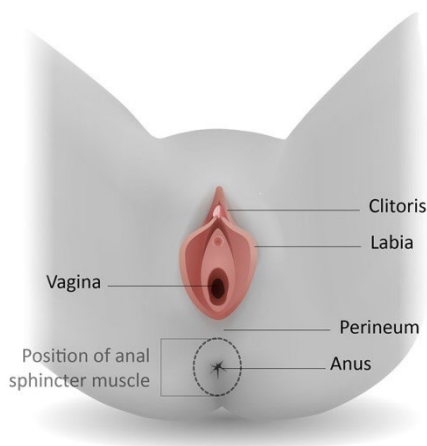




The Midwife-Led OASI (Obstetric Anal Sphincter Injury) Clinic

Including information on giving birth after an obstetric anal sphincter injury

What are Perineal Tears?



Up to nine in ten women and birthing people who have a vaginal birth will experience some sort of tear, graze or episiotomy as their baby stretches the pelvic floor during birth. Tears can occur to your perineum (the muscle between your vagina and your back passage), your vagina, your vulva (including your labia), and to your anal sphincter muscles (the muscles which control your back passage). The most common tears are to your vagina and perineum.

What is an OASI

OASI (obstetric anal sphincter injury) is the collective term used for tears into the anal sphincter muscles (the rings of muscles which control your back passage). They are also referred to as third or fourth degree tears, or severe tears.

Three to four out of 100 women and birthing people will experience anal sphincter injuries. The chance is higher for those having their first vaginal birth, with around six in 100 women and birthing people experiencing anal sphincter injuries, and for those who have had a vaginal birth before; about 2 in 100 will experience these type of injuries.

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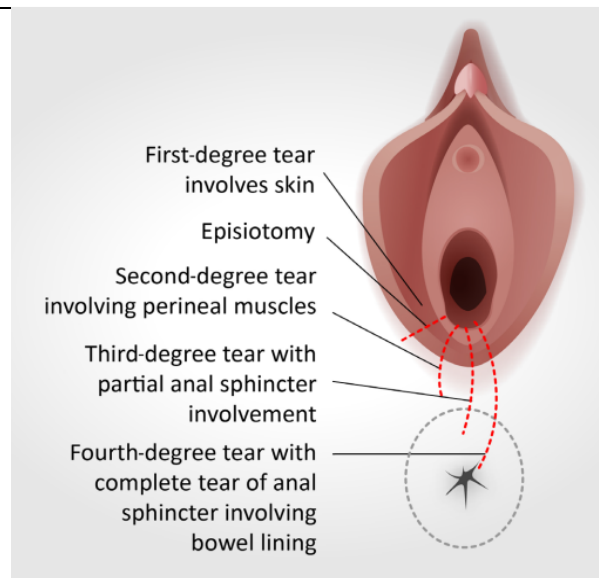
There are four types of OASI

3a tear: Less than half of the outer anal sphincter muscle is torn

3b tear: More than half of the outer anal sphincter muscle is torn

3c tear: All of the outer anal sphincter muscle and some or all of the inner anal sphincter muscle are torn

Fourth degree tear: All of the outer and inner anal sphincter muscles are torn, including the bowel lining



What are the long-term outcomes after OASI?

Most people (six to eight in every 10) with an OASI will not have long lasting complications after it has been repaired and given time to heal. Some people continue to have perineal pain or pain during sex (also called dyspareunia). A small number will have difficulty controlling their bowels. This is called anal (or faecal) incontinence. This can be a sudden, uncontrollable urge to open your bowels, leaking poo (faeces) and/or not being able to control passing wind. There is specialist treatment available for people with anal incontinence.

What is the Midwife-Led OASI Clinic?

Women and birthing people who have had an OASI are more likely to experience symptoms of pain and anal incontinence. The Midwife-led OASI clinic is a specialist service which routinely meets all women and birthing people who have experienced an OASI. Appointments are offered during pregnancy if you have previously had an OASI, or about three months after birth if you experienced an OASI during your most recent birth.

What will happen during my appointment?

The specialist midwife will talk with you about the type of anal sphincter injury you had and your birth experience. They will ask questions about any symptoms you may have experienced following your anal sphincter injury. You will also be offered an endoanal ultrasound scan (see information below). The scan, along with the information you provide, will help to guide future care such as; any referrals to other specialities that you may benefit from, how you would like to give birth if you are currently pregnant, or how you would choose to give birth in the future if you are postnatal, along with any long-term pelvic health implications. During the appointment you are encouraged to ask any questions you may have. Your appointment may last up to 45 minutes.

What is an endoanal ultrasound scan?

An endoanal ultrasound is a test to look at ultrasound pictures of the anal canal (back passage) and anal sphincter muscles. It can be used to assess the repair and healing of the anal sphincter muscles following a tear that has occurred during childbirth.

The scan can provide information that the specialist midwife or your doctor can use to help guide you when deciding the most suitable way to give birth to your next baby. It can also provide you with the reassurance that the muscles are healing well internally.

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What are the benefits of having an endoanal ultrasound scan?

The main benefit of the scan is that it provides clear images of the structures of the anal canal and sphincters. This information will be used by the specialist midwife or your doctor to plan any treatment you may need, help guide you to decide how you would like to give birth to your baby if you are pregnant, or future babies if you are postnatal, and may provide reassurance if the images are normal.

Are there any complications or risks?

The endoanal ultrasound scan is safe during pregnancy.

The test may show that your anal sphincter muscles have not healed well.

The test should not be painful but it may cause some slight discomfort and embarrassment. The person performing your scan will do everything they can to maintain your dignity throughout the procedure.

Please notify the midwife or doctor performing the scan if you are allergic to latex so a suitable latex free probe cover can be used.

Are there alternatives to an endoanal ultrasound scan?

Nothing can take the place of endoanal ultrasound scanning, but it remains your choice to proceed with the scan or not. We will happily support whatever decision you make.

How do I prepare for my endoanal ultrasound scan?

There is no special preparation required prior to your appointment.

You can eat and drink as normal.

Who performs the endoanal ultrasound scan?

The scan is usually performed by the specialist midwife.

What happens during the endoanal ultrasound scan?

The scan is performed in a private room. You can request a chaperone if you would like one. Please notify the department at least one week prior to your appointment if you would like a chaperone. You will be asked to remove your lower clothing and lie on the examination couch on your left-hand side. You will be provided with a paper sheet to cover yourself.

A narrow ultrasound probe, about two cm thick, is gently inserted about three cm into the anal canal (back passage) to take the pictures.

The scan will take approximately five minutes.

What happens after the endoanal ultrasound scan?

There is no sedation for the scan so you can drive after your appointment.

You can eat and drink as normal straight away.

How do I get my results?

Your results will usually be explained to you immediately following the scan.

Occasionally the specialist midwife performing your scan may wish to discuss the images with

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another clinician. If this is the case, the reasons will be fully explained to you during your appointment. Once the specialist midwife has discussed the images with another clinician, you will be contacted with your results.

Should I have a caesarean birth or a vaginal birth after having an OASI?

This is an individual choice that varies from person to person. We advise you to make your decision based on:

- Whether you have a strong preference for a vaginal or caesarean birth
- Whether you have any ongoing pain or anal incontinence related to your OASI
- Whether your anal sphincter muscles look normal on the endoanal scan
- Other considerations in your pregnancy

We will support you to have a caesarean birth if you would prefer a caesarean birth, if you have any on-going symptoms from your OASI, or there are any concerns with your muscles on the endoanal scan.

We will support you to have a vaginal birth if you would prefer a vaginal birth, you do not have any on-going symptoms from your OASI and your anal sphincter muscles look normal on the endoanal scan.

If I have a vaginal birth, what is the chance I will experience another OASI?

People who have an OASI in their first birth have less than a seven out of 100 chance of having a similar tear in their next vaginal birth. This means that most (93 out of 100) will not have another OASI. This risk is similar to your chance of experiencing an OASI with your first birth.

- You are more likely to have another OASI if:
- You have an assisted vaginal birth (vacuum cup/ventouse or forceps)
- Your baby is born weighing 4kg (8lb 13oz) or heavier
- You had a fourth-degree tear with your previous birth
- You are 35 years or older

Will another OASI increase my risk of on-going problems?

People who have another third or fourth-degree tear may have a higher chance of long-term anal incontinence.

Can anything be done to prevent another OASI if I have a vaginal birth?

Studies have shown that the following may lower your chance of an OASI:

- Antenatal perineal massage
- A warm compress on your perineum during birth
- A 'hands-on' birth (manual perineal protection). Your midwife or obstetrician can work with you so that your baby's head is born slowly, allowing the perineum to stretch. They can also usually support your perineum (if you wish) in any birth position apart from in the water.
- Giving birth kneeling, on all-fours or lying on your side (lateral position), and avoiding (if possible) giving birth with your legs in stirrups (lithotomy)
- Performing an episiotomy if your midwife or doctor thinks there are signs you may have another OASI

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If you require any further information regarding your appointment at the Midwife-Led OASI clinic, please email uhb-tr.pelvichealthmidwife.nhs.net

Organisations offering information and support

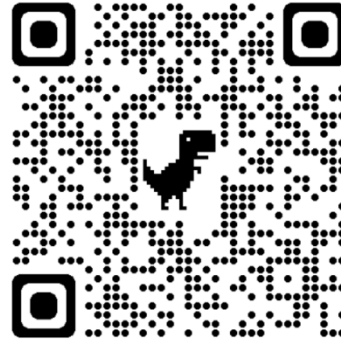
Royal College of Obstetricians and Gynaecologists (RCOG)

[Perineal tears and episiotomies in childbirth
\(rcog.org.uk\)](https://rcog.org.uk)



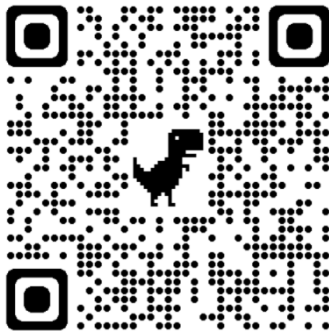
The MASIC Foundation:

<https://masic.org.uk/>



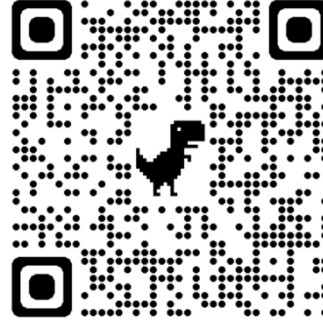
Bladder and Bowel Foundation:

<https://www.bladderandbowel.org/>



Birth Trauma Association:

<https://www.birthtraumaassociation.org.uk/>



Squeezy

<https://squeezyapp.com/pelvic-health-information/>



Pelvic Obstetric and Gynaecological Physiotherapists (POGP)

https://thepogp.co.uk/patient_information/default.aspx



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