

OP13

REVIEW OF STAFF EDUCATION ON THE OASI CARE BUNDLE AND ITS EFFECT ON SUBSEQUENT RATES OF OASI IN OUR UNIT

E. G. R. Lousada, A. Christodoulidou, G. Vorona, K. Gill
The Whittington Hospital, London, UK

Reason for study:

To implement the OASI Care Bundle and investigate its effects on the third- and fourth-degree tear rate at The Whittington Hospital.

Background:

Between 2000 and 2012 the OASI rates increased three-fold in England. OASI carries a huge burden of morbidity amongst birthing people with both physical and psychological sequelae. It has been found that inconsistencies in approach, training and skill as well as a lack of awareness of the long-term impact of OASI are significant contributing factors to the rising rate. Subsequently the Oasi Care Bundle has been developed to provide standardised interventions designed to reduce a woman's risk of OASI. The four elements of the care bundle include; antenatal education, manual perineal protection, episiotomy if indicated and systematic examination after delivery. A 2020 study showed a 20% reduction in the risk of sustaining an OASI at units where the Care Bundle is established. The OASI Care Bundle was rolled out at the Whittington throughout 2023. Our aim in this project is to compare the rate of OASI at The Whittington Hospital before and after implementing the care bundle and to establish compliance with its four elements.

Criteria to be measured:

To review staff feedback completed after partaking in an OASI training session.

Methods:

Implementation of a monthly programme of staff education on The OASI Care Bundle. This includes introduction of the antenatal patient information leaflet, discussion surrounding antenatal education and hands on training.

Results:

We found that following this session staff understanding of OASI improved. Staff reported increased awareness of antenatal education resources. They also described improved ability to give manual perineal protection and episiotomy where needed and enhanced confidence in systematic assessment of the vagina and ano-rectum after delivery. We are due to re-audit our OASIS rates and develop the education programme based on feedback.

References:

1. Green-top Guideline 29: Management of Third- and Fourth-Degree Perineal Tears www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg29/ Royal College of Obstetricians and Gynaecologists.

2. The OASI Care Bundle. <https://www.rcog.org.uk/about-us/quality-improvement-clinical-audit-and-research-projects/the-oasi-care-bundle/the-oasi-care-bundle/>

3. Gurol-Urganci et al. Third- and fourth-degree perineal tears among primiparous women in England between 2000 and 2012: time trends and risk factors (2013)

4. Gurol-Urganci et al. Impact of a quality improvement project to reduce the rate of obstetric anal sphincter injury: a multicentre study with a stepped-wedge design (2020)

5. Bidwell et al. Exploring clinicians' perspectives on the 'Obstetric Anal Sphincter Injury Care Bundle' national quality improvement programme: a qualitative study (2020)