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The psychological effect of childbirth related perineal trauma on women

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Obstetric Anal Sphincter Injury (OASI)

Clinical Incidence - UK

- 5.9% [1] - approx. 27,500/year
- **Largest cause of AI in women**

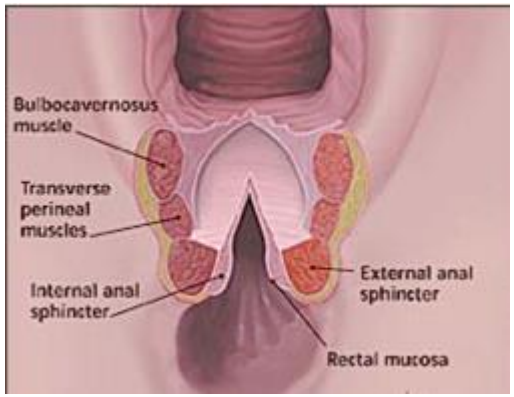
Risk factors

- First baby
- Forceps delivery
- Baby with birth weight >4Kgs
- Prolonged second stage
- Others - IOL, midline episiotomy, Asian ethnicity

3rd degree	3a - <50% external sphincter 3b - >50% external sphincter 3c - internal sphincter involved
4th degree	Any 3rd degree + Rectal mucosa

Obstetric Anal Sphincter Injury

'OASI'



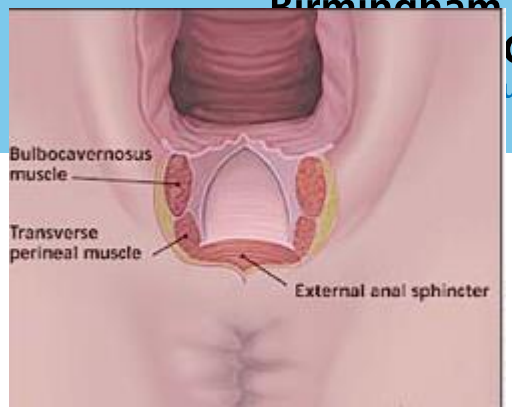
[1] Adams E. J, Fernando R. J. RCOG Green Top Guidelines: Management of third and fourth degree perineal tears following vaginal delivery, 2007

[1] 2012 HES database – primiparous women. Gurol-Urganci et al, BJOG 2013

Childbirth related perineal trauma

Physical & psychological implications

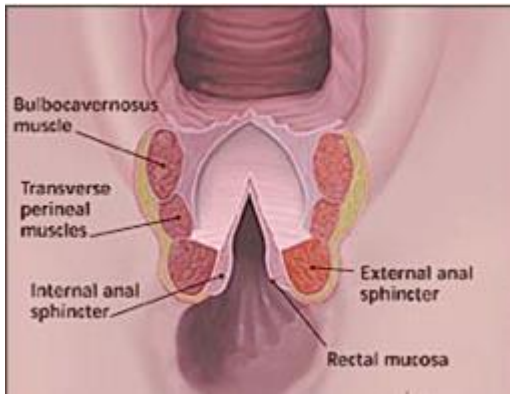
- Faecal soiling, urgency & incontinence
- Flatus incontinence
- Dyspareunia
- Depression/Psychosexual issues
- Delayed 'bonding' with baby
- Cessation of breastfeeding



First & second degree perineal tears

Obstetric Anal Sphincter Injury

'OASI'



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A word picture of the social, psychological and emotional morbidity and adjustment to anal incontinence (AI) following Obstetric Anal Sphincter Injury (OASI)

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Declaration of Interests

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- Ethics approval from University of Durham

Aims

Use of a word picture to:

- Identify the emotional, social and psychological consequences of AI following OASI
- Identify the adjustment measures on which women depend
- Explore whether this is a recognisable ‘syndrome’

Methods

- A qualitative, narrative study
- Case studies, interviews and focus group methodology
- UK, single-site, tertiary care 2010-2015
- Three samples of mothers with AI following OASI – 81 case studies
  14 in-depth interviews
  Focus group of 14 mothers
- Interviews with 12 health professionals caring for women with AI following OASI

Constructing the word picture

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Preliminary analysis of case-studies to determine keywords & frequency used to describe ψ, social, emotional & employment consequences of AI following OASI
Cohort of 81 consecutive mothers with referred for consultation & examination 2010-2015

1:1 detailed interviews to identify impact and coping strategies of AI following OASI
14 mothers

Preliminary 'word picture'
This was then reviewed by:

Postal questionnaire feedback
16 mothers with AI following OASI

Clinician Interviews
12 health professionals who provided treatment/assessment of women with AI following OASI

Focus group
14 mothers with AI following OASI

Refined ' Word Picture' summarising the 'OASI Syndrome'

The consequences of AI following OASI

Table 1.

SYMPTOMS IN THE COHORT OF 81 MOTHERS WITH BOWEL INCONTINEN	
Bowel Incontinence	81 (100%)
Flatus Incontinence	79 (98%)
Severe Urgency (deferment <2mins)	77 (95%)
Soiling	73 (90%)
Impaired Rectal Evacuation	65 (81%)
Urge Incontinence	64 (79%)
Passive Incontinence	28 (35%)
Urinary Incontinence	42 (52%)
Sexual Dysfunction	79 (98%)
Marital Distress	70 (86%)
Intercourse No Longer Spontaneous	61 (75%)
Intercourse No Longer Orgasmic	52 (64%)
Fear of Faecal Leakage During Intercourse	52 (64%)
Painful During Intercourse	40 (49%)
Never Resumed Intercourse	10 (12%)
Failed Partnership / Marriage (at time of study)	7 (8%)

TABLE 2.

CONSEQUENCES OF FAECAL INCONTINENCE AFTER CHILDBIRTH	
Anxiety	80 (99%)
Social restriction	80 (99%)
Embarrassment about flatus incontinence	78 (96%)
Leisure compromise	77 (95%)
Feeling unclean	77 (95%)
Difficulty coping	75 (93%)
Travelling difficulty	73 (90%)
Feeling ashamed	68 (84%)
Loss of dignity	68 (84%)
Feeling degraded	68 (84%)
Leakage of waste during exercise	68 (84%)
Loss of confidence	68 (84%)
Compromised motherhood	60 (74%)
Feeling low	49 (60%)
Feeling isolated	43 (54%)
Anxiety about having another baby	40 (49%)
Antidepressant medication	31 (37%)
Fear of leaving the house because of incontinence	24 (30%)
Anger	23 (28%)

Results – The OASI Syndrome 'Word Picture'

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Bewildered
Family
Adjustment
Embarrassed
Isolation
Denial
BABY
Unclean
Family
No one to talk to
Inadequate
Sharing
Grief
Employment
BLESSINGS
Fear
Dignity loss
Washing
Husband disengagement
Guilt
Disbelief
Hiding my condition
My baby
Feeling low
Sexual horrors
Having to plan
HOPE
Shock
Loss of confidence
Friends
FAMILY
Mutilated
Stressed
Being a failure
Anxiety
Anger
Pain
LOVE
Work
Shattered Motherhood
Disfigurement
Marriage fears

The Condition

Coping Mechanisms

HEALING/RECOVERY

Word size was used to convey the force (not frequency) of the expressed response

Conclusion

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For mothers with AI following OASI

- The refined word picture identified a complex syndrome of social, psychological and emotional morbidity
- There is a recognised syndrome dominated by a feeling of being unclean resulting in dignity loss, social isolation, guilt, loss of sexual intimacy and negative impact on motherhood and feminine identity
- The word picture is a useful tool to help women express and others understand the morbidity of AI following OASI

The way forward

The 'OASI Syndrome' must be recognised

More research is needed for ways to support women suffering this currently 'hidden' consequence of childbirth

Mona's Story

***Labour and Delivery history*:**
First baby
Induction of labour for post dates
Augmentation – prolonged first and second stage
Instrumental delivery
Episiotomy extended to 3B OASIS

***Followed up in Postnatal OASIS Clinic*:**
Emotionally traumatised
Faecal urgency
Poor control of flatus
Pain on defaecation
Dyspareunia

Referred for Physiotherapy – 6 months
Endoanal Ultrasound – healed well

Discharged after 20 months

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[redacted]

27th September 2007

[redacted]

Dear [redacted]

Re: Birth plan for labour - Previous 3rd degree pe

It was a pleasure to meet you and your husband today previous delivery and options for delivery of your curre sustained a third degree tear when you delivered your

Despite a prolonged healing process you currently as experiencing any problems with you bowel or bladder reoccurrence risk of a repeat 3rd or 4th degree tear lies 4% but obviously due to your previous perineal tear an pelvic floor may have proportionally higher impact tha the case. That said, although a caesarean section wil further direct damage to the back passage, it will not p hormone related incontinence symptoms and related pelvic floor muscles.

We discussed at length your previous labour and deliv was very prolonged and culminated in a ventouse deli traumatic experience for you. You are therefore keen protracted labour and wish to use the birth centre if pc

Your situation is a little unusual and from our discussi Parsons we have come to the following decisions:

Mode of Delivery Birth Plan for [redacted]

1. To pursue a vaginal delivery.
2. Will accept prostin induction of labour and ARM
3. Mr Parsons has agreed to caesarean section if requiring syntocinon augmention.
4. If needs instrumental delivery to be done by Sp liberal episiotomy.
5. Mr Parsons is happy for your care to be transfe attend in labour and wish to use the Birth Centr

Obviously the above is a plan and it is impossible to d events will transpire but be reassured that any decisio

[redacted]

1st November 2007

[redacted]

Dear [redacted]

Re: Birth plan for labour - Previous 3rd degree perineal tear

It was a pleasure to meet you again today. I am glad that you have thought about the birth plan we devised at our meeting last month and that you are happy to continue with it.

Enjoy the rest of your pregnancy and if you have any further concerns then do not hesitate to contact me via Mr Parson's secretary.

With kind regards.

Yours sincerely

Sara Webb
Specialist Perineal Midwife

NHS

Dec 2007

I had a wonderful birth experience, in a comfortable position with just entonox for pain relief. As a result I was able to start breastfeeding straight away. She's now doing really well and going weight already. I'm healing really well and am able to fully participate in being a mum this time!

Thanks for everything - your role is so valuable to women like me.

Best wishes

[redacted]

Dear Sarah

I'm writing to thank you for your support in preparing for the birth of our daughter. Baby Amelia was born 21/11/07 at 14-07 and weighed in at 9lb 8oz! ~~She too~~ I was supported throughout by two incredibly skilled midwives who were able to ensure that she was delivered with care. Whilst I did sustain a 2nd degree tear this was repaired carefully by registrar and is healing well.

Your birth plan was excellent and followed to the letter by all staff involved in my care.

How to reduce the psychological effects of perineal trauma?

1. Reduce perineal trauma! OASI CARE BUNDLE

2. 'Appropriate' care for perineal trauma

Not just

- So warm and reassuring in her manner, but also clearly capable and **knowledgeable**. She treated me as an equal, **sharing her information** in a helpful and I appreciate way what have been an unpleasant situation actually being beneficial. I went away feeling like I had learnt something and inspired to look after my body.
- She recognises how important it is to support and treat women post stitches.
- She always understood if I didn't make it on time. She was very encouraging that I will heel soon. I couldn't thank her enough.
- Fantastic **knowledgeable** and started my recovery from infection.
- She has a warm and relaxing nature, **explained everything very well**.
- She is so friendly and she **explains every step or issue clearly and well**.
- She was lovely, caring and gave me loads of support and **information**.
- So helpful and really **made me understand more**, brilliant.
- **Answered all my questions** and advocated brilliantly for my birth plan.
- She was very professional and welcoming and made me feel very good about myself and gave me reassurance.
- Super friendly **informative** and reassuring.
- Excellent postnatal care, welcoming and warm.
- She is really emotionally supportive as well as medically.
- Extremely **helpful when explaining everything** that was checked today. Lovely, wonderfully comfortable member of staff.
- Such a lovely, sincere, caring lady. Made me feel at ease.
- Great service, **very thorough and explained** and listened to my concerns.
- Absolutely wonderful care. So patient listened to me and treated me with kindness, dignity and respect. Wonderful expertise, this service is so important.
- Excellent bedside manner and very reassuring.

Truth Spoken Here

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A parting thought……

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REVIEW ARTICLE

Incidence of perineal pain and dyspareunia following spontaneous vaginal birth: a systematic review and meta-analysis

Margarita Manresa[1] · Ana Pereda[1] · Eduardo Bataller[2,3] · Carmen Terre-Rull[4] · Khaled M. Ismail[5] · Sara S. Webb[6,7]

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- At 12 months women still experienced dyspareunia whether perineal trauma existed or not
- Women experience perineal pain and dyspareunia regardless or the presence or absence of perineal trauma after SVB, nonetheless the reported incidence is higher if perineal trauma occurred

Thank you

I welcome your comments

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