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Anal Sphincter Injury in Pregnant Women

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ABSTRACT

The care bundle's components are based on the best available data, and its viability and acceptability by clinicians, particularly women, has been established. We do, however, support periodic reviews of its content and role in clinical practise, which should take into account new information on the efficacy of the care bundle's components, as well as continuing evaluation of its implementation.

Keywords: Pregnancy; Injury; OASI

DESCRIPTION

Thornton and Dahlen raise a number of critical points in their critical review of the OASI Care Bundle, which was implemented and evaluated in approximately 55,000 women in 16 NHS hospitals in England, Scotland, and Wales between 2016 and 2018, leading them to question the rationale for the care bundle as well as the underlying evidence. The deployment of the care bundle has been criticised as potentially causing "unintended harm." [1]. The OASI Care Bundle, in fact, was found to reduce OASI rates by 20% while having no effect on caesarean delivery rates or episiotomy use. While we do not object to the proposed term "severe perineal traum" being used instead of OASI, we caution that severe perineal trauma may exclude women who suffer severe vaginal injuries without anal sphincter involvement, as well as button hole tears, both of which can be life-threatening.

LITERATURE REVIEW

First, Thornton and Dahlen point out that the reported increase in OASIs could be attributable to better recognition rather than an actual epidemiological increase. We tend to agree, but that does not negate the need for action, given that one out of every 16 primiparous women is said to have an OASI, which can have long-term effects on continence, sexual function, mental health, and quality of life [2].

It is our responsibility as clinicians accompanying women during childbirth to help prevent OASI instances where possible and to ensure that women have the best possible outcomes afterward. More than half of women with OASI have persistent symptoms, and nearly half say it has influenced their future pregnancy plans [3]. Due to continued follow-up, OASI has major resource consequences for healthcare providers and can result in claims of negligence against maternity service providers. Furthermore, research from other nations suggests that OASI rates can be lowered by implementing targeted quality improvement programmes.

The potential influence of the care package on caesarean rates and/or episiotomy rates was not assessed, according to the second objection highlighted. This was untrue that all women who gave birth to a singleton were included in the study. The OASI Care Bundle had no impact on caesarean delivery or episiotomy rates, as previously stated [4].

Third, Thornton and Dahlen provide a thorough review of the evidence from randomised clinical trials comparing the

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effectiveness of the "hands-on" strategy to the "hands-off/ hands-poised" approach. According to a number of recent systematic studies [5], the evidence regarding the effectiveness of the hands-on method for OASI is spotty. 'No evidence of an effect' does not, however, imply 'no proof of no effect.'

It's worth noting that the OASI Care Bundle we tested includes, in addition to manual perineal protection, specific antenatal information, use of mediolateral episiotomy at a 60-degree angle when clinically indicated, and a requirement that the perineum be thoroughly examined after birth, including a digital rectal examination for sphincter integrity. All of this is based on the idea that implementing a care bundle consisting of three to five interventions is more likely to improve outcomes than doing the same interventions individually [6]. Fourth, we disagree with Thornton and Dahlen's assertion that a digital rectal examination is required when the perineum is intact following vaginal birth. OASI can occur in the presence of an intact perineum, according to a study of women with missing tears. Anorectal mucosal damage cannot be ruled out without a digital rectal examination. It can lead to the development of a rectovaginal fistula and anal incontinence if it goes unnoticed and untreated.

DISCUSSION

In this perspective, it's also worth mentioning that women were represented on the project's Independent Advisory Group and were involved in its conception, implementation, and evaluation. We conducted interviews with 19 women who had used the care bundle in the months leading up to its deployment. All of the women interviewed believed that having a thorough check-up, which included a digital rectal examination, was preferable to the danger of undiagnosed anal sphincter damage, indicating that a thorough rectal examination should be included in the care bundle.

Fifth, the use of a mediolateral episiotomy at a 60-degree angle when clinically necessary is fully in line with the National Institute of Health and Care Excellence's most recent guidelines for intrapartum care [7]. Thornton and Dahlen mention the Episcissors-60 in their review, but the care bundle does not specify which scissors should be used.

Finally, there is evidence to support the use of warm compresses on the perineum. Warm packs were not included in the care bundle because many units were unable to assure that they could be heated to the proper temperature, especially considering the risk of burns when compresses were too hot. We agree with Thornton and Dahlen that warm compresses should be supplied to women during the second stage of labour in units where they are available, since they would strengthen the OASI prevention already provided by the OASI Care Bundle. We encouraged clinicians to do this throughout the project if it was already part of their routine.

CONCLUSION

The researcher contends that Thornton and Dahlen's advice that the RCM and RCOG assemble a new Care Bundle panel to evaluate the evidence that underpins the present OASI Care Bundle is unwarranted. The care bundle's components are based on the most recent evidence, and their feasibility and acceptability by clinicians, particularly women, has been established. We do, however, support periodic reviews of its content and role in clinical practise, which should take into account new information on the efficacy of the care bundle's components as well as continuing evaluation of its implementation.

CONFLICT of INTEREST

None.

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