

OUTLINE 2

November 3, 2021

MJ Strauhal

Women's experiences of the OASI care bundle; a package of care to reduce severe perineal trauma. Bidwell P, Sevdalis N, Silverton L et al. Int Urogynecol J. 2021;32:1807-1816. Doi:10.1007/s00192-020-04653-2.

Introduction: As part of the project evaluation, a qualitative study was conducted to explore women's experiences of the OASI Care Bundle

Methods: Qualitative study using semi-structured interviews that were conducted with women (n = 19) who received the OASI Care Bundle as part of their maternity care. This was to explore their experience of each element. A thematic analysis of the interview data was performed.

- **Exclusion criteria:** women who received an epidural or spinal anesthesia (perception of pain was explored in the interviews)
- **Inclusion:** spontaneous vaginal birth and experience of the OASI Care Bundle
- **Table 1:** summary topic guide
- **Table 2:** characteristics of the women

Results: Three themes were identified (see Figure 2): (1) memories of touch, whereby women reported that a 'hands-on' approach to perineal protection was a positive experience; (2) midwife as a supportive guide, where women reported that good communication facilitated a calm birth and post-birth diagnosis; (3) education: women need more information about perineal trauma

- **Sub- themes to #3:**
 - **Antenatal information on perineal trauma-** highlighted an apparent lack of information on perineal trauma provided by healthcare professionals to women during their pregnancy
 - **Understanding postnatal recovery-** highlighted the need to provide women with information regarding postpartum recovery and the need to an exam of the perineum
 - **Authors' reflections on #3**
 - This was a major finding from the study and supports similar studies where patients report "nobody warned me about this"
 - Women receive insufficient information about perineal trauma and postpartum recovery and this "highlights the urgent need for optimal dissemination of reliable, current and comprehensive education materials about perineal trauma [that]... should enable women to make informed about [their] maternity care"

Limitations of this study

- Small sample size
- Interviews conducted by phone vs face to face and were 6 weeks postpartum, so recall bias is possible
- Selection bias (use of local champions, participants were volunteers and most were multiparous, possibly affecting their birth experience- but did allow for comparison to be made)
- Other types of perineal protection were not explored
- Possible infidelity to the protocol

Strengths

- Women were encouraged to speak freely and interviews were conducted by someone not associated with their care
- Wide range of study units with varied clinical contexts
- Consistency in data collection

Conclusion: This study contributes to the literature through its exploration of women's experiences of perineal protection techniques and diagnosis of perineal trauma. Interviewed women indicated that they did not experience any

of the care bundle elements as an intrusion of their physical integrity. Additionally, an urgent need was identified for more information about perineal trauma in terms of risk, prevention, and recovery.

- Postnatal recovery is optimized by the health literacy process that precludes maternity distress perineal injuries
- There is an urgent need to ensure that women are fully informed about the risks of perineal trauma and how to reduce incidence, whilst taking into account individual needs, expectations and circumstances

Clinical Application and discussion of the 2 OASI-CB articles:

- What are your thoughts on using the word “tear” versus laceration or injury?
- Do you treat patients with perineal injuries and OASI?
- Are you aware of any programs or protocols used by your referring providers (those who assist in the birth of babies) to reduce the incidence of perineal lacerations?
- How are your patients typically educated regarding the possibility of perineal injury?
 - Are they informed of methods to reduce the incidence of perineal injury?
 - Whose job is it to inform them?
 - Do you think women might get too anxious (or catastrophize) if they are provided with this information? (see Table 1 of article 1)
 - When and how should this education take place?
 - According to a study done by Cynthia E. Neville, PT, DPT, WCS, BCB-PMD; Colleen M. Fitzgerald, MD; Trudy Mallinson, PhD, OTR/L, Jean Irion, EDD, PT, SCS, Karen Abraham, PhD, PT (2011 WCPT poster) “The Effects of a Postpartum Education Program on Symptoms and Healthcare Seeking Behavior in New Mothers”, the timing and method of when the educational information is provided may be a factor as to whether the material is read or not