

A case of a missed 4 degree tear with minimal perineal injury: An analysis of the frequency of missed third and fourth degree tears and a comment about support from the MASIC Foundation

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Case Summary

The patient in question sustained a fourth degree tear with the birth of her fourth child.

The first three vaginal deliveries were all spontaneous vaginal births, the second and third were home deliveries.

Her fourth pregnancy was unremarkable and another home birth was planned. The delivery details are as follows: 03.50 Midwife arrived and took a history of the previous obstetric events; 06.21 involuntary pushing; 06.45 spontaneous rupture of membranes; 07.00 in birthing pool (no manual perineal protection or episiotomy); 07.06 live healthy male infant Apgar score 9:1, 9:5, birth weight 3730g; 07.16 cord clamped; 07.43 placenta and membranes delivered; 07.50 1x graze, no suturing required, perineum checked but no PR examination undertaken

Apart from some mastitis there were no other postnatal medical issues; there were no examinations of the perineum postnatally particularly at the six week check.

Four weeks after the birth there was some concern by the mother that she could not control wind, she needed to be near the toilet because of faecal urgency and when she tried to clench the anal sphincters, she passed faeces per vaginam.

When she later saw her General Practitioner a cloacal defect (totally deficient perineum) was identified and an urgent colorectal opinion was arranged. This confirmed the cloacal defect with a deficient anterior anal sphincter. Following referral to a tertiary centre an endo-anal ultrasound confirmed a complete absence of the anterior aspect of the internal and external anal sphincters. She was advised to have a VY gluteal flap based on the internal pudendal perforating arteries to reconstruct the deficient perineal body and a secondary anal sphincter repair with levatorplasty.

The operation was successful but there was perineal sepsis which delayed full healing for six months during which time care of her children was compromised.

Despite a successful reconstruction she is left with considerable disfigurement from gluteal and perineal scarring, sexual dysfunction, pain on sitting, difficulty with perineal hygiene from the scarring which is associated with some faecal staining and emotional morbidity.

Comment and change of Trust policy: The consultant obstetrician having been informed of this injury expressed concern at lack of any examination of anus after the birth and a failure to examine the perineum postnatally. A request was made to change Trust policy so that all women should have a rectal examination even with an apparent intact perineum after a vaginal birth so that third and fourth degree tears are not missed and can be repaired soon after birth by appropriately trained staff and reviewed in an OASI clinic. This is in keeping with the OASI Care Bundle recommendation of a rectal examination for sphincter integrity and exclusion of a 4th degree tear as emphasised by a Clinical Practice Review [1]

An analysis of patients with severe OASI seen by MRBK over the last 12 years

Of the 175 women in the first author's data base, of women with anal incontinence after childbirth, 100 had third degree tears, 71 had fourth degree tears and 4 had a severe neuropathy alone without either a third or fourth degree tear (an additional 33 had neuropathy and a sphincter injury and are included in the remaining analysis).

Of the 171 with sphincter injuries 95 were missed at birth (56%) : 57/100 were missed third degree tears (57%) and 38/71 were missed fourth degree tears (54%) .

Of the 38 missed fourth degree tears all developed a form of recto-vaginal fistula: 15 were anoperineal fistulas involving the episiotomy known as episiotomy fistulas; 19 were anorecto-vaginal fistulas and 4 were bucket handle injuries above the anal sphincter; in addition, there were 5 more recto-vaginal fistulas because the repair of a fourth-degree tear at birth had broken down. Of the 43 with a form of recto-vaginal fistula 31 required a stoma (73%) of these the stoma has become permanent in 5 (12%).

Of the 57 with missed third degree tears all developed severe anal incontinence causing extreme urgency in most, often with episodes of urge incontinence, flatus incontinence and soiling and impaired rectal evacuation. These physical symptoms were accompanied with severe social, psychological, psychosexual and mental health issues in the majority of women [2]. Six of these 57 had a temporary stoma to protect a repair and in 3 others a permanent stoma has been constructed to improve quality of life because of disabling symptoms.

Support for women like the case described in UK through the MASIC Foundation

The MASIC Foundation www.masic.org.uk was launched in March 2017. This is the only multi-disciplinary UK charity to support women who have suffered severe perineal injuries during childbirth.

More than 1 in 5 women in the UK experience bowel incontinence after a vaginal birth [3] due to Obstetric anal sphincter injury: OASI, pelvic floor trauma or nerve injury or exacerbation of pre-existing functional bowel disease. These injuries often have a devastating impact on quality of life - affecting a woman's health, intimate relationships, family relationships and employment. In addition to anal incontinence women often suffer pelvic dysfunction long-term with urinary incontinence, dyspareunia, pelvic organ prolapse and pelvic pain which persists and may deteriorate at the menopause [4] . Women also report problems bonding with their babies and in extreme cases may suffer tokophobia.

Despite these serious impacts, few people know about problems following severe perineal trauma. The reasons include the preference by many women in our diverse ethnic mix to keep symptoms a secret from their partners and children. Many find that seeking help is difficult and embarrassing as many GPs are unaware of the problem especially as there is no longer mandatory training in obstetrics. There are also Health professionals who are reluctant to discuss the long-term effects due to fear of scaring pregnant women. There is great variability in an optimum multi-disciplinary care process within the NHS to support the complex needs of severe perineal injury.

The MASIC foundation aims to support injured women and to raise public awareness by creating nationwide support groups and during the COVID-19 pandemic through online and social media platforms. We promote care pathways, through our website and social media so that those with symptoms know where to go. We continue to raise public awareness through webinars, all Party Parliamentary Groups (APPG's), conferences, media outlets and the press, including a request to report to the Hunt Select Committee into Maternity Safety.

We also have a number of research proposals which convert women's stories into information for health professionals. We are collecting data on perineal care clinics where women can receive appropriate help and support. We contribute to the advisory committee for the UK OASI 2 Care Bundle which informs women about the risk of perineal injury during vaginal birth, measures to prevent injury [5] and feedback from women who have experienced the care bundle [6] . We are also represented on groups established by NHS England to support maternity care outcomes as part of the NHS Long-Term Plan.

We provide and promote multi-disciplinary educational programmes for midwives, health visitors, GPs, obstetricians and gynaecologists, colorectal nurses, urogynaecologists, physiotherapists and counsellors. Professional awareness focuses on an understanding of risk factors, patient information in pregnancy, psychological sequelae, avoidable injury, immediate detection and repair at birth, early identification, appropriate referral and treatment for women with symptoms, counselling for women's partners, developing self-help strategies, and new technologies for treatment.

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