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Factors that influence patient preference for mode of delivery following an obstetric anal sphincter injury



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ABSTRACT

Purpose: A common indication for elective caesarean is previous obstetric anal sphincter injury (OASI). This study aims to identify factors that influence womens' preferences regarding mode of delivery (MoD) in a subsequent pregnancy following an OASI.

Methods: 100 consecutive women who sustained an OASI completed a questionnaire when attending postnatal follow up at a perineal trauma clinic. They also completed ePAQ-PF to assess pelvic floor symptoms. Data was collated and percentages generated for each response. A chi-squared calculation was used for preferred MoD.

Results: In total, 75 women were Primiparous and 25 Multiparous. 20% of women were advised to have a caesarean, with the remainder advised either a vaginal delivery or further investigations. 79% of women had a 3a/3b tear and 21% of women had a 3c/4th degree OASI. Based on womens' preferences, those who sustained a 3c/4th degree tear were more likely to opt for CS than a 3a/b degree tear ($p < 0.001$). Bowel symptoms per se did not correlate with choice of MoD in either group. In women with 3c/4th OASI vaginal or sexual symptoms did not impact on the decision regarding choice of delivery but in women who sustained a 3a/b tear the impact on sexual function appears to be the commonest symptom in those who wished a caesarean section.

Conclusion: Women with 3c/4th OASI are more likely to accept a planned CS. Bowel symptoms appear to have little impact on this but in women with lower grade tears sexual symptoms have the greatest impact on preferred MoD.

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Introduction

For the past 30 years, the World Health Organisation has stipulated that the optimal caesarean section rate was between 10 and 15%. There is a growing concern worldwide regarding increasing caesarean section rates, and their impact on both mothers and babies [1]. The national caesarean section rate in the United Kingdom is following this rising trend, comprising 26.2% of deliveries in 2013–14. Just under half of these were elective caesarean sections (44%) [2].

It does not follow that every woman who has sustained a previous Obstetric Anal Sphincter Injury (OASI) requires a caesarean section. The Royal College of Obstetricians and Gynaecologists recommend that women who have sustained OASIS in a previous pregnancy and who are symptomatic or have

abnormal endoanal ultrasonography and/or manometry should be counselled regarding the option of elective caesarean birth [3].

The aim of this study was to identify womens' preferences regarding mode of delivery following an OASI and why women deemed suitable for a vaginal delivery would choose to have an elective caesarean in a subsequent pregnancy. It also aims to evaluate the role of counselling in the postnatal period following an OASI and its impact on womens' decision making process. If we have a better understanding of the factors that influence the decisions women make regarding future modes of delivery, it can be hypothesised that we can provide more effective counselling and potentially reduce the number of elective caesareans in this group of women.

Method

This study was conducted in a tertiary Teaching Hospital which runs a consultant-led clinic for women who have sustained an OASI. One Hundred consecutive women attending the OASI clinic between April 2015 and February 2016 were included in the study.

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All of the women who attend the clinic are between 3 and 6 months postnatal and have sustained an OASI during their most recent delivery. During the clinic appointment, women were examined and asked about symptoms and concerns relating to their OASI. Women were then counselled regarding suitable mode of delivery in a subsequent pregnancy. Criteria for recommendation of mode of delivery were based on the RCOG guidelines for management of Third and Fourth Degree Tears [3]. Some women were advised that caesarean section was the most suitable mode of delivery given their symptoms and/or degree of sphincter damage. Women with major OASI (3c and 4th degree tears) and women who were symptomatic or had clinical evidence of a defect on rectal examination were referred for further investigations (Endoanal Physiology including ultrasound scan). Asymptomatic women with no clinical evidence of sphincter defect were advised that a vaginal delivery was suitable.

An anonymous questionnaire was developed to evaluate the OASI clinic and factors that influenced decision making regarding future pregnancies. This was piloted on 10 women attending the clinic to establish comprehensibility and ease of use before being agreed for use in the study population. (Fig. 1) Questions were asked to ascertain whether women found the counselling regarding future deliveries useful, and who had the most influence on their decision making process. In addition, the questionnaire asked what mode of delivery had been advised by a doctor, and also what mode of delivery the woman would prefer. The questionnaire also asked how valuable women found the clinic. The questionnaire was filled in immediately after the clinic appointment. Each questionnaire was numbered and a record was kept of the corresponding hospital number for each woman completing the questionnaire. This allowed clarification of the severity of tear sustained and access to their ePAQ-PF responses.

Mode of Delivery in women with previous third degree tear / OASI

Please would you take a few moments to fill in both sides of this anonymous questionnaire? We are trying to look at the reasons women choose a particular mode of delivery when they have had a third or fourth degree tear and would value your opinion.

How many babies have you had (including this one)?

If you have had babies before this one, how did you deliver?

Caesarean section / Vaginal delivery / Forceps / Ventouse

Have you had a 3rd or 4th degree tear prior to this one? Yes / No

Degree of tear with this delivery: 3a 3b 3c 4

Did anyone discuss your delivery and tear with you before you left hospital?

Yes/ No

Who had this discussion with you?

Person who did the repair / Consultant / Another doctor / Midwife

Was it a satisfactory and useful discussion? Yes/ No

If No, please give the reasons below

Were you given any information to take home? Yes/ No

If no, would you have liked some? Yes/ No

If yes, was it useful? Yes/ No

If you did not find it useful, please give us the reasons below.

What have you been advised about delivery of your next baby?

Vaginal delivery / Caesarean section / To be decided / all options (left to me to decide)

If you have been advised one particular option please give us the reasons below

Fig. 1. Questionnaire completed by patients in the Perineal Trauma Clinic.

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