

Learning from Obstetric Anal Sphincter Injury Claims over 10 years within the NHS in England

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Introduction

Our work at NHS Resolution aligns with national efforts to improve maternity safety and care for women and their families. We aim to prevent, reduce and respond to claims on behalf of the NHS in England. Obstetric Anal Sphincter Injuries (OASI) are a cause of significant morbidity to women that can impact them for the rest of their lives.²⁵

OASI can occur during vaginal birth and is otherwise known as severe perineal tearing or third and fourth degree tears. An OASI is defined as a partial or total disruption of the anal sphincter complex that is sustained during childbirth. They can be further classified according to their severity.

If an OASI is identified at the time of delivery it should always be repaired in an operating theatre by a suitably trained clinician who can perform an appropriate repair. Correctly identifying the extent of the tear is essential to ensure a suitable repair is made and this is critical to long term outcomes.

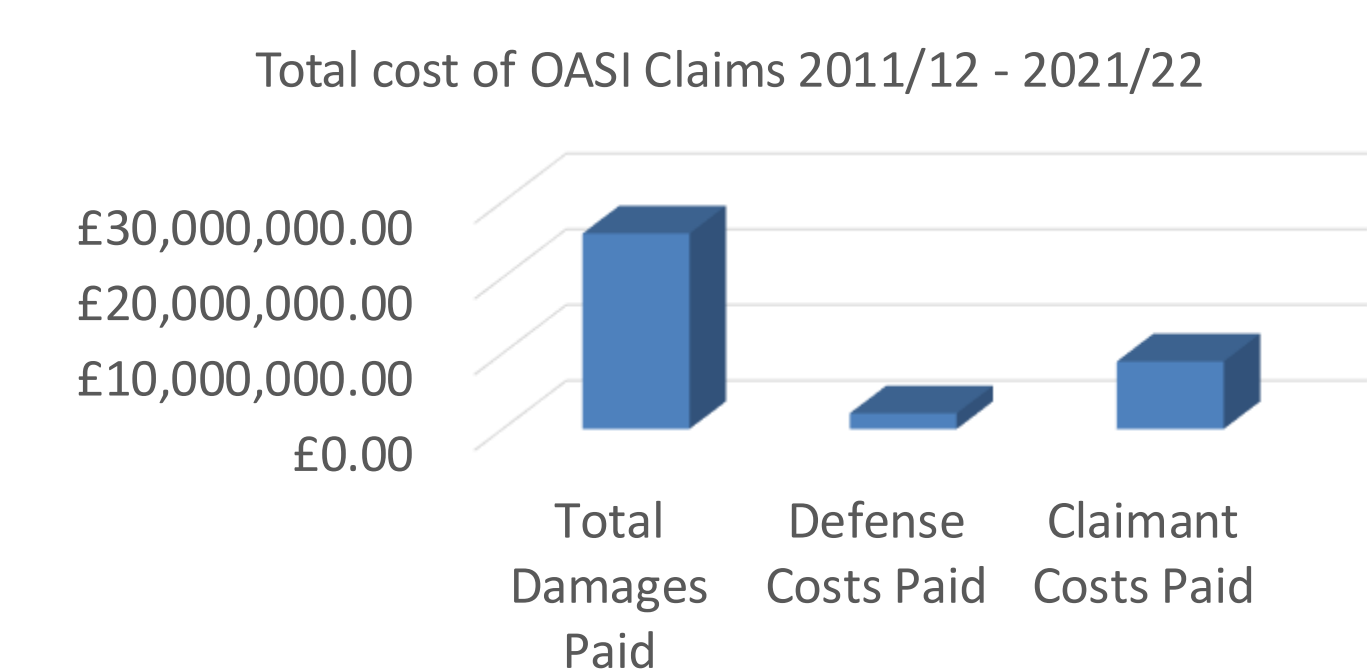
Following an OASI women can suffer with a variety of symptoms including faecal incontinence, which is estimated to affect between 15-61% of women, faecal urgency, psychological symptoms, sexual dysfunction and perineal pain are other common symptoms. In addition to the impact on women perineal trauma claims have previously been cited as the 4th highest indication for claims back in 2013.

Design

We reviewed 10 years of Obstetric Anal Sphincter Injury (OASI) claims brought against the NHS in England. We extracted and analysed both qualitative and quantitative data to identify themes emerging from the claims as well as common trends. These were then analysed to identify similarities between claims and common themes.

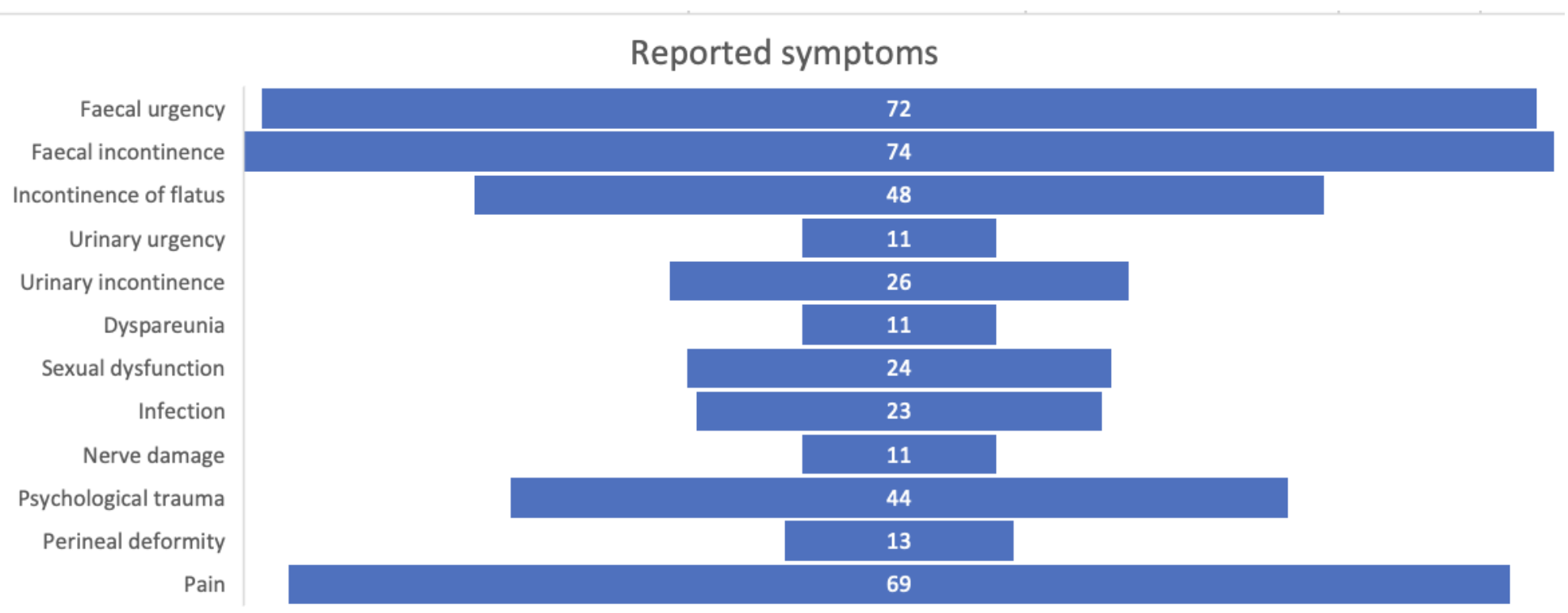
All claims are recorded and information pertaining to them is stored on our Claims Management System (CMS). We identified claims concerning perineal tears and OASI brought against the NHS from the financial year 2011/12 through to 2021/22.

Figure 1: Financial Analysis of OASI Claims



The cost of OASI Claims was £36,839,496.90. This can be used to give an estimated annual cost of £3,683,949.69 and this figure is likely to be higher when considering the remaining open cases for this time period.

Figure 2: Outcomes of perineal trauma



The most reported symptom is faecal incontinence which affected 80% of women in this cohort. Faecal urgency is the 2nd most common symptom that affected 77% of women closely followed by pain which affected 74% of women in this group.

Methods

A narrative analysis on these claims was performed as follows:

- Number of total OASI Claims
- Impact of OASI claims for claimants.
- Total cost of OASI claims to the NHS in England
- Liability
- Themes between OASI Claims

238 claims were identified for analysis, 80% of these were successful for the claimant. We analysed 93 successful claims in further detail.

Results

Of the claims that have been closed, 80% were successful for the claimant. For the claims that were successful 2 were 2nd degree tears, 11 were 3rd degree tears that could not be further defined, 5 were 3a tears, 16 were 3b tears, 22 were 4th degree tears and 15 were fistulas.

Diagnosis of OASI

Of the 93 cases analysed 54 of them had a misdiagnosed perineal tear that was more severe than at the time of initial assessment. The date of the 2nd diagnosis ranged from 3 days to 1461 days with an average of 294 days before a 2nd diagnosis was made indicating a more severe injury .

Performing a rectal examination at the time of the initial injury and assessment forms the main initial assessment of an OASI. On analysing these 93 cases only 65% of women had a rectal examination prior to suturing and only 63% of women had a rectal examination after suturing had been completed .

Figure 3: Initial and revised perineal tear grading

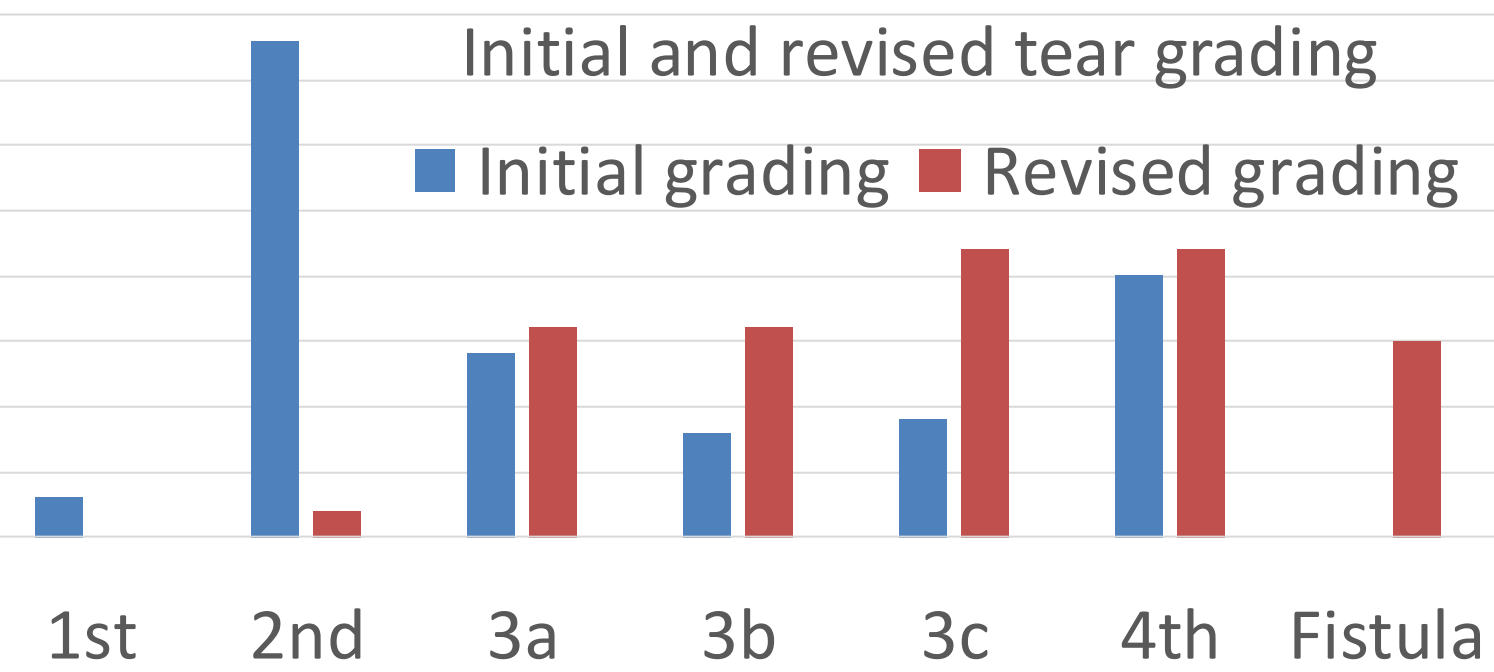
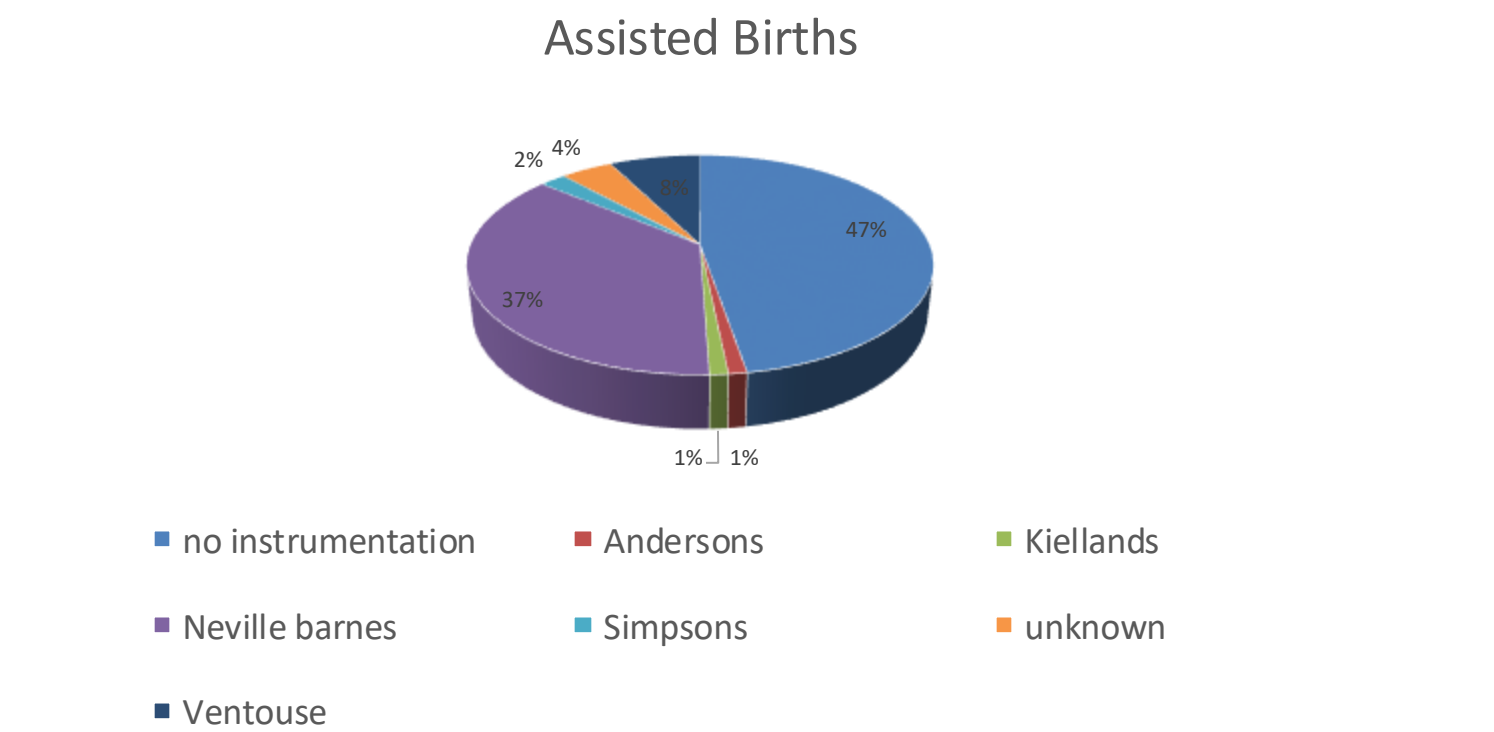


Figure 4: Types of assisted birth performed in successful claims



Of the women who had successful claims 61% of them had an instrumental birth. 54% had instrumental birth with forceps. An episiotomy was performed in 70% of forceps births but this means that conversely an episiotomy was not performed in 30% of forceps deliveries.

Circumstances of delivery

On reviewing the claims data, it is clear that most OASI claims involve deliveries conducted by either a non-consultant grade doctor or a midwife. These groups are likely to conduct most deliveries, so this data is likely to be skewed, but it does highlight that perhaps we do need to try and focus training on this group. More experienced clinicians are less likely to encounter complications like OASI.

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Outcomes of perineal trauma

Our analysis showed that a large amount of the women in this cohort has a more severe tear than was initially recognised. Many were incorrectly reported as a 2nd degree tear and this meant that they were therefore not repaired in the correct way and therefore potentially are more likely to have a poorer outcome and a higher morbidity.

Our thematic review showed that many women suffer following these injuries with 98% of women having symptoms following OASI in our analysis. Infact, many women suffer with several symptoms. 59% of women in this review suffered with 4 or more symptoms, the commonest being faecal incontinence.

Conclusion

Key Themes identified to improve OASI care and prevention;

- 1.**Safe Forceps delivery** – Ensure all obstetricians are trained on the basic principles of safe forceps delivery including appropriate use of instruments and episiotomy when required.
- 2.**Supervision of trainees** – Adequate support and supervision of both midwives and non-consultant grade doctors when performing complex deliveries such as assisted births.
- 3.**Diagnosis of OASI** – Focus on appropriate clinical training to ensure clinicians can perform an adequate PR examination to identify an OASI swiftly.
- 4.**Education** – Educate clinicians on the symptoms that can affect women postnatally that may suggest they have an OASI. We must ensure that concerns for a potential OASI are escalated, and an appropriate pathway of assessment is followed.
- 5.**Awareness of rectovaginal fistula** – this remains a rare complication of OASI but has a devastating impact on women. Clinicians should be aware of this potential complications and how to assess for this.
- 6.**Pathway for management of women with missed OASI**