680

Buruiana F E[1]
1. *Bedford Hospital*

INTRAPARTUM COUNSELLING REGARDING MODE OF DELIVERY AFTER THIRD DEGREE TEAR. ETHICAL CONSIDERATIONS.

Hypothesis / Aims of study
This is a clinical scenario discerning ethical implications encountered in our daily medical practice.

Study design, materials and methods
A patient with a previous obstetric anal sphincter injury (OASIS) attended Labour Ward at night in established labour.

Obstetric History: Para1 - Normal Vaginal Delivery 2 years ago, with a 3C annal sphincter tear repaired in theatre. She was incontinent for flatus during the first 8 months postpartum. She had Physiotherapy with a good functional recovery without urgency, faecal incontinence or soiling of the clothes. She was complaining of incontinence for flatus in this pregnancy from 32 weeks onwards.

Current pregnancy: 39 weeks, uncomplicated, Midwife Lead Care, presented in Spontaneous Onset of Labour at 23:00. Vaginal examination revealed she was 5 cm dilated.
No Antenatal counselling, assessment or investigations regarding her previous 3C annal sphincter tear have been conducted. As a consequence, the mode of delivery and possible interventions in view of her previous obstetric history needed to be discussed.

Results
This case is analysed based on the main ethical elements: Autonomy, Beneficence, Non-Malificence and Justice.

The mode of delivery was discussed in detail: 1 – Caesarean Section versus Vaginal Delivery, and 2 - Vaginal Delivery interventions (Perineal protection, warm pad and episiotomy if needed).

Autonomy: Of a great concern is that this patient would have to ponder the information given in the circumstances of being in labour. She seemed to have a high pain threshold and a good understanding of the explanations.

Non-malificence: This was a complex case which would need the on-call Consultant's involvement.

Beneficence: In view of the presence of minimal symptoms, and potential symptoms postdelivery, a Caesarean Section would be reasonable and may protect from further deterioration of her continence function.

Justice: As per current practice in the UK and duty of cadour, apologies should be offered as she did not have a proper antenatal assessment and counselling.

Interpretation of results
The patient decided for a vaginal birth. The senior midwife who attended the birth applied warm pad and did a good perineal protection at delivery. The perineum was tight and an episiotomy was performed. She did not have a recurrent OASIS, however she had flatus incontinence when discharged home. She will be reviewed in the perineal clinic.

Concluding message
Honest and open discussion should always happen based on guidelines and evidence based medicine. The knowns and unknowns should be discussed and explained. The ethics of our day to day practice should be considered in all occasions. The autonomy of the patient must be respected regardless whether it coincids with our views or not.

References
1. The Management of Third- and Fourth-Degree Perineal Tears. Green-top Guideline No. 29 June 2015.
2. Perineal and Anal Sphincter Trauma. A H Sultan, R Thakar, D E Fenner. Springer 2009
3. https://en.wikipedia.org/wiki/Medical_ethics

Disclosures
Funding: Nil **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Not requieres as refers to a clinical scenario. **Helsinki not Req'd:** Not required. **Informed Consent:** No