

Midwives' Experiences of Perineal Support Techniques in Gävle - A Clinical Study

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Abstract

In Scandinavia, collaboration between midwives and obstetricians in teaching hospitals has a long tradition. Midwives have always been a most important part of taking care of normal deliveries, but they even have an important role in instrumental deliveries. In this study, eighteen midwives from Gävle hospital were recruited, and they questionnaire for this study. They were asked to describe their experience in perineal support technique in different situations during delivery. The most used perineal support technique was either the Finnish grip or so-called C-grip but even Ritgen's grip was still in use. The clinic in Gävle has a routine of having two midwives at the end of the second phase of delivery. Twelve midwives knew their personal statics of serious perineal tears whereas six did not. The most used position at the end of delivery was when mother lies on her side followed by half sitting position. When asked about the use of episiotomy, thirteen midwives reported that they used it and five did not. When the delivery ends with instrumental delivery, the doctor cuts the episiotomy in most cases, and the communication to the woman was given by doctor, but also midwife. Seven of the participants judged the cooperation during vacuum delivery as optimal, but twelve wrote that the collaboration could be better. Every clinic will always introduce new personnel who in many cases were learned otherwise. This is a major challenge in future, to take care of new colleagues, and to remind the basic staff of the techniques and lessons learned.

Keywords: Midwives' Experiences; Perineal Support; Anal Sphincter Injury; Educational Program

Background

Between one-third and two-thirds of women who sustain a recognized third-degree tear during delivery suffer subsequent fecal incontinence. Obstetric anal sphincter injuries (OASIS) have a significant impact on a woman's physical and emotional health [1], and OASIS are the primary cause of female anal incontinence and anorectal symptoms in otherwise healthy women [2-4]. This includes the development of anxiety and depression, with a reluctance to consider future pregnancies as well as delay in woman's resumption of sexual intercourse [5,6]. Utmost attention should therefore be focused on improving obstetric practice, to minimize the number of severe anal sphincter lacerations, to make the vaginal delivery safer and more attractive for pregnant women.

In Scandinavia, collaboration between midwives and obstetricians in teaching hospitals has a long and fruitful tradition. Midwives have always been an important part of the practical education of normal labor and childbirth, not only for midwifery students but also for medical students and even residents.

We started the educational program in aim to try to decrease the high frequency of serious tears in Norway, Sweden and Danmark, 2005. Further, we have previously educated the staff in Gävle on the method twice, first in 2016 and then 2022. Details of the teaching program have been presented previously [7-11]. Shortly, the program included: 1) good communication between the accoucheur and the delivering woman; 2) adequate perineal support; 3) a delivery position that allows visualization of the perineum during the last minutes of delivery; and 4) episiotomy only on indication.

Aim of the Study

The aim of the present study was to explore the views and experiences of all midwives in a clinic who participated in an individual training program aimed at reducing OASIS incidence. Further, we wanted to study the midwives' views of reactions and reflections.

Materials and Methods

Eighteen midwives from Gävle hospital were recruited. All respondents completed the questionnaire for this study. The questionnaire for demographic data contained five questions on the background of the participating midwives. The rest of the questionnaire contained a total of forty-seven questions based on a review of the pertinent literature. Participation in this study was completely voluntary and to ensure confidentiality, the respondents were not asked to identify themselves.

To explore the views and experiences of midwives the results analyzed quantitatively. The data analyzed using SPSS version 22. Distributions calculated for all variables, as well as means, medians, standard deviations, and ranges, where appropriate. Observed differences were not evaluated statistically due to small sample size. The characteristics of the respondents are in table 1.

| Education | |
|----------------------------------|----------------|
| Falun | 14 |
| Stockholm | 2 |
| Unknown | 2 |
| RN (years) | 12.9 (1 - 40)) |
| Delivery ward experience (years) | 12.1 (1 - 35) |

Table 1: The midwives' baseline characteristics (n = 18, mean, range).

The present study judged by the Swedish Ethical Review Authority as part of a clinical improvement project and did not require any ethical evaluation or study permission.

Results

The most used perineal support technique was either the Finnish grip or so-called C-grip (Table 2) but even Ritgen's grip was still in use. Some midwives used warm compress against perineum. All eighteen midwives had received information regarding perineal support at the workplace, and sixteen midwives received practical training on perineal support. All midwives have taken part in the training session from experts in this area. Twelve out of eighteen midwives have seen the clinical tutorials. The clinic in Gävle has a routine of having two midwives at the end of the second phase of delivery. Twelve midwives knew their personal statics of serious perineal tears

whereas six did not. The most used method to check the statistics was the local data program (Obstetrix[®]), a couple of participants remembered serious tears, and, in some cases, they received the information from leaders. Seventeen out of eighteen participants had a possibility to discuss the occurred serious tear with a colleague.

| | |
|--------------------|-------------------------------|
| C grip | 8 |
| Finnish technique | 8 |
| One hand-technique | 1 |
| Ritgens maneuver | 4 |
| Hands off | 1 |
| Other techniques | Warm compress, free of choice |

Table 2: Which perineal support technique did you learn during your education? (more than one if adequate).

The basic knowledge of perineal support technique achieved during the basic education (12), colleagues (13) and at the workplace (15) (Table 3). Currently, the most used perineal support techniques were: 1) to reduce the speed of fetal head when crowning (15), 2) good communication with the mother (15), and Finnish handgrip (all participants, 18) (Table 4). Seventeen out of eighteen midwives always used the two hands technique. The most used position at the end of delivery was when mother lies on her side (16) followed by half sitting position (9) (Table 5).

| | |
|--------------------|----|
| Education | 12 |
| Midwifery society | 1 |
| Published articles | 6 |
| Social media | 1 |
| Colleagues | 13 |
| Your working unit | 15 |

Table 3: Where did you get the inspiration for the perineal support techniques you are using today?

| | |
|----------------------------|---|
| One hand technique | 1 |
| Slow release, not too fast | 15 |
| Two hands technique | 12 |
| Good communication | 15 |
| Finnish hand grip | 18 |
| Hands off | 0 |
| Waterbirth | 0 |
| Other techniques | Warm compress, C-grip, no oxytocin, oil |

Table 4: The most common perineal support techniques in detail (more than technique if adequate).

| | |
|--------------|----|
| Half sitting | 9 |
| Lateral | 16 |
| Leg support | 7 |
| All four | 3 |
| Pall | 1 |
| Waterbirth | 1 |
| Standing | 0 |

Table 5: Delivery position while fetal head is crowning.

When asked about the use of episiotomy, thirteen midwives reported that they used it and five did not. The most popular type to cut was mediolateral approach (10) followed by lateral episiotomy (6). Two midwives did not have an episiotomy at all.

When the delivery ends with instrumental delivery, the doctor cuts the episiotomy in most cases (17), and the communication to the woman was given by doctor (17), but also midwife (10). If the doctor was judged to be more competent, he/she led the final stage of delivery. Seven of the participants judged the cooperation during vacuum delivery as optimal, but twelve wrote that the collaboration could be better.

The information on perineal support was exclusively before the pushing was started (17 cases). The delivering women were in fifteen cases very worried about severe perineal tears. When asked of the importance of perineal support during delivery, Fifteen out of eighteen participants felt that it was of very great importance (10 points, scale 0-10, mean 9,7 points), while one gave 7, one 8, and the third 9 points.

Discussion

In Gävle, the incidence of serious perineal tears was low (grade 3 and 4 tears) both for normal and especially instrumental deliveries during 2022-23 (2.2% in all deliveries, 2.0% in normal deliveries and 4.5% in instrumental deliveries, respectively) [12]. On the other hand, the statistics from whole Sweden show the total incidence for grade 3 and 4 tears of all deliveries to be 2.8%, for midwife delivery 2.2%, and for instrumental delivery 9.5%, respectively.

Most participating midwives are educated at the central midwife school in the area, Falun. Practical training was done in the local hospital. There was a great variation in the experience of delivery ward personnel which gives the really challenging situation in the clinic.

The two most used support techniques were C-grip (mostly the older midwives) and Finnish technique (younger midwives) partly due to our teaching periods in Gävle. Only one midwife used one hand-technique as well as hands-off-technique.

Collaboration during vacuum delivery was less than optimal quite often, and the collaboration was in many cases dependent on the skills of the delivery doctor judged by the midwives. This highlights the importance of adequate training sessions on a regular basis so that the training will include both the midwives and the doctors.

Most of the participants used the perineal support technique they learned during their education period, as suspected. However, the influence of colleagues in the clinic and the praxis in the delivery room had a significant role in everyday work too.

Every participant used the Finnish hand grip, This hand grip includes good communication, slow release of the head of the baby, and the use of two hands. Only one midwife used one hand when delivering, and one more had used water delivery. All this could be influenced by our tutorials in the clinic.

Finally, most midwives were familiar to delivering the baby while the woman was half sitting in lateral position. This gives an optimal view to see the perineum. Some used leg support during the delivery to increase the visibility.

To decrease the number of serious tears in aim to avoid difficult and long-lasting complications to affected women is a major challenge. Gävle hospital chose to try to decrease these tears in a scientific manner which resulted in a lower number of serious tears. Midwives and doctors at the hospital received the education twice.

Concluding Thoughts

The education was voluntary for both professions. The clinic will always introduce new personnel who in many cases were learned otherwise. This is a major challenge in future, to take care of new colleagues, and to remind the basic staff of the techniques and lessons learned [13].

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Conflict of Interest

None declared.

Ethical Approval

Not required.

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