INCREASING MIDWIFERY PARTICIPATION IN PERINEAL SUTURING

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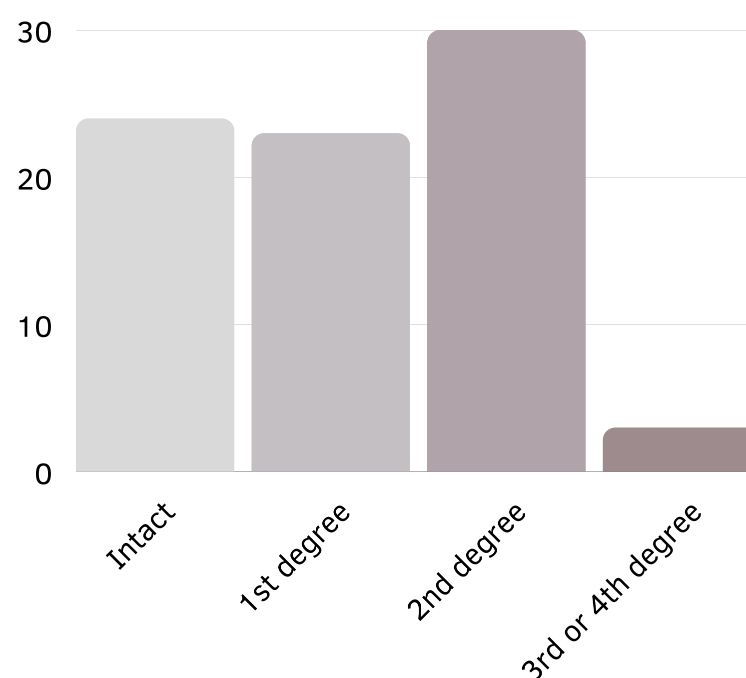
BACKGROUND:

Every year millions of women worldwide sustain perineal trauma when giving birth (around 85%) (Carroll et al., 2020).

Immediate complications include pain and blood loss and weaken the pelvic floor muscles and can affect bowel, urinary and sexual function (Albers et al., 2005).

Perineal trauma also has the capability to lead to an array of multifaceted issues such as anxiety, embarrassment, avoidance of sex due to fear of pain. In addition, there is a great deal of fear and anticipation regarding the suturing process (Lodge & Haith-Cooper, 2016).

RATES OF PERINEAL TRAUMA IN 2018
(HOMER & WILSON, 2018).



POLICY RATIONALE:

Perineal assessment and repair performed by inadequately trained staff can result in incompetent and inappropriate management.

Most midwives do not complete the accreditation process to become an actively suturing midwife.

With midwives being significant in providing are and support to women, it is essential that they are educated and practise in such a way to reduce perineal trauma and provide competent, skilled care in their assessment, repair and management.

Image via Instagram - @HelenMusslewhite

IMPLEMENTATION:

This policy enforces that all Midwives across Australia are trained and accredited in standardised management and repair of perineal tears, by making it a standard within AHPRA's registration and renewal process.

It is targeted at midwives but aims to implement change to better the outcomes for the women we care for.

This would involve the attendance at up-to-date evidence based Inservice's and face-to-face workshops for continuous professional development hours and renewal of registration.

Upon completion of these Inservice's and workshops, midwives should be able to identify:

- Anatomy of the female genetalia and perineal body and pelvic floor
- Suturing techniques and equipment
- Best practice postpartum care, hygiene and management
- Preventative measures during second stage and in pregnancy
- How to provide woman-centred care during perineal repair

EVALUATION:

Evaluation of this policy will be completed after 12 months from implementation. Midwives will be asked to complete a survey at the time of their next registration period, which will include evaluating their confidence and competence of perineal repair and management. They will also be asked to comment on whether the women they worked with gave any feedback.

EVIDENCE & RESEARCH:

- Only 22% of midwives feel adequately prepared to assess and/or repair perineal trauma. This lack of confidence creates a gap in continuity of carer, as more experienced midwives or obstetricians subsequently must perform the perineal repair. (Carroll et al., 2020).
- Barriers included a lack of confidence, fear of causing long-term damage, lack of opportunity to learn and a workplace culture that did not support this skill (Bick et al., 2012).
- Inadequately trained staff can lead to misdiagnosis of the degree of tear and consequently inadequate and inappropriate treatment, morbidities such as wound breakdown and the development of co-morbidities such as recto-vaginal fistula (Priddis et al., 2014).
- During the suturing process, women recall how staff spoke "around them" and "about them", often not speaking directly to the women, resulting in women feeling vulnerable and exposed during the procedure (Priddis et al., 2014).
- Women also describe the value of receiving personalised, compassionate care from a known care provider, and the importance of receiving accurate information communicated in a compassionate manner (Priddis et al., 2014).

KEY OBJECTIVES:

To encourage and improve the qualifications and skills of midwives in perineal repair, and promote woman centred care through consistency of care

REFERENCES:

UNIVERSITY OF CANBERRA