

AN EVALUATION OF THE INTEGRATED CONTINENCE TEAM SERVICE PROVISION TO WOMEN EXPERIENCING THIRD AND FOURTH DEGREE TEARS AT DELIVERY

Topic: Lower Bowel Dysfunction.

Hypothesis / aims of study

Living in this age of internet technology, healthcare information is now more widely available than ever before. However, in relation to pregnancy and childbirth there is little information available to women about the relatively small but nevertheless life-changing problem of obstetric related anal incontinence.

Study design, materials and methods

This study uses a mixed methodology which combines the use of a pre-validated questionnaire to obtain data about the effect anal incontinence symptoms post childbirth have on the quality of life of women following obstetric trauma; with data obtained using semi-structured interviews providing a richer insight into the experiences of these women.

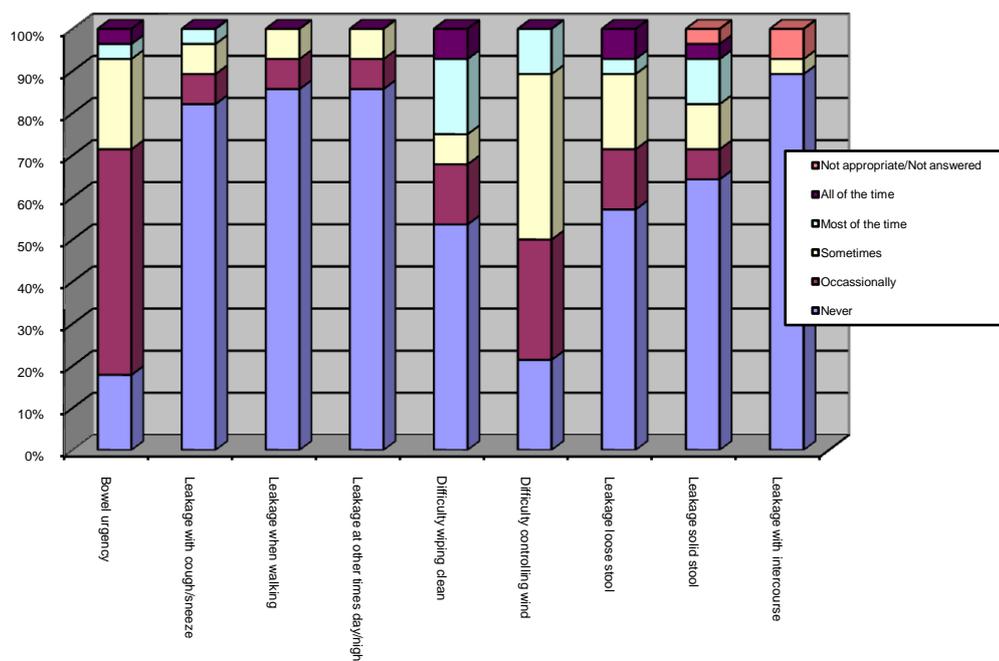
The study participants were identified from the Central Delivery Unit register of a large teaching hospital in the North West of England. The study was split into two phases. Phase one was to complete the Manchester Health Questionnaire⁽¹⁾. Phase two was to take part in a semi-structured interview. The response rate to the invitation to participate in phase one of the study was disappointingly low - 36(23%); with 13 women consenting to take part in phase two. This low response rate needs to be considered when looking at the transferability of the results obtained.

Results

In the time period of this study between January 1999 and December 2004, a total of 153 women were registered as having had an obstetric anal sphincter injury (OASI) giving an average unit prevalence of obstetric tears of 1.2% per anum. Of the women in the database, the majority (76.4%) were primiparous. The majority had had a normal vaginal delivery (64.7%) with 17% having ventouse delivery and 13.7% having a forceps delivery. Less than a quarter of the study population (23%) had babies greater than 4kg.

A total of 28 women completed the Manchester Health Questionnaire⁽¹⁾. All of these women had been discharged following their post delivery scan appointment as being asymptomatic, however the results of the questionnaire identified that all but one of them had positive responses to at least one of the symptom questions. In relation to the total study population this equates to 17% of women affected by symptoms of anal incontinence. Two of the women in the study population (7%) experienced bowel symptoms that had a severe impact on their quality of life and yet none of these women were known to the local bowel dysfunction service.

Bowel Symptoms Results



The results of the quality of life impact scores demonstrated that this group of women had symptoms that caused an impact on their quality of life with average quality of life scores only marginally lower than those obtained in the original Manchester Health Questionnaire study which studied an older population already known to have anal incontinence.

A total of six women took part in the semi-structured interviews. A thematic analysis of these interviews identified common areas considered of importance to these women.

Four main themes were used and these were identified as being: -

- communication – sharing of knowledge, pre-delivery, immediately after delivery and long term follow up
- feelings
- partners experience

- role of the extended continence team.

The node for communication was further divided into specific comments about the use of language.

It was highlighted that more involvement of the extended members of the integrated continence team such as the health visitor, practice nurse and general practitioner would enable these women to access appropriate help when experiencing symptoms. An unexpected theme was the level of care and information given to the partners of these women which provoked feelings of anger and in some cases relationship difficulties.

Interpretation of results

Mostly the issues that women have suggested may make a difference to service provision in the future do not appear to need major service re-organisation and as such should be possible to implement relatively easily into practice.

Concluding message

Much has been written about the relative risk factors of sustaining an injury to the perineum during delivery, but there is little qualitative data addressing women’s experiences of these injuries.

It is felt to be essential that healthcare professionals consider the implications of the results of this type of qualitative research, involving service users in future service planning and delivery.

References

1. Bugg G J. Kiff E S. Hosker G. (2001). A new condition specific health status questionnaire to assess women with anal incontinence after childbirth. British Journal of Obstetrics and Gynaecology. 108, 1057 – 1076

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<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>	Yes
<i>Specify Name of Ethics Committee</i>	Bolton Local Research Ethics Committee
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes