

Collaborative approach to improve Obstetric Anal Sphincter Injury (OASI) care



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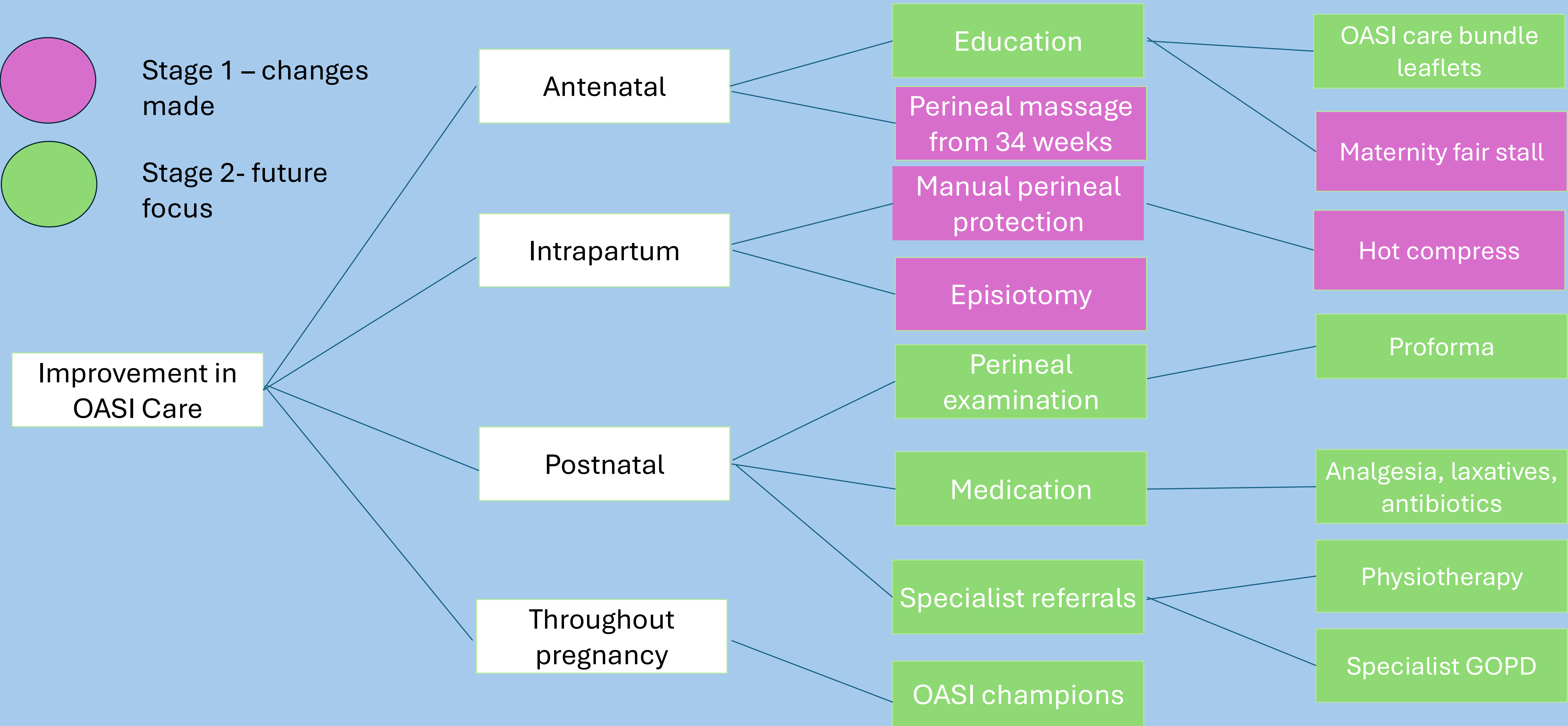


Introduction

Obstetric Anal Sphincter Injuries (OASI) are associated with severe debilitating morbidities (pain, infection, sexual dysfunction, urinary and faecal incontinence, psychological impact). Our goal was to improve OASI care in our unit, not only with implementation of the care bundle but with further improvements. In stage 1 of this project, we introduced the ‘OASI’ care bundle leaflets, streamlined postnatal referral process for gynaecology and physiotherapy follow up and introduced a multi-disciplinary team of ‘OASI’ care champions in our unit.

Aim To evaluate outcomes following implementation of the OASI Care Bundle (stage 1) in our department

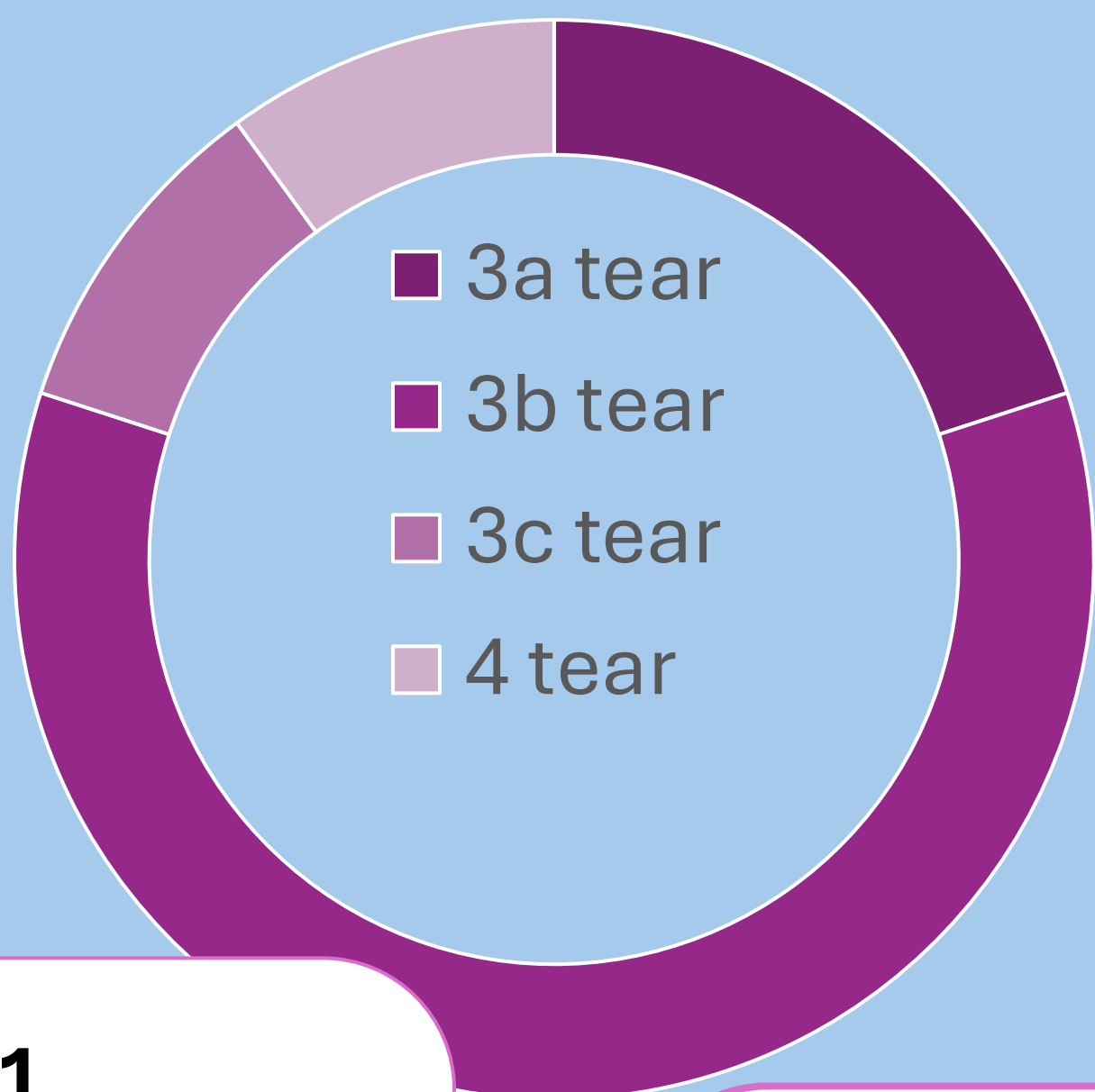
Methods Cases over a 6-month period were analysed, one year following initial data collection and changes.



Results

Our hospital ‘OASI’ rates were 1.7% (4.2% of all assisted births) in accordance with national average. The OASI leaflets were given to all patients but antenatal discussion was poorly documented. The OASI proforma was filled in all cases – this documented the perineal examination, the repair and the postnatal medication and referral plan. We also noted that perineal support was only documented in 2 cases and the mention of warm compress in labour was minimal. None of our women had long term complications.

OASI cases over a 6 month period



STAGE 1

55% of women seen by physiotherapy
72% of women referred to urogynaecology

STAGE 2

90% of women seen by physiotherapy
80% of women referred to urogynaecology

Conclusion

A collaborative approach to education and training is essential to implement sustainable changes. Stage 2 will focus on intra-partum care. We hope to further improve the quality of care and enhance patient satisfaction.

References

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