**Postpartum posttraumatic stress disorder (PTSD) is a consequence of unexpected major pelvic floor injury that is rarely identified after traumatic vaginal birth**

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Current research into postpartum PTSD observes that 3–4% of women suffer from this disorder after birth events. Main risk factors include negative birth experiences; complications of pregnancy and delivery; lack of support from maternity clinicians and/ or partners. PTSD remains largely unrecognized in maternity facilities and, unlike depression, routine screening is not employed; affected women are rarely identified and treated.

Postpartum PTSD is noted to be different from non-obstetric related PTSD, in that birth is purported to be predictable, undertaken voluntarily and culturally seen as a positive event. Current studies propose the unexpected and terrifying unpredictability of birth events are applicable for diagnosis of PTSD as per DSM-IV- TR criteria.

A study of women diagnosed with levator ani muscle avulsion after traumatic birth events, reported 3-4 symptoms of PTSD that included: avoidance of birth reminders, panic, emotional detachment, nightmares and numbness. Physical and psychological consequences were: reduced quality of life, sexual dysfunction, altered body image, decreased baby bonding and marital disharmony. Women were not cognizant that muscles holding their pelvic floor together had avulsed during birth and resulted in pelvic organ prolapse.They asked why they had not been prepared for the possibility of a traumatic delivery or informed of potential morbidities prior to delivery.

Participant: *My life has been severely affected by a terrible labour and delivery that left me with a ‘blown out pelvic floor’ (avulsion). Every aspect of my life has been affected. My partner has left me. It has been a nightmare of no medical accountability, no support, lack of continuity.*

Key words:postpartum PTSD, levator ani avulsion, pelvic floor injury, vaginal birth

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