



Obstetric Anal sphincter injury and dedicated Pregnancy/Post pregnancy care A Retrospective study

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Objective

Third and fourth degree perineal tears carry significant immediate and long-term implications for women and healthcare systems. Evidence-based approaches and dedicated services can reduce the incidence of these tears and mitigate their associated burden, including the provision of postnatal follow-up in consultant-led perineal clinics. This study forms part of ongoing surveillance for obstetric anal sphincter injuries (OASI), aiming to improve detection and reduce their prevalence.

Design

A retrospective observational study analyzing 170 cases of third and fourth degree tears among women who between 2022 and 2023 at a university teaching hospital in London, UK. . delivered and attended follow-up care at a perineal clinic

Method

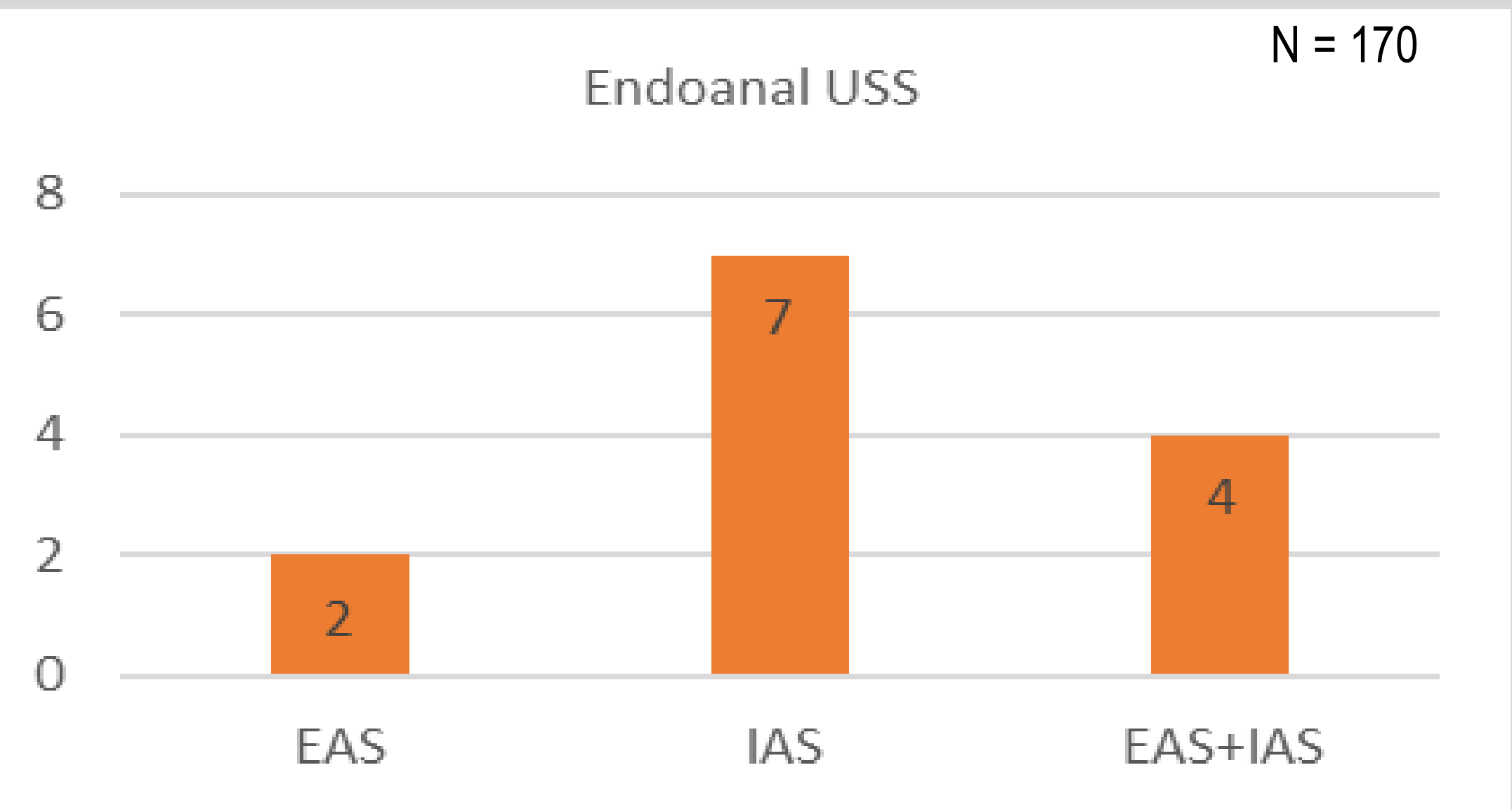
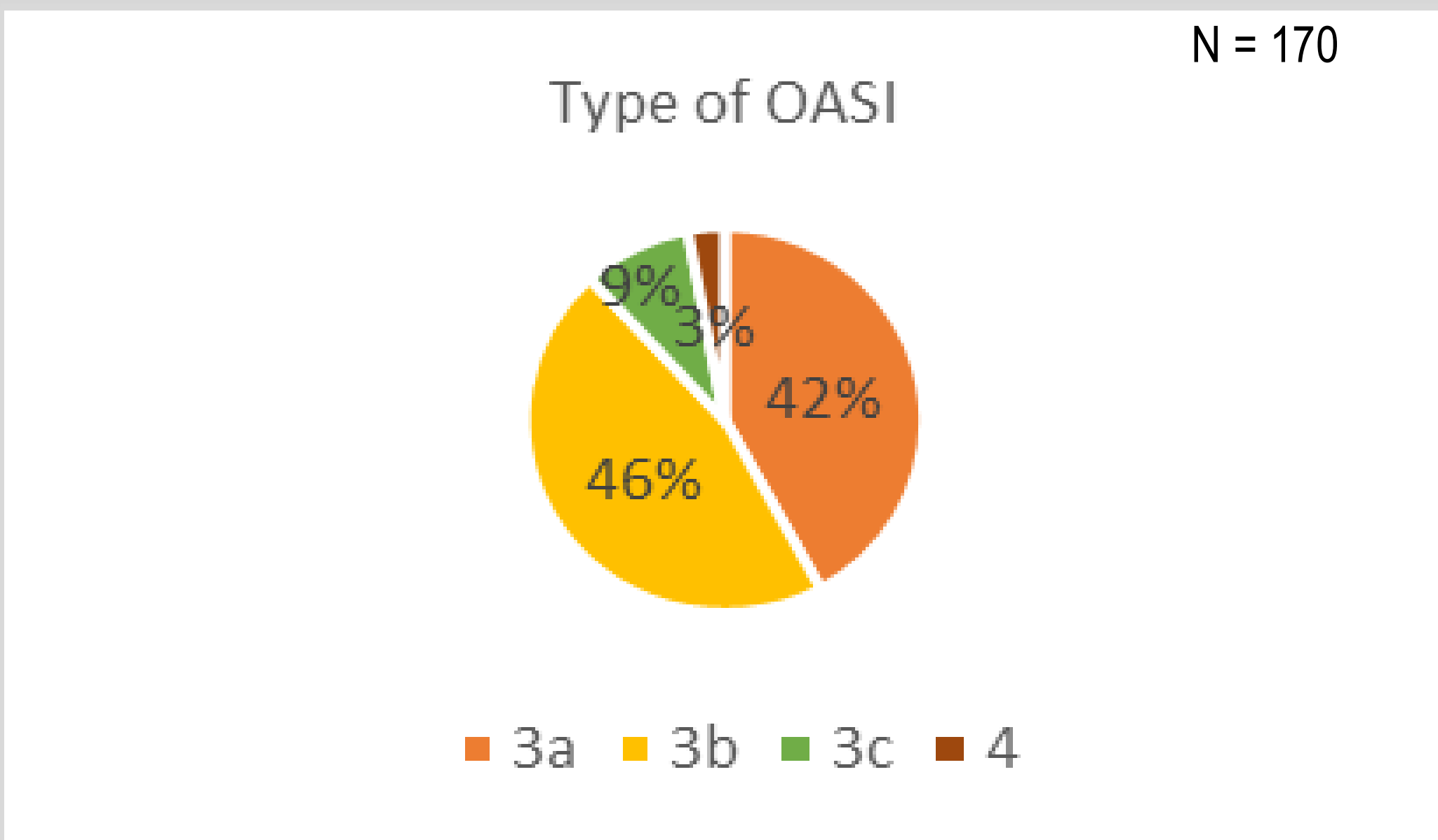
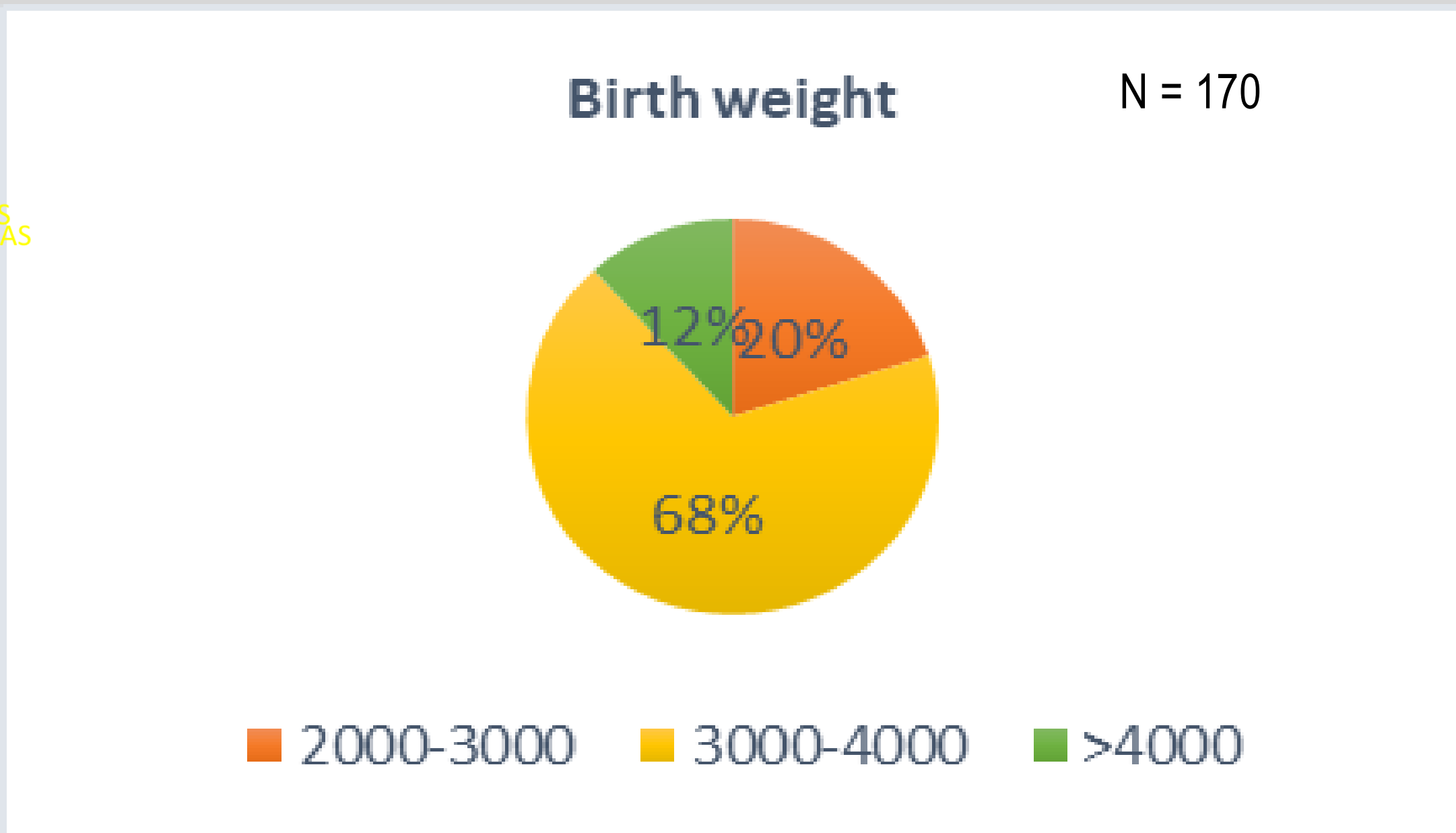
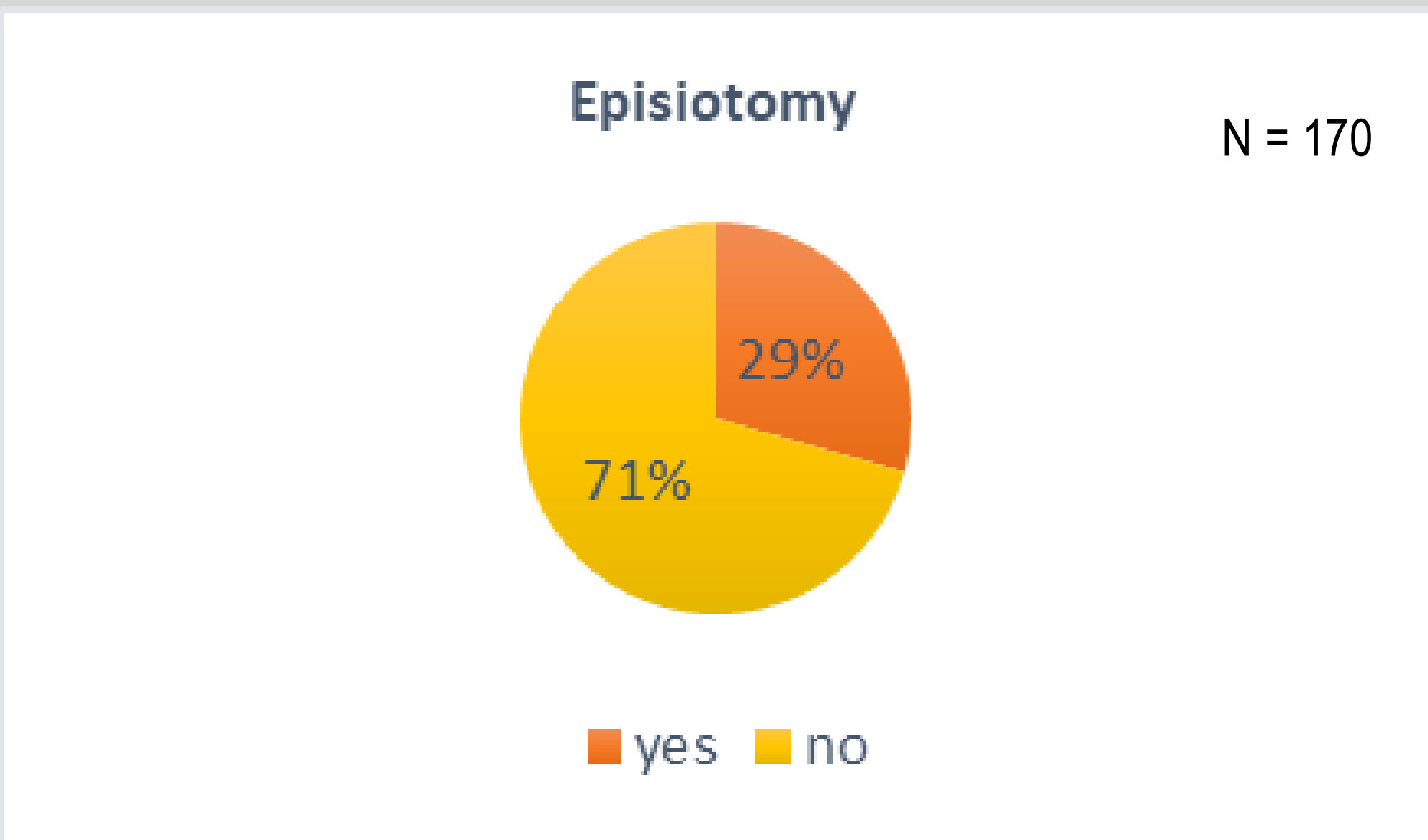
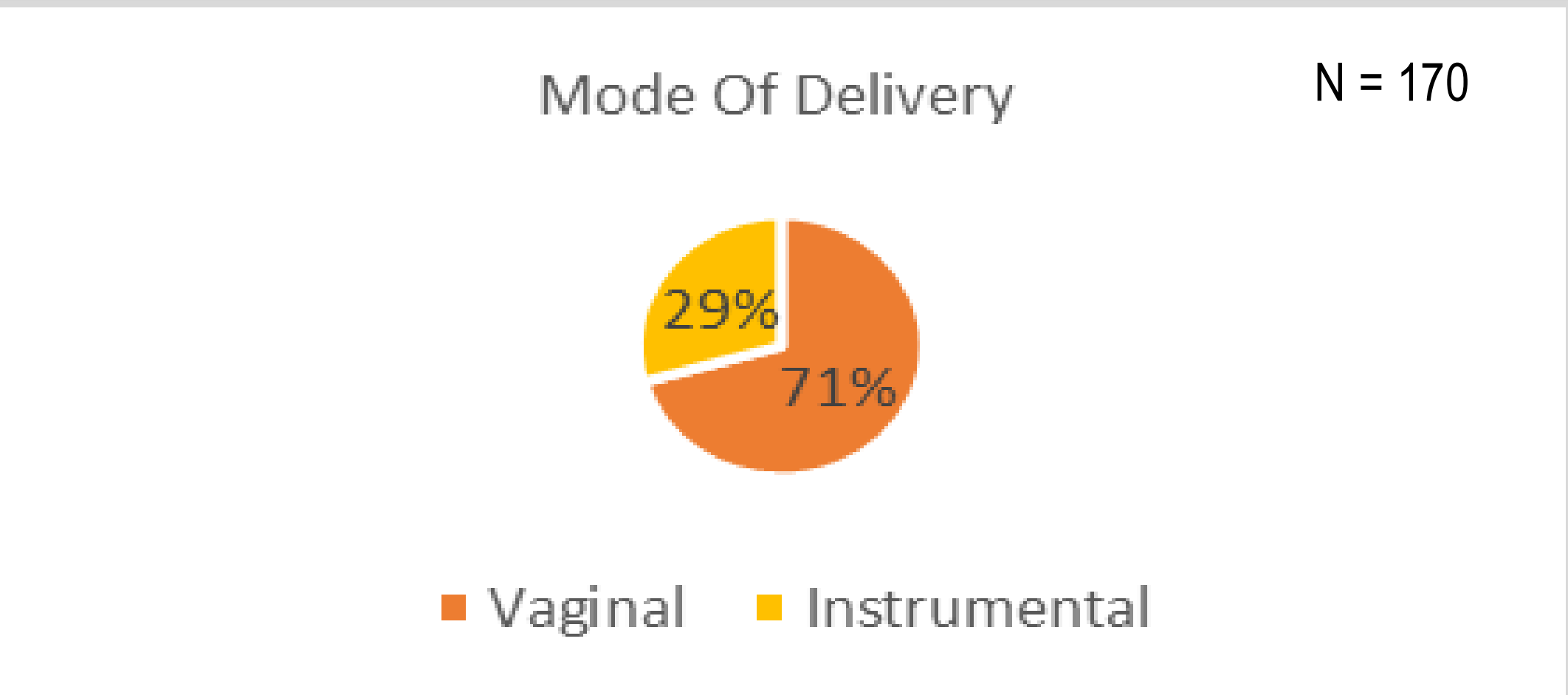
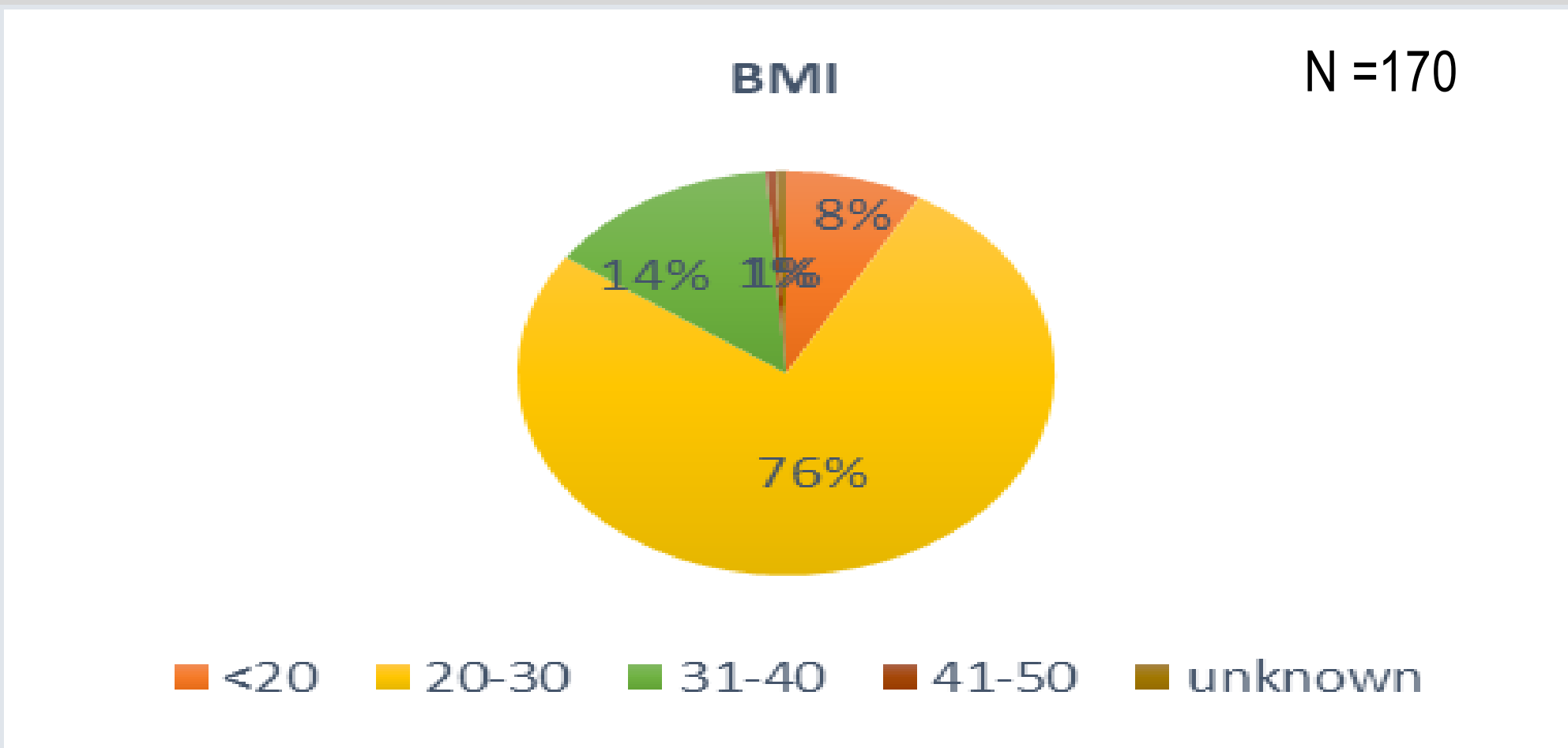
Cases were identified from operating theatre records during the suturing process and compiled into a database. Data were extracted from electronic patient records (CRS) and analyzed using Excel.

Results

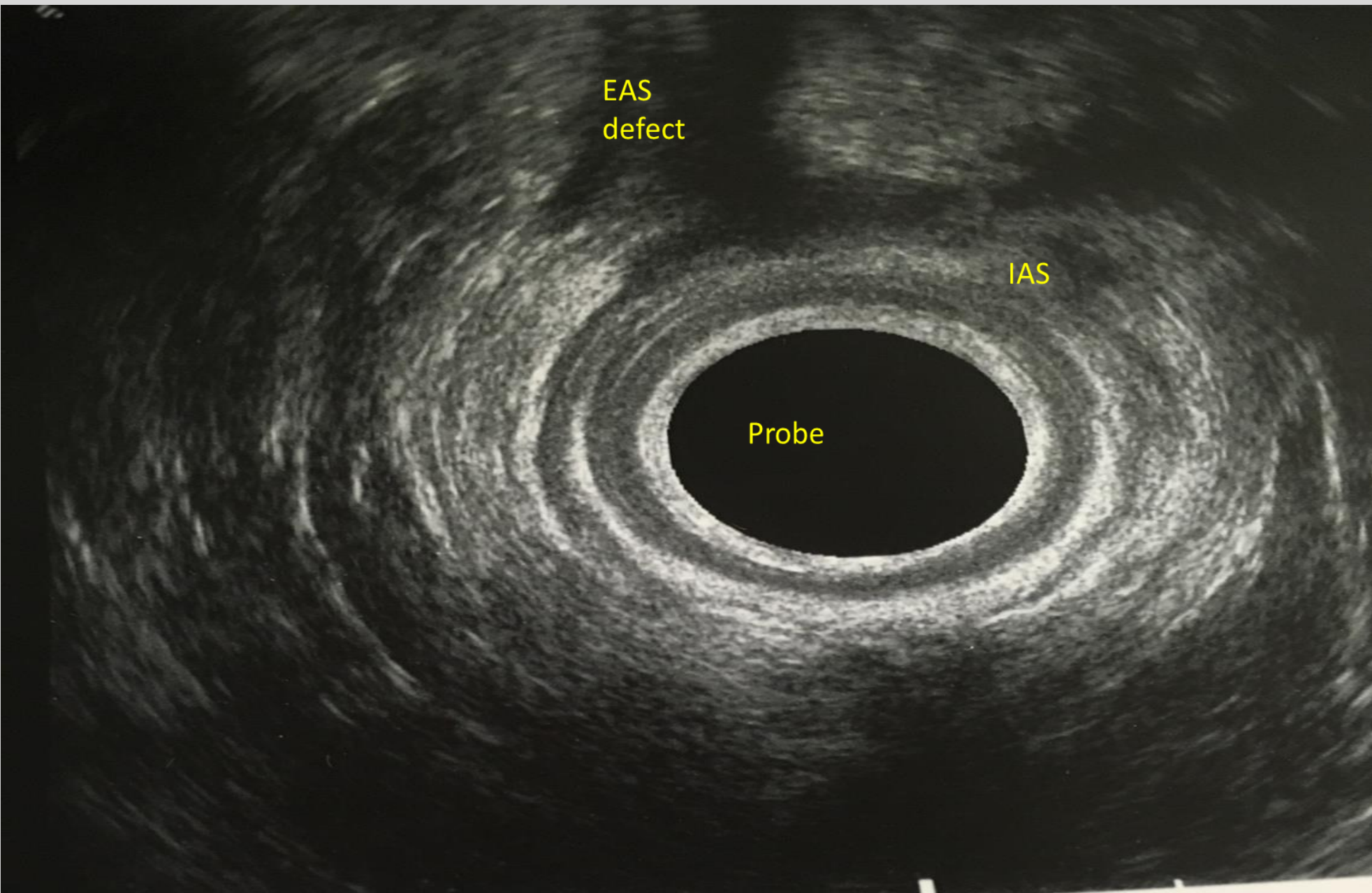
Among the 170 women who sustained third and fourth degree tears during the study period, ages ranged from 21 to 43 years, with most being of South Asian ethnicity. The BMI of participants varied from 18 to 40.9. Instrumental deliveries accounted for 50 cases (29.41%), while simple vaginal deliveries accounted for 120 cases (70.59%). Episiotomies were performed in 50 cases (29.41%), whereas 120 cases (70.59%) were non-episiotomy. The tear classification included: 71 cases of 3a tears (41.76%), 78 of 3b (45.88%), 15 of 3c (8.82%), and 5 fourth degree tears (2.94%), with one case not documented (0.59%).

A total of 88 patients underwent endoanal ultrasound scans (EAUSS) in the dedicated consultant-led postnatal perineal clinic, accounting for 51.76% of total cases. Of these, four women reported symptoms of fecal incontinence or urgency. External anal sphincter (EAS) defects were identified in two cases, internal anal sphincter (IAS) defects in seven cases, and combined EAS and IAS defects in two cases. Multidisciplinary team (MDT) care was provided when necessary involving urogynaecologists, colorectal specialists, physiotherapists, and clinical nurse specialists. One patient underwent sphincter repair.

Results



Results



Conclusions

Dedicated postnatal services, including consultant-led perineal clinics and EAUSS, improve the detection and management of OASI, reducing long-term complications for women and healthcare systems. This study highlights that simple vaginal deliveries resulted in more severe tears compared to instrumental deliveries. The implementation of the OASI care bundle, hands-on training for midwives and trainee doctors, and antenatal perineal massage education have increased awareness and enhanced care. Holistic approaches and MDT management remain crucial in reducing the burden of OASI. Launch of OASI bundle aims to improve the outcome of reducing OASI .

References:

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