

Perineal wound breakdown: is it time to change our practice?

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Introduction

- ❑ Perineal trauma is common following vaginal birth
- ❑ Incidence of perineal wound breakdown
 - ❑ 0.1% and 24.6%
 - ❑ commonly associated with infection
 - ❑ risk factors include assisted vaginal birth, episiotomy, obesity and haemorrhage.
- ❑ Traditionally, perineal wound breakdown is managed expectantly (healing by secondary intention)
- ❑ Poor pelvic health is linked with poor maternal mental health and wellbeing

Objective

- ❑ Retrospective review of clinical records to study the outcomes of a multidisciplinary pelvic health clinic focussing on
 - ❑ the incidence of perineal wound breakdown and it's management
 - ❑ identification of risk factors contributing to wound breakdown

The specialist pelvic health clinic setup in 2010, is led by 2 consultant gynaecologists with pelvic floor expertise, specialist midwives/ nurses and specialist women's health physiotherapists. It includes a dedicated perineal clinic which provides continuity of care to women who have complications following perineal trauma, including perineal wound breakdown

Partial breakdown (less than 50% perineal muscle breakdown +/- vaginal mucosa and skin.

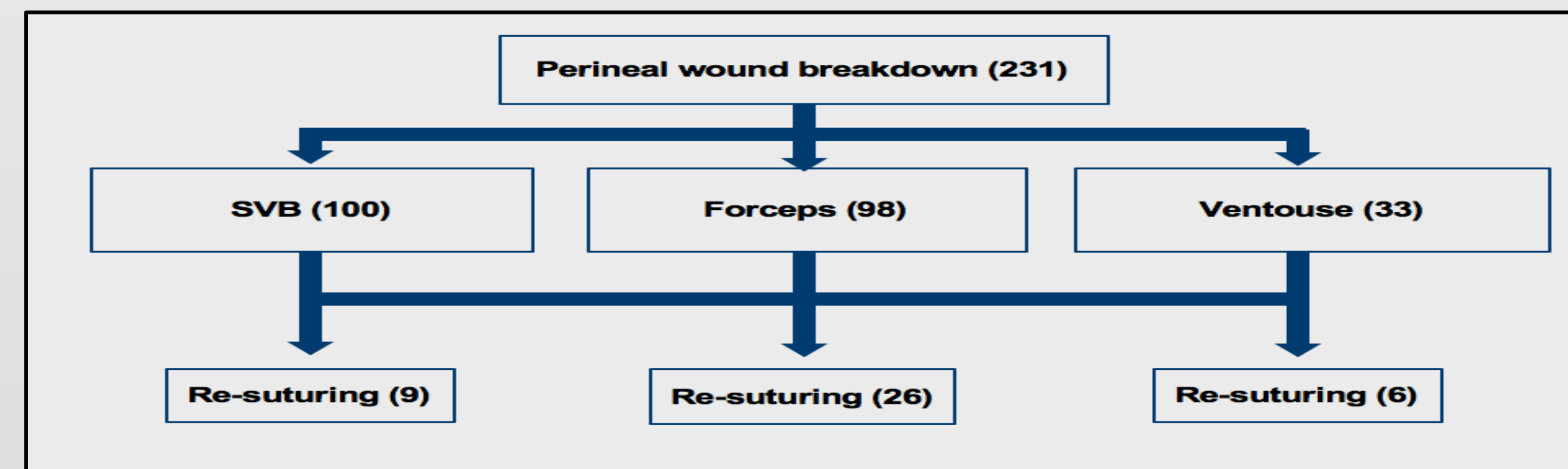
Complete breakdown (over 50% muscle involvement)

Results

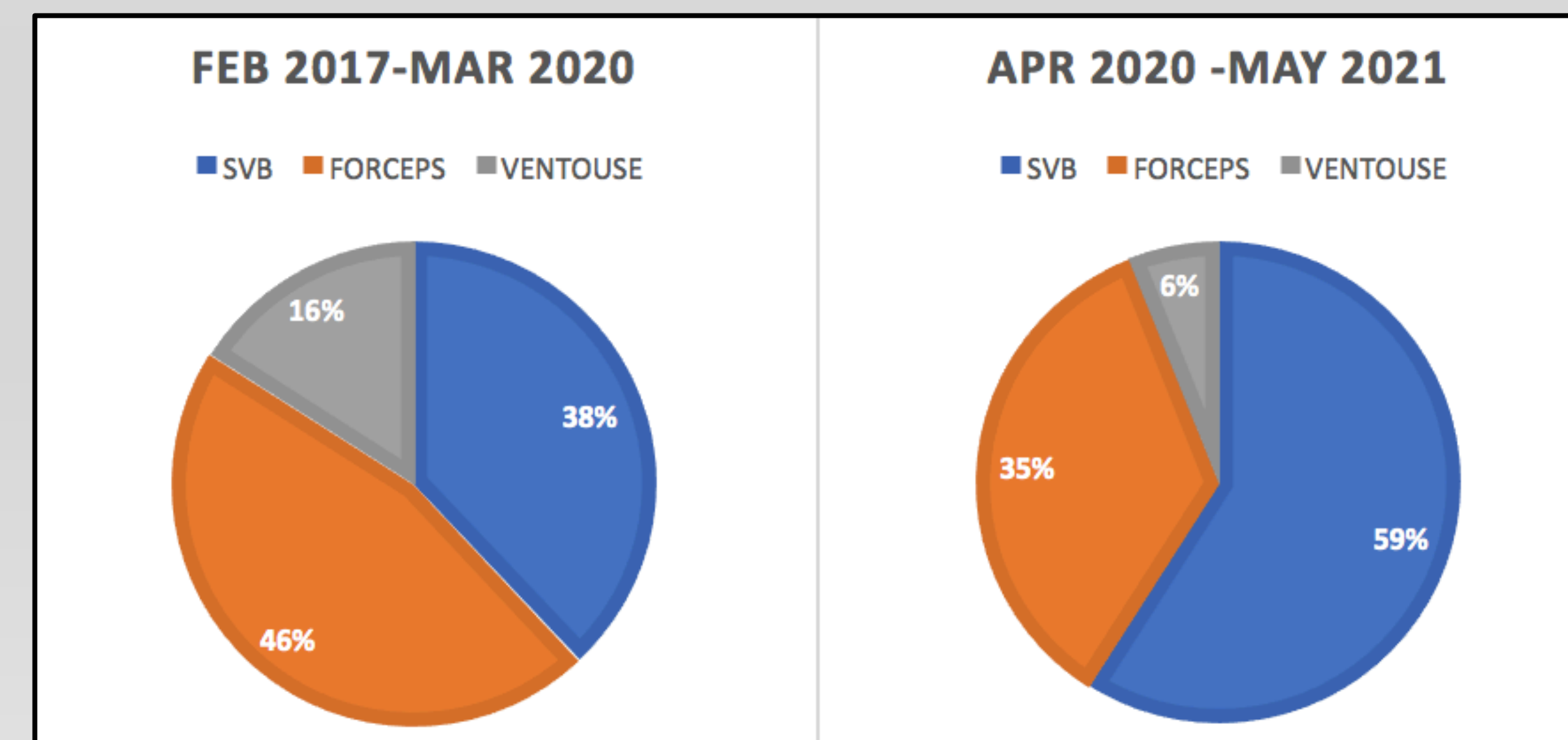
- ❑ February 2017 to May 2021
 - ❑ Total births 23,978
 - ❑ Of these, 15,308 were vaginal births
 - ❑ 74% were spontaneous vaginal births, 14% forceps and 12% ventouse births
 - ❑ 75% perineal trauma rate
 - ❑ 1.5% rate of perineal wound breakdown

Results

- ❑ Characteristics of women (n=231), who experienced perineal wound breakdown
 - ❑ Mean age: 33 years (range 21-43)
 - ❑ Mean Body Mass Index: 23
 - ❑ Mean gestation at birth: 39+5/40, with 1 woman experiencing preterm birth (<37 weeks)
 - ❑ Nulliparity: 77%
 - ❑ Spontaneous onset of labour: 60%
 - ❑ Mean weight of baby at birth: 3557g
 - ❑ Blood loss at birth, of more than 500 mls: 60%



- ❑ In April 2020, following the introduction of routine prophylactic antibiotic use for all assisted vaginal births by the Royal College of Obstetricians and Gynaecologists (RCOG), proportion of assisted vaginal birth contributing to wound-breakdown decreased from 46% to 35%.



Results

- ❑ Management of 231 women with perineal wound breakdown
 - ❑ Majority managed expectantly (skin or mucosal layer breakdown)
 - ❑ Healing by secondary intention
 - ❑ 41 women underwent wound re-suturing (to restore the perineum to >3cm)
 - ❑ 14 had experienced a partial wound breakdown
 - ❑ 28 had experienced a complete breakdown
 - ❑ Of the 41 women, one woman whose re-suturing was not in keeping with El Shamy et al technique¹, experienced further wound breakdown
- ❑ Subsequent pregnancies in 57 women (in our maternity unit)
 - ❑ 40 women had vaginal birth with perineal trauma
 - ❑ but no further perineal wound breakdown
 - ❑ 17 had a caesarean section
 - ❑ 11 of these due to a previous traumatic birth and perineal trauma

Conclusion

- ❑ This single centre review highlights the advantage of a dedicated perineal service, which offers continuity of care with expertise and ability to personalise the management of a distressing complication of perineal wound breakdown.
- ❑ Whilst majority of perineal wound breakdown are managed conservatively, the option of surgical management using the proposed techniques of repair by El Shamy et al ¹ offers an alternative to symptom management and will accelerate wound healing.

Reference:

1.Postpartum perineal wound dehiscence" accepted for publication by The Obstetrician & Gynaecologist.