

WHAT MAKES ASYMPTOMATIC WOMEN WITH PREVIOUS OBSTETRIC ANAL SPHINCTER INJURY (OASI) CHOOSE A CAESAREAN SECTION FOR THEIR NEXT DELIVERY?

Hypothesis / aims of study

In our Unit, all women with previous OASI are offered endoanal ultrasound (EAUS) and anorectal physiology (ARP) studies. In a subsequent pregnancy they are seen and counselled in a specialised antenatal clinic, where mode of delivery of the pregnancy is discussed, taking into account patient choice, symptoms and investigation results. Asymptomatic patients with normal EAUS and ARP are advised of the suitability of a vaginal delivery. (1, 2) We wanted to see what factors influenced these patients in choosing a caesarean section, despite the recommendation of vaginal delivery.

Study design, materials and methods

We performed a retrospective review of the notes of women who had had EAUS/ARP for a previous OASI between November 2001 and December 2006.

We identified a sub-group of asymptomatic women with normal EAUS/ARP results, who had chosen to have an elective caesarean section in their next pregnancy, and sent a postal questionnaire to these women asking what factors had influenced their decision for caesarean section rather than a vaginal delivery.

If the postal questionnaire had not been returned within 2 weeks, the women were telephoned to remind them about the questionnaire.

Results

221 women having had EAUS and ARP were identified. Of these women, 80 had since delivered a baby in our Maternity Unit. Of the 80 women, 29 women (37%) had normal EAUS/ARP results.

Of the 29 women with normal results, 15 (55%) chose to have an elective caesarean section.

We received completed questionnaires from 9 of the 15 women. 2 women did not reply despite a telephone reminder, and 4 we were unable to contact by telephone. 1 woman had her elective caesarean for a breech presentation, and would have been happy to have a vaginal delivery had the presentation been cephalic. The remaining 8 women stated the following:

Reason Stated	Number of women
Recommended by Consultant	1 (12.5%)
Recommended by GP	1 (12.5%)
Recommended by friend/relative	1 (12.5%)
Fear of another tear	8 (100%)
Fear of labour	2 (25%)
Fear of developing urinary incontinence	6 (75%)
Fear of developing faecal incontinence	5 (62.5%)
Ongoing bowel symptoms	1 (12.5%)
Ongoing sexual problems	2 (25%)

Table 1. Reasons stated for decision for caesarean section

Interpretation of results

Half of women with normal EAUS/ARP chose to have an elective caesarean section. All women cited 'fear of another tear' as a reason for choosing caesarean, with 'fear of urinary and faecal incontinence' being cited by 75% and 62.5% of women.

Concluding message

We find EAUS and ARP useful in counselling women regarding mode of delivery in a subsequent pregnancy following OASI. However, we must remember that a previous OASI and its associated implications may influence the decision about mode of delivery in a subsequent pregnancy more than test results.

References

1. Third degree obstetric anal sphincter tears: risk factors and outcome of primary repair. *BMJ* 1994;308:887-891
2. Effect of second vaginal delivery on anorectal physiology and faecal continence: a prospective study *The Lancet* 1999;354:983-986

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