

Pelvic Physical Therapy Distance Journal Club

OUTLINE 3

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Daremark, C., Andréasson, L., Gutke, A., & Fagevik Olsén, M. (2021). Women's experiences of the injury, recovery and desire for rehabilitation after a second-degree vaginal tear—a qualitative study. International Urogynecology Journal, 1-7.

Introduction: 85% percent of all vaginal deliveries cause some form of obstetric tear injury. This study aimed to investigate the experiences of a second-degree vaginal laceration regarding aspects of the recovery and need for healthcare and rehabilitation.

- A second-degree injury involves the perineum including perineal muscles but not the anal sphincter
- There is a risk of lacerations being underestimated and injury to the anal sphincter missed
- Women with a second-degree obstetric injury have been shown to have weaker pelvic floor muscles compared to those with no rupture 6 weeks after delivery
 - Reduced pelvic floor function may, over time, lead to urogenital prolapse and incontinence
 - The treatment of incontinence after pregnancy consists of pelvic floor muscle training (PFMT)
 - Studies have shown that it can be difficult to find the right muscles and 30% of women contract their pelvic floor incorrectly on verbal instruction
 - An insufficient provision of information from healthcare workers regarding physical changes, pain and pain treatment, PFMT, physical exercises, diet, emotional problems, adaptation to the parent role and childcare has previously been reported by new mothers
 - A lack of information provided from healthcare workers about the injury and how to treat it has been reported by women with third- and fourth-degree injuries
 - Importantly, less anal incontinence has been found among patients who have been instructed about PFMT by a specially trained professional

Methods: Individual semi-structured interviews were performed at 3 and 4 month postpartum and analyzed with a qualitative, inductive descriptive approach (N = 18, ages 26-39) and lasted 15-30 minutes

- Interviewers were PT's with special interest in women's health and were not involved in the patient's care and followed a guide (see Appendix 1)
- **Inclusion:** primi and multiparous women who had undergone delivery and sustained a 2nd degree injury at one hospital in Sweden were invited to participate (purposeful sampling, review of patient files, reports from their midwives)
- **Exclusion:** women who did not speak Swedish, documented problem with the child

Results: Four main categories with 13 associated sub-categories were found (see Table 1): (1) feeling uncertainty, with subcategories: not knowing what is normal, concern, confusion and uncertainty regarding pelvic floor muscle training; (2) feeling of security, with subcategories: I have no/I can handle the symptoms, trust in the healthcare system, and I have sufficient knowledge; (3) not prioritizing myself, with the subcategories: I cannot find time and others have bigger problems; (4) lack of trust in healthcare providers, with the subcategories: feeling forgotten, not being taken seriously, distrust of the competence of the healthcare providers and resignation

Conclusion: A second-degree obstetric perineal tear at delivery is believed to have minor impact but the results of this study indicate that the experiences are diverse

- Some participants experienced a sense of uncertainty and that neither they, nor the healthcare providers, were sufficient after having suffered a second-degree obstetric perineal tear
- Some patients were not aware of having suffered an injury and found their level of knowledge inadequate; information that was provided was difficult to understand
- The experiences of recovery were influenced by a sense of uncertainty when not knowing what is normal and having insufficient information about what to expect
- The women with the injury had different levels of knowledge of the risk of injuries during a delivery and they therefore had varying expectations

- Some participants felt abandoned (“thrown out”) after delivery or not taken seriously
- Authors discussed how “information about injuries is important, and it is the responsibility of the healthcare system to provide this information since they have the knowledge about whether an injury exists and its extent”
- Some women felt somewhat ashamed about not having performed PFMT even though they knew about it—that they did not do everything they could do, potentially due to lack of sleep, low motivation and lack of time
- Proper information about the importance of PFMT and individually tailored programs may increase the motivation of new mothers
- Some participants found out that they were not performing the PFMT correctly and did not know how to do it
 - Vaginal digital palpation has been shown to be important to provide feedback and individualized pelvic floor exercises
 - It is therefore important that physiotherapists incorporate this in the follow-up protocol
- The participants had adapted their needs to what was offered within the healthcare system without reflecting on whether it was enough in both a short- and long-term perspective
 - It is known that some problems related to giving birth do not start until later, most often at menopause.
 - Therefore, there should be more healthcare for women after delivery to prevent symptoms from developing later in life
- The result of this study may be useful for all healthcare professionals who meet mothers after a recent delivery to gain an increased understanding of experiences after a tear injury.
- The study suggests that physiotherapists could take a larger part in post-natal care by providing person-centered information about the pelvic floor and tailored exercises
 - “A physiotherapist could be the profession that provides individualized information and rehabilitation related to the pelvic floor”

Limitations:

- Participants were limited to one hospital and OB care was provided by midwives; data may not be transferable to other hospitals and healthcare regions or to obstetricians
- Possible limitation regarding linguistics and how information is perceived

Strengths:

- Two of the authors had no specific experience with postpartum patients
- Open dialogue within the research team helped improve dependability of the study

Clinical Application and discussion:

- How aware are/were your patients of pelvic PT prior to seeing you or getting a referral?
 - In a study by Dunbar, A., Ernst, A., Matthews, C., & Ramakrishnan, V. (2011). Understanding vaginal childbirth: what do women know about the consequences of vaginal childbirth on pelvic floor health? *Journal of Women’s Health Physical Therapy*, 35(2), 51-56, 71% of women surveyed were unaware that vaginal delivery would increase risk of future pelvic floor disorders
- Is it within our scope of practice to do this education and if so, what are ways that we, as Pelvic Health PT’s, can become more involved in reaching this population?

Resources and recommended reading:

<https://www.rcog.org.uk/en/patients/patient-leaflets/third--or-fourth-degree-tear-during-childbirth/>
https://journals.lww.com/greenjournal/Fulltext/2018/09000/ACOG_Practice_Bulletin_No_198_Summary_Preventi.on.59.aspx
https://www.voicesforpfd.org/assets/2/6/Perineal_Tears.pdf

Von Barga, E., Haviland, M. J., Chang, O. H., McKinney, J., Hacker, M. R., & Elkadry, E. (2021). Evaluation of Postpartum Pelvic Floor Physical Therapy on Obstetrical Anal Sphincter Injury: A Randomized Controlled Trial. *Female pelvic medicine & reconstructive surgery*, 27(5), 315-321.