

Third and Fourth Degree Perineal Tears Clinical Care Standard

Quality Statements and Indicators

1 Information, shared decision making and informed consent

During the antenatal period, a woman is informed about the risk of a third or fourth degree perineal tear. Throughout pregnancy, labour and birth she is supported to make decisions and provide informed consent for the care she receives.

2 Reducing risk during pregnancy, labour and birth

A woman choosing a vaginal birth is offered evidence-based care to reduce her risk of a third or fourth degree perineal tear.

3 Instrumental vaginal birth

When intervention is indicated in a vaginal birth, the choice of intervention is based on the clinical situation, the benefits and risks of each option and discussion with the woman.

4 Identifying third and fourth degree perineal tears

After a vaginal birth, a woman is offered examination by an appropriately trained clinician to exclude the possibility of a third or fourth degree perineal tear. A tear is classified using the Royal College of Obstetricians and Gynaecologists classification and is documented in the woman's healthcare record.

5 Repairing third and fourth degree perineal tears

When a woman has a third or fourth degree perineal tear, it is promptly repaired by an appropriately trained and experienced clinician, in a suitable environment.

6 Postoperative care

After repair of a third or fourth degree perineal tear, a woman receives postoperative care that includes the opportunity for debriefing, physiotherapy and psychosocial support.

7 Follow-up care post-discharge

A woman with a third or fourth degree perineal tear receives individualised continuity of care and appropriate follow-up and referral to optimise her ongoing physical, emotional, psychological and sexual health.

Questions?

For more information about the clinical care standard, please visit: safetyandquality.gov.au/ccs

You can also contact the Clinical Care Standards project team at: ccs@safetyandquality.gov.au

Indicators for local monitoring

The following indicators will support health service organisations to monitor how well they are implementing the care recommended in this clinical care standard and are intended to support local quality improvement activities.

Reducing risk during pregnancy, labour and birth

Indicator 2: Proportion of women who had a vaginal birth who received warm compresses in the second stage of labour

Instrumental vaginal birth

Indicator 3a: Proportion of women who had an instrumental vaginal birth using vacuum

Indicator 3b: Proportion of women who had an instrumental vaginal birth using forceps

Indicator 3c: Proportion of women who had a vacuum-assisted birth with episiotomy

Indicator 3d: Proportion of women who had a forceps-assisted birth with episiotomy.

Identifying third and fourth degree perineal tears

Indicator 4a: Proportion of women who sustained a perineal tear during birth who received a genito-anal examination to assess the grade of the perineal tear after birth

Indicator 4b: Proportion of women who had a vaginal birth who sustained a Grade 3a perineal tear

Indicator 4c: Proportion of women who had a vaginal birth who sustained a Grade 3b perineal tear

Indicator 4d: Proportion of women who had a vaginal birth who sustained a Grade 3c perineal tear

Indicator 4e: Proportion of women who had a vaginal birth who sustained a fourth degree perineal tear.

The definitions required to collect and calculate indicator data are specified online at meteor.aihw.gov.au/content/index.phtml/itemId/728215.

Disclaimer

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.