Holding It Together: A Survey of Perineal Protection Practices Among Obstetric and Midwifery Staff at a Tertiary Maternity Unit

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Introduction:

Obstetric anal sphincter injury (OASI) is a major cause of maternal morbidity. The WHA CEC Perineal Protection Bundle has 5 recommendations, the first two include warm compress for perineal stretching and perineal support with slow controlled birth. There is conflicting evidence about hands on vs off technique however, observational studies show a consistent benefit in MPP. There is no specific recommended technique for perineal support and as such the use of perineal support, technique and training vary considerably between clinicians.

Aims:

1. To assess use of the first two components of the Perineal Protection Bundle including warm compress, perineal protection and slow controlled delivery of the head.
2. To explore perineal protection among obstetric and midwifery staff at a tertiary maternity unit including beliefs, training and technique.
3. To identify potential training gaps.

Methods:

A voluntary anonymous electronic survey was distributed to all Birth Suite medical and midwifery staff over 46 days.
The survey collected data regarding

- Clinician role and experience
- Training and confidence
- Perceived benefit
- Use of Perineal Protection Bundle components
- MPP Technique most often used
- Circumstances in which they modified their technique or did not use MPP.

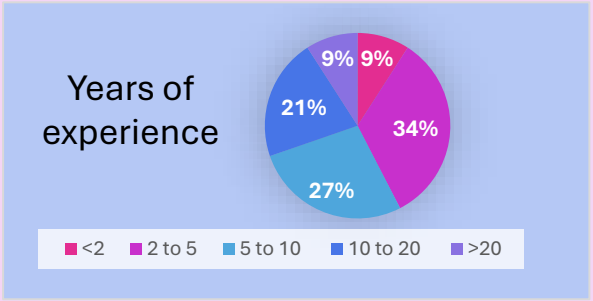
These responses were analysed descriptively. The techniques asked about included pressure to the perineum only, Viennese manual perineal protection (VMPP) and Finnish manual perineal protection (FMPP). Technique by role was compared using Fisher's exact test.

Results:

Participants:
33 responses

- 20 midwives
- 13 doctors
  - 7SMO,
  - 5 registrar/PHO
  - 1 resident

There was a broad range of clinical experience and frequency working on Birth Suite.



Training:

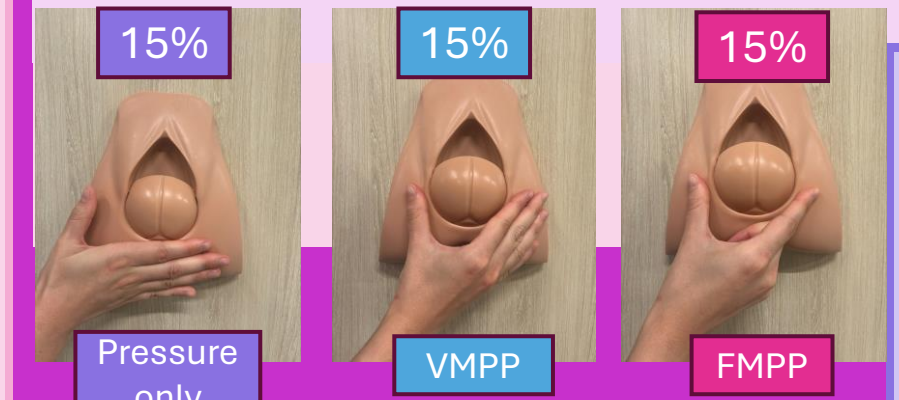
- Colleagues: 91%
- Workshops: 61%
- University: 39%

5 clinicians (15%) felt insufficiently trained, 4 of which were registrar, PHO or resident.

76% of respondents believe MPP is beneficial

Technique:

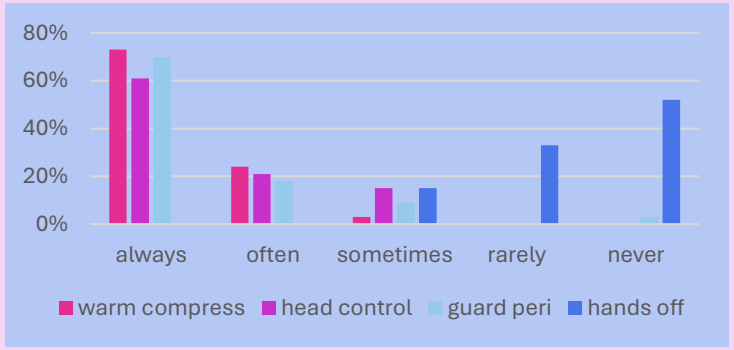
- VMPP was the most common technique (58%), followed by FMPP (24%) and pressure-only (15%); 85% incorporated squeezing of the posterior fourchette.
- When comparing those who use VMPP and FMPP between clinician group, doctors using VMPP or FMPP were more likely to use FMPP than midwives (38% versus 21%), though not statistically significant (p=0.42). All respondents predominantly using a pressure only technique were midwives. The small sample size limited the ability to identify meaningful differences between professional groups.
- Participants reported changing their technique based on the woman's preferences, position, and pain relief.



1 respondent did not nominate a predominant technique

Perineal Bundle components:

Warm compress was routinely used (always or often) by 97%, perineal guarding by 88% and head control by 82%.



Discussion: The included Perineal Protection Bundle components widely used, and most clinicians thought perineal support beneficial. Training relied heavily on informal teaching from colleagues, and technique varied considerably, with VMPP being the most common technique used. Clinicians frequently individualised their technique according to maternal preference and clinical scenario rather than following a standardised unit approach. A subgroup of doctors reported inadequate training. These findings support standardised, multidisciplinary workshop-based education and unit-wide consensus on technique, while maintaining flexibility for maternal choice and clinical context.