Antenatal and intrapartum perineal care

Risk factors for OASIS

- Previous OASIS
- First vaginal birth
- Southeast Asian ethnicity
- Increased maternal age (> 35years)
- · Post-term birth
- Birthweight ≥ 4 kg
 - o If Southeast Asian: ≥ 3.5 kg
- Estimated HC > 35 cm
- OP or OT position
- · Delayed second stage
- Instrumental birth
- Shoulder dystocia
- Midline episiotomy

Decision support

First visit

Refer to obstetrician

o Around 36 weeks

 Severity of index injury o Birth weight ≥ 4kg o Instrumental birth

Indications for elective CS

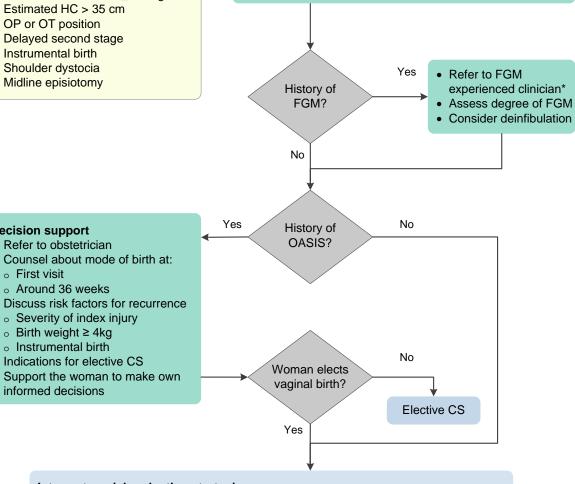
informed decisions

Counsel about mode of birth at:

Support the woman to make own

Antenatal

- · Assess for risk factors
 - o If identified, consider obstetrician consultation
- Offer information and counsel about:
 - o Risk of perineal injury (including OASIS) in vaginal birth
 - o Antenatal and intrapartum risk reduction measures (e.g. technique, timing, benefits, risks and option to do nothing)



Intrapartum risk reduction strategies

- · Communicate clearly, especially in final stages of second stage
- Discuss perineal warm compresses and intrapartum perineal massage for 2nd stage
 - o Discuss the strategy, timing, benefits, risks and option to do nothing
 - o Follow the woman's choices and confirm consent prior to intervention
- Support the woman to give birth in position of comfort and choice
- · Closely observe perineum during second stage
- Use clinical judgement to guide 'hands on' or 'hands poised' technique
- · Restrict use of mediolateral episiotomy at crowning to clinical indication
- · Promote slow and gentle birth of fetal head, shoulders and body
- If previous OASIS or multiple risk factors, experienced clinician* where possible
- If instrumental birth indicated:
 - Consider vacuum rather than forceps
 - o Strongly consider use of mediolateral episiotomy, especially with forceps

*Experienced clinician: The clinician best able to provide the required clinical care in the context of the clinical circumstances, and local and HHS resources and structure. May include clinicians in external facilities.

CS: caesarean section, FGM: female genital mutilation, HC: head circumference, HHS: hospital and health service, OASIS: obstetric anal sphincter injuries, OP: occiput-posterior position, OT: occiput- transverse, >: greater than, ≥: greater than or equal to, <: less than

Queensland Clinical Guideline. Perineal care. Flowchart: F23.30-1-V4-R28

