

Introduction

Obstetric anal sphincter injury (OASI) is a serious obstetric complication with an incidence of 0.1% to 10.9% (1). As the incidence of OASI has been rising (1-2), the Royal College of Obstetricians and Gynaecologists (RCOG) introduced the OASI bundle (3).

In Kuwait, most clinical practices, with regarding OASI, are based on the RCOG guidelines, as there are no formal national guidelines yet. The aim is to introduce a new model of guideline that includes every possible recommendation, ensuring the safest management.

Methodology

A quality improvement project (QIP) was conducted, following the Institute of Health Improvement (IHI) model and by using the SMART (specific – measurable, achievable, sustainable, relevant, timely) approach. For the comparison we used the cumulative list of recommendations from the UK, USA, Australia-Queensland, and Canadian guidelines (2-6).

The recommendations and guidelines were chosen based on a recent review published by Roper et.al where an Appraisal of Guidelines for Research and Evaluation (AGREE) II assessment was conducted and these 5 guidelines scored >70%, suggesting a higher quality of methodology (7).

Results

The five guidelines suggested the cumulative sum of 22 recommendations. The most comprehensive guideline is that of the RCOG, followed by the Australian, Canadian and American. However, the RCOG guideline is more consistent in its recommendations from the moment of diagnosis of OASI and up to the post-operative care.

References

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Comparison between the OASI guideline recommendations and our hospital practice.

	Australia-Queensland	Austria	Canada	UK	USA	DASH
1. Classification of perineal trauma	✓	✓	✓	✓	✓	✓
2. Buttonhole tears	✓	✓	N	✓	N	✓
3. Risk factors for OASI	✓	✓	✓	✓	✓	✓
4. Prevention- perineal protection	N	i	i	✓	i	✓
5. Prevention- mediolateral episiotomy for instrumental delivery	N	✓	N	✓	i	✓
6. Prevention- warm compress	N	✓	N	✓	✓	✓
7. Diagnosis- examination with digital rectal examination	(✓)	✓	✓	✓	(✓)	✓
8. Repair- in theatre with regional analgesia	(✓)	✓	✓	✓	N	✓
9. Repair- trained person doing repair	✓	✓	✓	✓	N	✓
10. Repair – mucosa continuous or interrupted, position of knots	N	✓	N	✓	✓	✓
11. Repair- IAS separately if torn	✓	✓	✓	✓	(✓)	✓
12. Repair- full thickness EAS end to end or overlap	✓	✓	✓	✓	✓	✓
13. Suture materials	✓	✓	✓	✓	✓	✓
14. Post repair PR	✓	N	✓	✓	N	✓
15. Broad-spectrum antibiotics at time of repair	✓	✓	✓	✓	✓	✓
16. Post repair antibiotics	✓	(✓)	✓	i	N	✓
17. Recommend physiotherapy	N	✓	✓	✓	✓	✓
18. Post repair use of laxatives	✓	✓	✓	✓	✓	✓
19. Risk of OASI recurrence quoted	N	✓	✓	✓	✓	✓
20. Follow-up endoanal ultrasound recommended	N	✓	N	✓	N	✓
21. Episiotomy at subsequent delivery	i	i	N	i	N	✓
22. Advise caesarean section for symptomatic women in subsequent pregnancy	✓	✓	✓	✓	✓	✓

✓ = included and recommended, (✓) = recommended with restrictions, i = insufficient evidence for recommendation, N = not mentioned. Evidently, the common in DASH covers all the suggested recommendations.

Table adapted and modified from Roper et. al, 2020 (7).