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NZDF Wellbeing Impacts in the COVID-19 Pandemic Environment

Colonel Clare Bennett¹

1 NZDF, Wellington, New Zealand

Abstract

The impact of the COVID-19 pandemic for the operation of the NZDF and role in our national response has been significant. This has presented a range of challenges to our force and our broader Defence Community professionally and personally. A range of initiatives have been introduced to foster wellbeing, enhance access to support, and monitor wellbeing over time. This presentation provides a summary of how we have supported and monitored the health and wellbeing of our people over the last 18 months, and areas of current and emerging challenge and opportunity.

Biography

Colonel Bennett joined the New Zealand Defence Force as a Psychologist. After serving in a range of operational, research, policy and strategy roles she transferred to the Reserves to work in broader government and then returned to the RF as the Chief Mental Health Officer. In 2019 she moved into the role of Director of Integrated Wellness in the Directorate of Health, NZDF.

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Obstetric History, Pelvic Health and Military Occupations: a Study of a Cohort of Australian Female Military Personnel and Veterans

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Abstract

Background:

Pregnancy and childbirth have been shown to be key risk factors for pelvic health issues, such as urinary

incontinence, in women. Approximately 85% of women will become pregnant within their lifetime; therefore, long term pelvic health, and the impacts it can have on the lives and lifestyles of women, needs to be considered. With a growing number of women joining the Australian Defence Force (ADF), the physical requirements of many military roles, as well as the likelihood that many women will have children during their Service, the relationships between obstetric history, pelvic health and military service warrant consideration.

Aim:

The aim of this investigation was to explore the relationships between obstetric history and pelvic health in a cohort of Australian female military personnel and veterans.

Method:

A cross-sectional anonymous online survey was conducted in adult biological females who had actively served in the ADF for at least six months. The survey explored the pelvic health of female military personnel, including the prevalence, types, severity, and risk factors for pelvic health issues, as well as management strategies and occupational impacts. This paper focuses on findings related to obstetric history, pelvic health, and military service.

Results:

A total of 491 active servicewomen (60%) and veterans (40%) participated in the survey (52.7% Army, 25.7% Air Force, and 21.4% Navy). 71% of respondents had been pregnant, with a mean of three pregnancies reported (range 1 – 10), and a mean of two during Service (range 0 – 8). The mean number of births servicewomen experienced was 1.9 (range of 0 – 9), and vaginal delivery accounted for 71% of all births. The most common pregnancy and/or perior post-natal pelvic health complications reported were perineal tears (20%), pelvic pain (17%), urinary incontinence (15%), episiotomy (14%), and sexual dysfunction (11%). Of those women reporting complications, one third experienced ongoing issues that affected their subsequent military work (i.e. modifying usual duties, delayed return to work).

Parous women were more likely to report concerns about their pelvic health (80.4%) than nulliparous servicewomen (56.1%). Parity was also linked with prevalence of pelvic health symptoms, including urinary urgency, urge urinary incontinence, stress urinary incontinence and pelvic organ prolapse.

Discussion:

The survey found it is common for female ADF personnel to experience pregnancy and childbirth during Service, and a small proportion of those women experience complications that influence their return to and/or subsequent work within the military. Consistent with other studies of female pelvic health in general populations, parity had a relationship with prevalence of pelvic health symptoms, such as urinary incontinence and pelvic organ prolapse. This has implications for the growing population of women in the ADF, and suggests that providing support to pregnant and post-partum members may provide long term benefits to both servicewomen and the ADF.

Conclusion:

Pregnancy and childbirth is a particular time unique to females that can have a significant effect on pelvic health. Given the physically demanding nature of many military roles and annual fitness assessment requirements, support and management of female personnel during pregnancy, as well as their post-partum return to work planning and preparation needs to recognise the potential pelvic health implications to enable them to efficiently and effectively return to their roles.

Biography

Simone is a Physiotherapist with over 20 years of clinical and academic experience. She currently works as a Lecturer in Physiotherapy at Charles Sturt University, which she juggles around raising her four children and some clinical roles. She has strong clinical and research interests in collaborative health care, therapeutic exercise, rehabilitation, chronic health condition management and female pelvic health. She is grateful to the Defence Health Foundation for funding this research on pelvic health in female military personnel.

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Operation COVID-19 Assist - Findings from the ADF Deployment Experience Survey

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Abstract

Operation COVID-19 ASSIST (OP C19A) saw the deployment of thousands of ADF personnel in support of the Australia Government response to the COVID-19 Pandemic. Defence support included contact tracing, planning support to state and territory government, assisting law enforcement agencies, support tasks and assisting in health care facilities. In November 2020, the OP C19A Deployment Experiences Survey was distributed to ADF personnel who had deployed in support of OP C19A. The survey sought to identify and better understand operational stressors associated with working in a pandemic environment, with the goal to better inform mental health screening needs. This presentation will discuss findings from this survey, including the potentially traumatic events and stressors unique to this operation and the groups identified most at risk of mental health concerns. The findings can be used to inform on similarities and differences across different operational environments, and assists in identifying how policy and practice can be implemented to facilitate mental health support that is tailored to operational requirements.

Biography

Cate Chesney is currently the Assistant Director Occupational Mental Health Surveillance within Joint Health Command. Her section is responsible for providing data summaries and surveillance reports on operational mental health data for ADF members. The section is also the technical authority of the Joint Health Command PULSE, an Organisational climate survey. Ms Chesney joined the Department of Defence as a graduate in 2008 and has worked in many mental health domains since this time, including operational mental health surveillance, resilience training, unit climate, and mental health research.

Colonel Nianne Bennett is an Army Psychologist who has worked across clinical, selection and assessment, training, research, disaster responses and operational support throughout her military career. She is the current Director of Mental Health and Strategy in Joint Health Command and leads the implementation, evaluation and continuous improvement of the Defence Mental Health and Wellbeing Strategy. In this role she also leads the development of operational mental health and surveillance initiatives to support ADF personnel across their career and whilst deployed.

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