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Obstetric anal sphincter injury: Reducing the incidence

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At Saint Mary's Hospital in Manchester, the average rate of third- and fourth-degree tear is 4%, compared to a national rate estimated at 2.9%. The aim of this study is to identify patterns in our population, which could be used to predict those who are at greatest risk and suggest how best birth attendants can reduce the incidence. A database was created to review all cases of obstetric anal sphincter injury (OASI) from March 2015-May 2016. 147 patients who had a third- or fourth- degree tear was added, along with information on maternal, obstetrical and foetal risk factors, and compared to demographic information of Saint Mary's patients during this time. Primiparity was associated with OASI, as 75% of women were primiparous, compared to 41% of women in the general population. Being of African-Caribbean descent appeared to reduce risk of OASI, as only 2% of women who had an OASI were of this ethnicity, despite making up 12% of the population at Saint Mary's. Parity may be a confounding factor, as this ethnic group also have

the highest average parity (1.5) of all women at Saint Mary's. The Midwifery Led Unit had a disproportionately higher rate of OASI, 34%, despite only 18% of births taking place in this unit. Rates of overall instrument use, forceps use, and episiotomy were all higher in women who experienced OASI than our general Saint Mary's population. A higher rate of induction and a higher incidence of shoulder dystocia was also seen in women with OASI, as well as higher average birthweight. Informed by this work, a training plan covering episiotomy for midwifery staff and ventouse delivery for doctors has been developed. This will be followed by a larger training package, as we begin as a pilot site for the RCOG/RCM Care bundle for reducing OASI

Speaker Biography

Nainasha Kulkarni, a 5th year medical student at the University of Manchester, currently intercalating in MRes Medical Sciences. My interests include obstetrics and gynaecology, paediatrics and medical education.

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