systems on transvaginal mesh implants is another example of why national data collection systems for maternal, newborn and women's health need Commonwealth government support and funding.

Information provided to women prior to surgery about possible complications and side effects

In our experience, many women receive very little information prior to their surgery about the procedure and about possible complications and side effects. There are few sources of consistent information that are available to women in terms of surgery. As part of the process of obtaining informed consent for a procedure, clinicians must ensure that as far as possible, the patient is advised in terms they can understand about:

- the diagnosis
- recommended treatment or care plan, including the expected benefits, common side effects and alternative treatment options
- the material risks including complications associated with the recommended and alternative treatment options, or not receiving any treatment
- any significant long term physical, emotional, mental, social, sexual or other potential outcomes, including those affecting future pregnancy and birth care
- the anticipated recovery implications

In relation to the use of mesh implants, we would expect this information to include the specialist doctor's experience and training with this procedure as well as the known complications associated with mesh implants published by the TGA.

Very few (if any) hospitals or specialist doctors make their rates of complications publicly available. This means that women rarely have access to full information about the surgery and the ramifications. In addition, very few specialist doctors provide information about their own level of skill and training with this specific procedure.

Information provided to doctors regarding transvaginal mesh implants and possible complications and side effects

As we are an organisation of midwives we are unable to respond to this term of reference. However, we are not aware of any specific information provided to nurses who work in gynaecology surgery.

Financial or other incentives provided to medical practitioners to use or promote transvaginal mesh implants

We are not aware of or have evidence of incentives provided to medical practitioners to use or promote transvaginal mesh implants.

The types and incidence of health problems experienced by women with transvaginal mesh implants and the impact these health problems have had on women's lives.

It is our understanding that women experience significant complications including pain, urinary incontinence and frequency, bleeding and ongoing distress that impacts on their quality of life. The health problems can be hugely disruptive to woman's lives and we have heard stories of the impact on work, social life, marriage and the care of the family.

For many women, this is compounded by the reason they had the surgery in the first place, to address urinary incontinence and frequency experienced after childbirth.

The Therapeutic Goods Association's role in investigating the suitability of the implants for use in Australia

It is essential that Australian health consumers have confidence in the system to investigate the suitability of the implants for use in Australia and ongoing monitoring of the suitability of the implants. The Australian consumer needs to have confidence in the systems that are established to monitor safety and quality.

Other comments

The ACM is also concerned that the media around this issue has increased fear around childbirth in many women. Certainly, there is evidence of this on social media sites over the past months. This is regrettable as the media has started to suggest that it is women feeling pressured to have a vaginal birth (and a healthy baby regardless of the mother's outcome) that is causing women to need this surgery in the first place and suggestions that women are being dismissed when they raise concerns.

This is an ongoing theme in much of the maternity care debate in Australia at the moment and it is important that the issues surrounding the transvaginal mesh implants are separated from the issues surrounding vaginal birth as a safe and reasonable option for many women. The transvaginal mesh implants issue is not a reason to call for an increase in the elective caesarean section rate.

ACM's recommendations

1. National data collection systems need to be established to monitor the use of procedures where foreign objects, such as mesh, are placed inside women's bodies.
2. Specialist doctors should be required to publish their own level of skill and training with this specific procedure and in conjunction with hospitals (both public and private) should be required to publish their complication rates.
3. Consistent information should be made available to women in terms of surgery risks and complications and alternative treatments.

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