Incidence, Risk Factors, and Preventive Care Practices for Obstetric Anal Sphincter Injuries: A 12-Month Audit at a Queensland Hospital

Dr Allison Garvey MD, ARANZCOG (P)
under the supervision of Dr Hasthika Ellepola, FRANZCOG, Logan Hospital

Background

Obstetric anal sphincter injuries are a major contributor to short- and long-term maternal morbidity. Preventive strategies, including antenatal perineal education and intrapartum perineal protection techniques, are recommended by national guidelines. Understanding local incidence, risk factors, and guideline adherence is essential for reducing harm.

Aims

To determine the incidence and characteristics of obstetric anal sphincter injuries at a metropolitan hospital in 2024, identify associated risk factors, and assess uptake of antenatal and intrapartum preventive measures.

Methods:

A retrospective audit was conducted of all obstetric anal sphincter injuries sustained between 1 January and 31 December 2024. Cases were identified through quality and safety databases and physiotherapy referral records. Data were extracted through chart review, including antenatal documentation, labour and birth details, perineal protection practices, and postpartum management.

Results:

Among 2,594 vaginal births, 62 obstetric anal sphincter injuries were identified (2.39 per cent). Five women had a previous injury. Birth weight 4,000 g or more occurred in eight cases. Antenatal perineal massage education was documented in seven women (11.3 per cent), while pelvic floor muscle training was recorded in two (3.2 per cent). Intrapartum perineal massage occurred in three cases. Most injuries occurred during spontaneous labour (58.06 per cent) and induction (41.94 per cent). Nearly all repairs were performed in theatre. All women received antibiotics, aperients, and physiotherapy referral. Local benchmarking showed higher rates of injury during assisted births compared with national averages.

Discussion:

The incidence of obstetric anal sphincter injuries remained below national benchmarks[1]; however, antenatal education and consistent use of perineal protection measures require improvement. Targeted strategies, particularly for instrumental births, may reduce preventable morbidity.

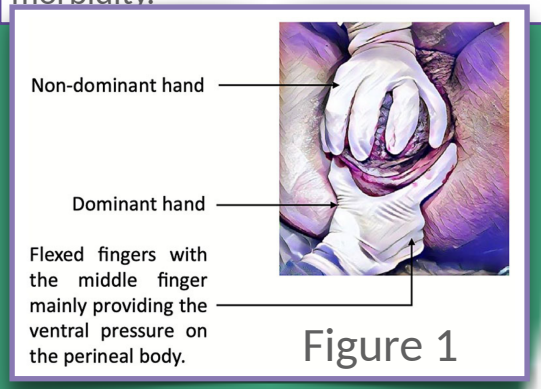

Figure 1

RANZCOG™ Excellence in Women's Health

RANZCOG Regional SYMPOSIUM 2026 Swan Valley

Figure 1: Finnish Grip. Kleprlikova H, Kalis V, Lucovnik M, et al. Manual Perineal Protection: The know-how and the know-why. ACTA Obstetricia et Gynecologica Scandinavic 2019;99(4):445–50. Available from https://obgyn-onlinelibrary-wiley-com.bris.idm.oclc.org/doi/pdfdirect/10.1111/aogs.13781 [Accessed 23rd January 2021].

1. Womens Healthcare Australia Benchmarking Maternity Care Report 2024-2025