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SPECIALIST PERINEAL MIDWIFERY: DEVELOPMENT AND EVALUATION OF A NEW INNOVATIVE SERVICE FOR WOMEN WITH PERIPARTUM PELVIC FLOOR DYSFUNCTION AND CHILDBIRTH INJURY.

Hypothesis / aims of study
To describe the rationale for the introduction of a new midwifery led service within a large tertiary referral hospital (>5000 births per annum). Account of the development processes involved, and presentation of audit results for the first year of activity

Study design, materials and methods
Depiction of the key features of the new service. Statistical information about the type and source of referrals, the care process, and characteristics of the service users was recorded throughout the first year. Summary of the first year's activity and service evaluation based on these data.

Results
A Specialist Perineal Midwife working in a multidisciplinary team led by a Consultant Urogynaecologist was appointed in response to specific needs of women with pelvic floor dysfunction in the antenatal and extended postnatal period up to 1 year postpartum. The components of the new role included extensive clinical practice in the perineal clinic setting, daily postnatal ward rounds, as well as a wider educational and health promotion responsibility within the maternity unit and the local community. The clinical component required an intensive period of training for the midwife to learn extended practice skills, allowing her to triage all perineal referrals for this group of patients, resulting in improved cost-effectiveness of the service with the majority of patients managed successfully by the Midwife and only 15% requiring further input from a urogynaecologist or an obstetrician.
401 referrals were made in the first year. The mean age of women referred was 32 years, with a range of 15 to 45. 260 (65%) were postnatal and 141 (35%) antenatal. The referrals were made on a standard form and triaged by the Perineal Midwife. 133 (33%) were categorised as urgent.
133 (33%) were internal referrals for routine assessment and management following recent obstetric anal sphincter injury (OASI). 29 (7%) with previous OASI were assessed in a subsequent pregnancy seeking advice on mode of delivery. Due to the improved communication and continuity of care for these women, there has been a marked improvement in Perineal Clinic attendance, reaching almost 100%, and in the uptake of routine endoanal investigations.

The second largest category (80 women, 20%) were urgent referrals from the community midwives or GPs for perineal healing problems or persistent postnatal perineal pain. These referrals tended to be most labour-intensive, including women with wound dehiscence attending up to twice weekly in the immediate postnatal period, and some requiring perineal reconstructive surgery.
There were 40 (10%) referrals for urinary incontinence, and 25 (6%) for postnatal voiding difficulty, including 12 (3%) with urinary retention. In the first 6 months there were 8 cases of severe retention, and in the latter 6 months - following an intensive campaign on bladder care awareness for healthcare professionals and women on the postnatal ward - the number of cases decreased to 4.

54 (13%) women with a history of female genital mutilation (FGM) and 23 (6%) with a history of other perineal problems were referred antenatally for assessment for suitability for vaginal birth, re-assurance or de-briefing following previous childbirth trauma.
The continuity of care provided to women referred to the new service has also highlighted the often-unmet need for longer term psychological support for the minority who found their childbirth experience traumatic. In response, a 'birth talk' clinic run by the Specialist Midwife (who is also a trained Psychologist) was set up. During 1-hourly appointments women are given an opportunity to debrief about their experience, discuss their concerns relating to perineal health and consequences of perineal trauma for future births. They are also assessed for post-traumatic stress disorder or other psychiatric morbidity. Up to date 12 women have attended the 'birth talk' clinic.
Detailed analysis of the first year's referrals and on-going audits showed important differences in the type of delivery and the type of perineal problem reported, helping to identify local risk-factors for perineal injury and dysfunction.

Interpretation of results
Introduction of this new Midwifery-Led Perineal Service has resulted in an increase in the number of referrals disclosing previously hidden and untreated perineal morbidity which might have had a severe impact on women's quality of life. Timely service in the clinic by a Specialist Midwife has reduced cost, provided better access and continuity for a wide range of patients. It has been welcomed and readily used by both women and other healthcare professionals.

Concluding message
The new Specialist Perineal Midwifery service has proved to be a successful, cost-effective development in a busy and challenging environment of a large teaching hospital. The keys to the success include the positive attitude towards the innovation by other members of the multidisciplinary uro-gynaecology team; the acceptance of the new role by the midwives and doctors within the maternity unit; accessibility; development of good communication pathways; and formation of close working relationship and links with other relevant services within and outside of the hospital setting.

Specify source of funding or grant	non-funded on-going audit of service
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require eithics committee approval because	this is a non-invasive and non-intrusive audit of hospital activity and routine evaluation of the service provision
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes