Antenatal and intrapartum perineal care

**Risk factors for OASIS**
- Asian ethnicity
- First vaginal birth (including if previous CS)
- Birthweight > 4 kg
- OP position
- Instrumental birth
- Shoulder dystocia
- Prolonged second stage
- Midline episiotomy
- Previous OASIS

**Antenatally:**
- Assess for risk factors
- Offer information about:
  - Risk of perineal injury in vaginal birth
  - Antenatal and intrapartum risk reduction measures

**History of FGM?**
- Refer to clinician *experienced in FGM*
- Assess degree of FGM
- Consider deinfibulation

**History of OASIS?**
- Yes
  - Indications for elective CS:
    - Current symptoms of anal incontinence
    - Psychological and/or sexual dysfunction
    - Sonographic evidence of anal sphincter defect (e.g. defect > 30 degrees)
    - Low anorectal manometric pressures (e.g. incremental squeeze pressure < 20 mmHg)
  - Support woman to make own decision

**Woman elects vaginal birth?**
- Yes
- Elective CS
- No

**Intrapartum risk reduction strategies for all women:**
- Offer in second stage:
  - Perineal warm compresses
  - Intrapartum perineal massage
- Support woman to give birth in position they find most comfortable
  - Inform of benefits of all-fours, kneeling, lateral and standing positions
  - Avoid prolonged periods in birth stool, sitting, lithotomy and squatting positions
- Closely observe perineum during second stage
- Promote slow and gentle birth of fetal head, shoulders and body
- Communicate clearly, especially in final stages of second stage
- Use hands on or hands poised technique according to clinical situation
- Restrict use of mediolateral episiotomy to clinical indications
- If previous OASIS or multiple risk factors, *experienced accoucheur where possible
- If instrumental birth required:
  - Consider vacuum rather than forceps
  - 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.

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CS: caesarean section, FGM: female genital mutilation, HHS: Hospital and Health Service, kg: kilogram, mmHg: millimetre of mercury, OASIS: obstetric anal sphincter injuries, OP: occipito-posterior position, >: greater than, <: less than


Queensland Clinical Guidelines