

Introduction:

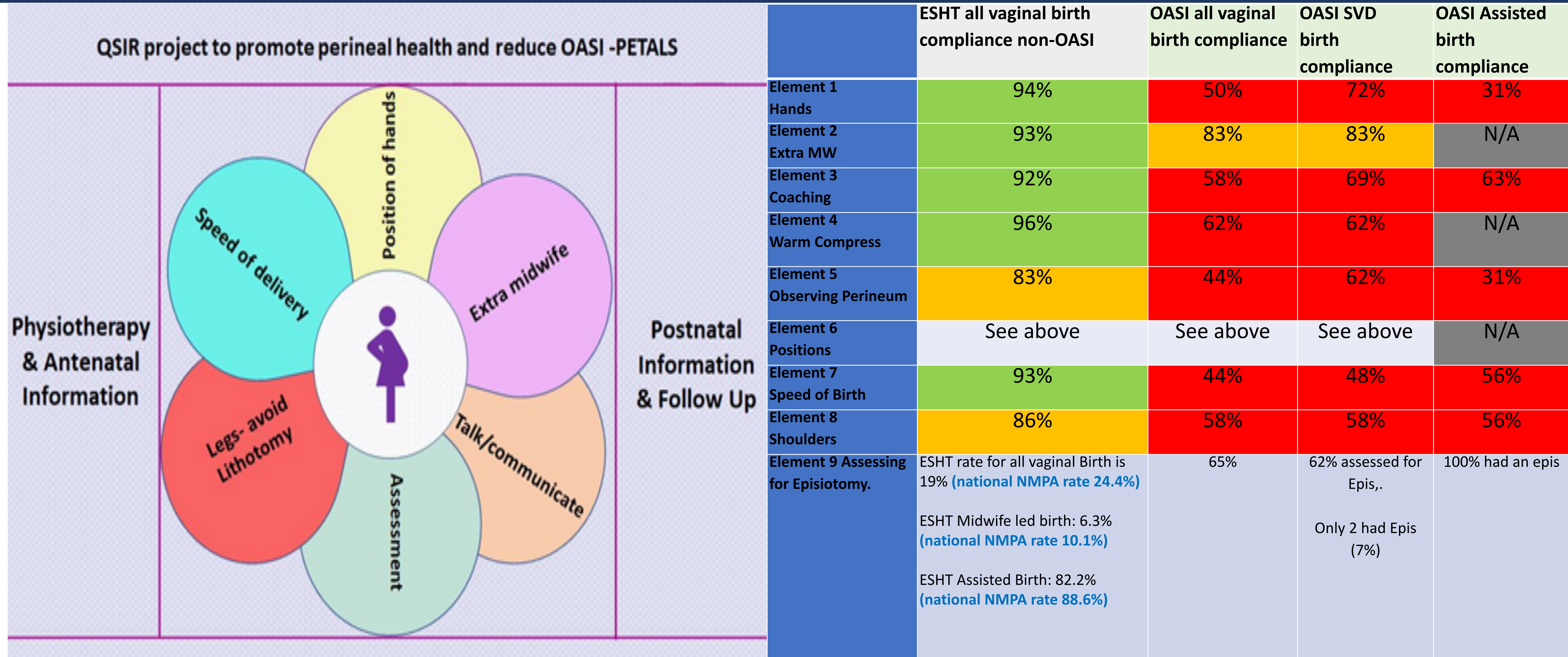
Worldwide, an increasing body of evidence suggested an increase in the obstetric anal sphincter injury (OASI) incidence. ESHT introduced PETALS – a Quality Service Improvement and Re-Design (QSIR) project designed to focus on perineal health during pregnancy and for life.

Design and Objectives:

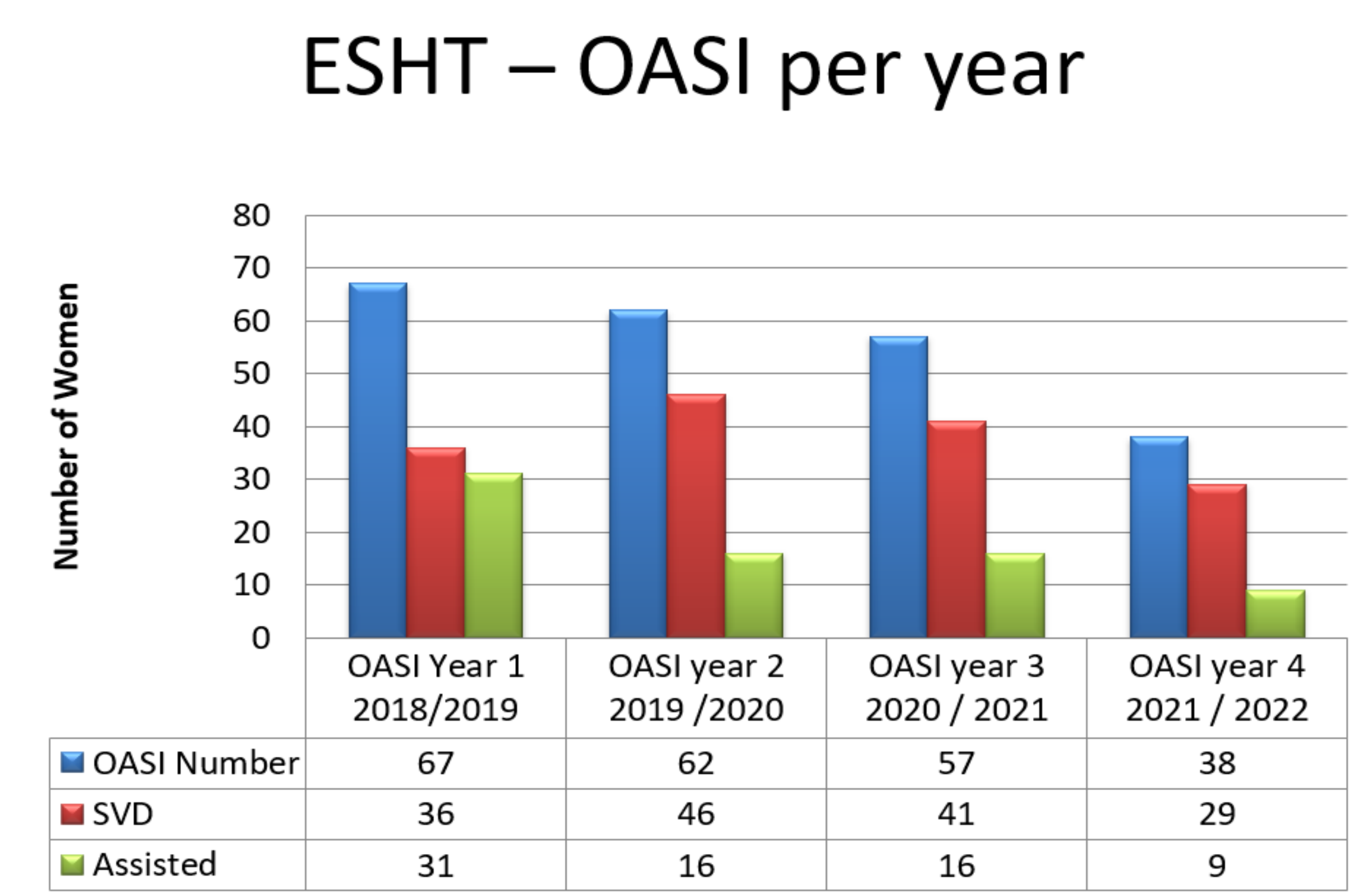
After reviewing other projects and the research evidence, we engaged the staff to design a set of elements that would work to reduce the number of women sustaining OASI in ESHT.

Methods:

Data of women sustaining OASI in different types of vaginal births were collected to assess perineal and sphincter health before and after the introduction of PETALS.



- P** Position of hands
- E** Extra midwife present at the birth
- T** Talking/communicating during the advanced second stage
- A** Assessment of the perineum (warm compress, episiotomy and post-birth assessment)
- L** Avoid lithotomy and encourage upright, non-flat birth positions
- S** Slow the speed of crowning and allow spontaneous birth of the shoulders



Results:

All elements of PETALS were found significant in reducing the incidence of OASI. An initial reduction from 2.96% (n=62) was recognised when training for PETALS was commenced, with further reduction following the launch of PETALS having an average of 2.71% (n=38) in OASI as opposed to the NMPA national average of 3.4%.

Conclusions:

PETALS has been shown to reduce the incidence of OASI owing to the large focus on prevention strategies and identifying areas of good practice.

References:

- Clinical guideline for Perineal Trauma including Guidance on Non-suturing of the Perineum
- National insitute for Health and Care Excellence. Intrapartum care: care of healthy women and their babies during childbirth NICE clinical guideline 190 (2017)
- NMPA Project Team. National Maternity and Perinatal Audit: Clinical Report 2019.