

07

FACTORS THAT INFLUENCE PREGNANT WOMEN'S DECISION ON MODE OF DELIVERY AFTER PREVIOUS OBSTETRIC ANAL SPHINCTER INJURY

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Purpose

Maternal request for caesarean section (CS) is increasing. One common reason is following a previous obstetric anal sphincter injury (OASI). We aim to understand which factors bear the greatest influence in driving this women's decision-making process once they are pregnant after having sustained an OASI.

Methods

Pregnant women with a previous OASIS who were attending their first antenatal appointment were deemed eligible and were asked to complete two questionnaires on their preferred mode of delivery (MoD) and ongoing pelvic floor symptomatology. Data were analysed with descriptive and inferential statistics using SPSS, and results were presented both quanti- and qualitatively.

Results

Data from 63 participants was included in the final analysis. Most women had experienced 3A/3B OASIS (n = 49, 77.78 %), and they were more likely to report bladder pain and difficulties with voiding than those with major tears ($p < 0.05$). The type of tear did not impact directly on the preferred MoD. However, women still experiencing bladder pain were more likely to request a CS ($p < 0.05$). Even though all participants who attended a perineal trauma clinic postpartum found it helpful, they reported that ultimately the decision on how to deliver was theirs, and their ideas and concerns played the greatest influence.

Conclusion

Pregnant women with ongoing urinary symptoms rather than sexual or bowel dysfunction seem to favour a planned CS, regardless of the severity of their previous tear. Postpartum follow-up in a perineal trauma clinic is extremely valuable but even more is the need to understand women's motivations to support them make an informed decision.

References

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