

Are we using Perineal Warm Compress effectively? A Retrospective Report

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Background: Obstetric Anal Sphincter Injuries (OASIS) can result in significant maternal morbidity such as faecal incontinence and dyspareunia. Major known risk factors include nulliparity, birth weight over four kilograms and instrumental delivery.

There is mounting evidence that applying a warm compress to the perineum during the second stage of labour can significantly reduce the risk of OASIS. Unfortunately, this simple and evidence-based intervention is not always utilised.

Aim: To investigate the incidence of: warm compression used; nulliparity; birth weight over four kilograms; and delivery type for all 2020 OASIS cases at a Queensland metropolitan hospital.

Method: Cross-sectional retrospective audit of patients who delivered vaginally at our centre and sustained an OASIS, from 1st January 2020 to 31st December 2020 (n=30). Two cases were excluded as the charts were not available, thus n=28. This information was accessed from the clinical notes and ethics approval was obtained.

Results

- **2020 OASIS rate of 2.97%.**
- **Of these, only 3 cases (10.7%) had documentation of perineal warm compression being used.**
- **The majority (78.6%) of cases were nulliparous, yet only 10.7% of cases involved babies weighing over four kilograms.**
- **Importantly, 53.6% of cases were spontaneous vaginal births, the remainder being instrumental deliveries (46.4%).**

Discussion: Warm compress could be better utilised to prevent OASIS for low risk women. These findings prompted education in our department and there is a planned future audit.

Further research is required to encourage the use of this simple prevention technique as it may prevent OASIS in low-risk mothers.