

Background :

The incidence of OASIS has tripled from 1.8% to 5.9% from 2002 – 2012.
 Overall incidence in UK is 2.9%

Our incidence was 2.6%

Standards :

1. OASI care bundle:

- women should be aware (100% were risk stratified)
- Manual Perineal Protection¹ (68%)
- Warm compress³ used in 4.3% only
- Episiotomy (32%)
- Perineal Examination (100%)

2. Local Perineal Trauma Guidelines

Results:

Pre – op :

- Written consent (100%)
- Consultant informed and
- Repair done in theatre (98%)
- Anaesthesia (96%)
- Incident form (70%)

Post – op:

- Intra and Post op antibiotics (98%)
- Laxatives and analgesia (98%)
- Pelvic floor exercises (96%)
- Gynae OPD follow up (100%)

Materials & Methods:

- Retrospective audit
- Data for a full year (2020)
- Data from badgernet entries
- Analysed on Excel

New findings on risk factors²:

- Asian ethnicity : 94 % British
- Nulliparity: 68%
- **Birthweight > 4kg : 15%**
- **Shoulder dystocia : 1 patient only**
- **Prolonged 2nd stage of labour : 12.8% (32 % < 30 min)**
- Instrumental delivery : 31.9
- **Majority of the risk factors absent in this group of patients**

Things to ponder:

- More than 77% patients had a precipitate labour while only 38% patients had Induction of Labour.
- Was hyperstimulation a factor for OASI?
- Mediolateral Episiotomy in Instrumental deliveries is protective. 20% didn't have episiotomy and sustained 3C/4th degree tears

Actions being done:

- Implementing Manual Perineal Protection & warm compressor training for all by e-learning
- Training in use of Episcissors.
- Patient information leaflet designed
- Re audit after training implemented
- Look into factors for precipitate labour
- Proper documentation on Badgernet.

References :

1. Laing et al 2012 – training programme of MPP reduced incidence of OASIS by 50%
2. RCOG Green top guidelines
3. Dahlen et al 2007: application of warm compresses in 2nd stage decreases incidence of OASI