

PERINEAL REPAIR BY MIDWIVES: A SURVEY OF SKILLS, KNOWLEDGE AND EXPERIENCE

Hypothesis / aims of study

In the UK midwives manage the majority of normal vaginal deliveries. Perineal repair of non-complicated tears and episiotomies is an important aspect of their professional role. This study was carried out in order to determine the current level of midwives' skills, knowledge and experience in relation to perineal repair. The audit aimed to provide baseline information for design of further support and training in this important area of maternal care.

Study design, materials and methods

This survey was carried out in 2007 in a large teaching hospital employing 160 midwives with more than 5000 births per year, of which 2.5% are homebirths attended by community midwives. The hospital has clear guidelines for grading and repair of perineal injury and episiotomies, including a protocol on pain management and suturing technique. Perineal repair of simple tears can be carried out at home if needed. A questionnaire was designed and piloted to assess both practical and theoretical knowledge and experience of perineal suturing by midwives following normal vaginal delivery. This was distributed to all midwives working in all clinical areas, and included both junior and senior staff as well as specialist midwives and midwife-managers. The questionnaires were filled in anonymously and returned to a collection box or via internal mail system. As part of the hospital protocol, all obstetric parameters - including episiotomy and the grade of perineal injury sustained by each woman at childbirth - are automatically recorded into a central database. Using these data a complementary audit of perineal trauma statistics in the hospital in the year of the survey was carried out.

Results

The response rate was 74% with 118 midwives completing the questionnaire. There was a representative distribution of respondents from all ranks and all clinical areas.

Midwives' general experience: Half of the respondents have been qualified for 5 years or less, including 27 (23%) who have been qualified for less than 2 years. 75 (64%) respondents had recent experience on the labour ward, and 39 (33%) in the community. In the past year 17 (14%) midwives had not personally managed any deliveries, 58 (49%) managed 10 to 20, 19 (16%) 21 to 40, and 25 (21%) over 40. 40 (31%) have never performed any episiotomies and 47 (36%) have done less than 5 throughout all their careers.

Midwives experience of perineal repair: In the study year, 40 (33%) midwives have not performed any perineal repairs, and 30 (25%) reported performing fewer than 5 repairs. Only 11 (9%) reported carrying out over 20 repairs in one year. Across all their working careers, 45 (38%) midwives estimated performing in total over 40 repairs and 11 (9%) 21 to 40. 28 (23%) had a total experience of perineal repair at less than 10, and 22 (18%) have not yet had any experience. 52 (44%) of all respondents assessed themselves as competent in perineal repair.

Midwives knowledge: 59 (48%) of midwives believed that not all 2nd degree tears should be sutured, but that the decision should be taken on a 'case by case' basis. This contradicts both the local and the national current guidelines that recommend suturing of all 2nd degree tears. Before carrying out a repair, 26 (22%) midwives reported carrying out rectal examination as a routine, while 20 (17%) reported never performing one, or only very rarely. Following a repair, all except one of the midwives with experience of suturing reported performing a routine rectal examination. The results have also shown that many midwives do not use appropriate levels of local and regional anaesthesia while carrying out a repair, and do not dispense appropriate analgesics post repair. Despite the current guidelines, there was also variation in the suturing techniques used. Midwives quoted lack of opportunity ('too many instrumental deliveries'), lack of time ('labour ward is always too busy') and lack of supervision ('experienced midwives not available to supervise') as the main reasons inhibiting development of their perineal repair skills.

Hospital statistics: The analysis of hospital statistics has shown that in the year of the survey there were 3085 women who had spontaneous vaginal births, of which 628 had sustained 1st degree tears, 1164 second degree tears, and 601 had episiotomies.

Interpretation of results

These results show that a significant proportion of midwives working in a busy maternity unit of a large teaching hospital lack experience and knowledge in the area of perineal repair, and those who suture often do not adhere to the local protocol. This has major implications for peripartum perineal morbidity, postnatal recovery, as well as general maternal health and quality of life.

Concluding message

Structured training programmes on perineal repair are urgently needed to raise midwives' confidence levels, experience and knowledge in order to improve the anatomical and functional outcome, to enhance women's care, and to reduce postpartum perineal morbidity. We are currently implementing suturing workshops using interactive multimedia teaching strategies and porcine cadaveric models to facilitate the midwifery training in perineal repair.

<i>Specify source of funding or grant</i>	No funding was received for this survey which was carried out as part of on going assessment of staff training needs
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	this was an audit of staff training needs carried out in order to develop appropriate training and support and improve patient care.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No