



# Postpartum care following OASIS in a Quaternary Hospital – Are we doing it right?

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## Background

Obstetric Anal Sphincter Injuries (OASIS) are a National Core Maternity Indicator. Between 2013-2019 the national rate of OASIS was stable, ranging between 2.9-3.2%<sup>1</sup>. In 2020 the rate of OASIS in Queensland was 2.0%<sup>2</sup>. Due to long term complications such as faecal and urinary incontinence, perineal pain and dyspareunia<sup>3</sup>, many guidelines such as the QCG perineal care clinical guideline<sup>4</sup> have outlined management plans to optimise the outcome.

## Aim

To assess whether consistent and recommendation guided care is being provided to women who have sustained OASIS.

## Method

Retrospective review of case notes of all women who sustained OASIS and received inpatient postpartum care at the Royal Brisbane and Women's Hospital, a large quaternary referral centre in Queensland, from January 2020 to December 2021. Cases were identified using the hospital obstetric database. Outcomes included intraoperative antibiotics, postoperative antibiotics regimens, aperients, analgesia, inpatient physiotherapy, follow up in OASIS outpatient clinic and counselling on future pregnancies.

## Results

The rate of OASIS was 3.7% between January 2020 to December 2022, 223 cases identified out of a total of 6013 vaginal births

- 96% were 3<sup>rd</sup> degree tears (3A = 96, 3B = 93, 3C = 25, 4° = 9)
- 172 cases were primigravid women and 51 women were multiparous women in second or subsequent delivery
- 138 cases occurred in spontaneous vaginal delivery, 7 cases for water birth, 44 cases for ventouse extraction delivery, 33 cases for forceps delivery and 1 case of failed instrumental delivery requiring caesarean section
- 88% of cases received pre-operative antibiotics
- 95% of cases received post-operative antibiotics
- 98% of cases received post-operative aperients
- 97% of cases were referred to the multidisciplinary OASIS outpatient clinic
- 71% of cases received inpatient physiotherapy
- 57% of cases had documented counselling on recurrence and modality of birth in subsequent pregnancy.

## Discussion

There were *high* rates of pre-operative antibiotics, post-operative antibiotics, post-operative aperients and referral to the gold standard multidisciplinary OASIS clinic. There were *suboptimal* rates of inpatient physiotherapy follow-up and documented counselling of future modality of birth. To optimise patient outcomes, inconsistencies can be addressed by hospital specific policy, staff education and implementation of workflow checklists.

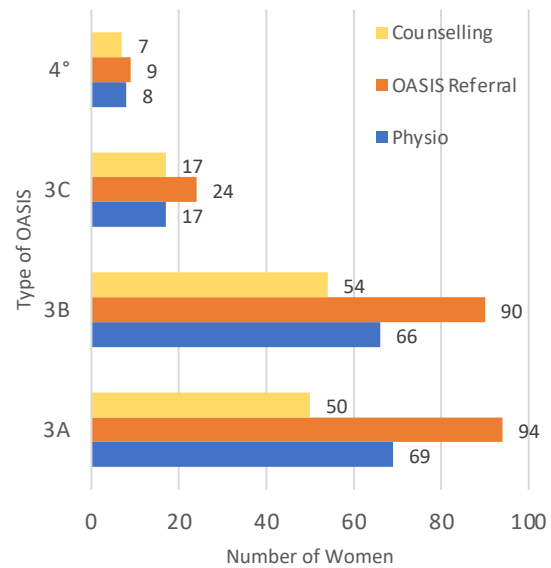


Figure 1: Women who received inpatient physiotherapy, OASIS referral and counselling on future modality of birth divided by type of OASIS (January 2020- December 2021)

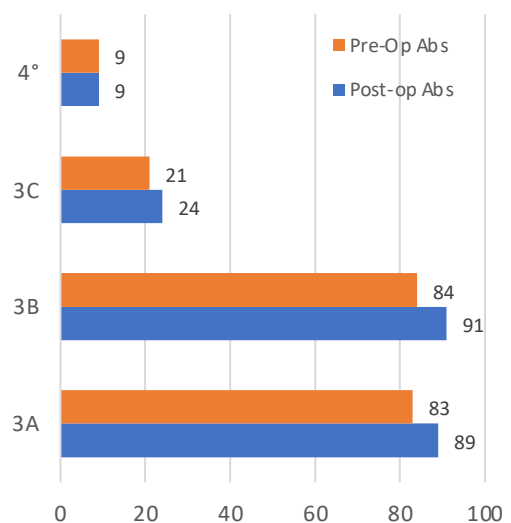


Figure 2: Women who received pre-operative antibiotics and post-operative antibiotics divided by type of OASIS (January 2020 – December 2021)