



PERINEAL TEARS: STILL STIGMATIZING WOMEN IN THE 21ST CENTURY

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Abstract

Background: Perineal tears are the most common injuries sustained during vaginal delivery. These are caused either spontaneously or by iatrogenic. Several factors precipitate the cause of perineal tears such as maternal age, parity, and gestational age. Perineal tears are treated based on their severity to the mucosal injury and ruptured anal sphincters and pose much morbidity to the patients. The aim of this study was to explore the morbidity associated with perineal tears.

Materials and methods: A mixed-method study was conducted from February 2021 to September 2021 at the Maternal and child health care center, Pakistan Institute of Medical Sciences, Islamabad, Pakistan. Quantitative data of 2621 patients over 5 years comprising the demographic data. Data was collected from the archival records of the patients with vaginal delivery. Data of patients with a perineal tear was sorted out of the total patients as 108 patients reported a perineal tear. Qualitative data was collected via semi-structured interviews from the current five patients already admitted with a perineal tear. The collected data was translated transcribed and analyzed with the help of SPSS 25 and ATLAS. Ti.

Results: Out of 2621 patients with genitourinary tract fistulae, 108 patients were with the perineal tears, making an overall incidence of perineal tears in our study to be 4.1%. 84 participants (78%) were with 3rd-degree perineal tear while the rest 24 participants (22%) were of 4th degree perineal tears. Interviews of 13 patients regarding morbidity associated with perineal tears led to formations of 32 codes, and 6 categories leading to 2 main themes. Among quality of life, categories included physical morbidity, psychological distress and sexual dysfunction. Second theme was about barriers to treatment for perineal tears and included lack of self-awareness, lack of family support and lack of medical facility nearby.

Conclusion: Perineal tears stigmatize women in physical and psychosocial grounds even in the 21st century. More efforts are needed by the government to promote awareness programs and facilitate such patients for optimum treatment for the much preventable disease.

Key Words: Perineal tears, fistula, maternal, morbidity, postpartum

Introduction

A diamond-shaped inferior outlet of the female perineum pelvis is susceptible to traumatic injury during labor. The cause of these perineal injuries is specified to be either spontaneous or iatrogenic episiotomies. Perineal tears can precipitate various complications such as Urinary and anal incontinence, and dyspareunia. [1], [2] Previous studies suggest perineal tears to be one of the most common injuries accounting for a percentage of 80% during vaginal childbirth. [3] Apart from this they can lead to various type of infections as well [4-8]. These infections can be caused by *E. coli* [9,10], *S. aureus* [11-14], *K. pneumoniae* [15], *A. baumannii* [16] etc.

Literature advocates several predictors to be vital causing the perineal trauma such as multiparity, labor induction, gestational age, and maternal age. [17] Perineal tears are classified based on the severity from degree one to degree four. Injury confined to the vaginal mucosa and connective tissue is labeled as the First-degree tear. The involvement of perineal muscles along with the mucosal and connective architecture is defined as second-degree tear. Dysfunction of anal sphincter muscles either external or internal sphincter muscles is classified as third-degree tear. Complete disruption of the anal sphincter muscles along with rectal mucosa is labeled as the fourth-degree tear. Evidences suggest a high prevalence rate of third and fourth degree of perineal traumas among the patients. However, recent reports suggest the second-degree perineal tear is associated with the impairment of sexual function and increases the risk of organ prolapse. The prevalence reported in the literature for the second-degree prolapse ranges from 35.1% to 78.3%. [18] Despite various interventions, surgical repair remains the only treatment choice for the perineal tear. Present studies correlate a prevalence rate of 24% among the women with the third and second-degree tear rupturing the anal sphincters. (5) Lack of standard definitions and data record sets results in large variation among the prevalence rate.

The aim of this study was to explore the morbidity associated with perineal tears.

Materials and Methods

This mixed-method study was conducted in the Maternal and child health department of Pakistan Institute of Medical Science (PIMS), Islamabad, Pakistan between February 2021 to September 2021. MCH comprises 22 medical and surgical specialist centers that include 125 bedded maternal and child health care centers. The study was conducted after taking ethical approval from the ethical committee of the institution. The duration of the study was 5 months. Quantitative data was collected from the archival records of the past 5 years of 2621 patients presenting with fistula. Out of the total patients, 108 patients were with perineal tears (84, 3rd degree and 24, 4th degree). The retrospective data were collected by researchers using a predesigned study proforma. The inclusion criteria contained women of either age presenting with the vaginal delivery. Qualitative data was collected with the help of a semi-structured interview inspecting the quality of life of the patients admitted for the treatment of perineal tear.

After data collection, Quantitative data were analyzed through SPSS version 25.0. Descriptive statistics were implied as the continuous data was represented in terms of Mean and Standard deviation while categorical data was in frequency and proportion. Qualitative data was translated and transcribed, and themes were drawn from the data collected.

Results:

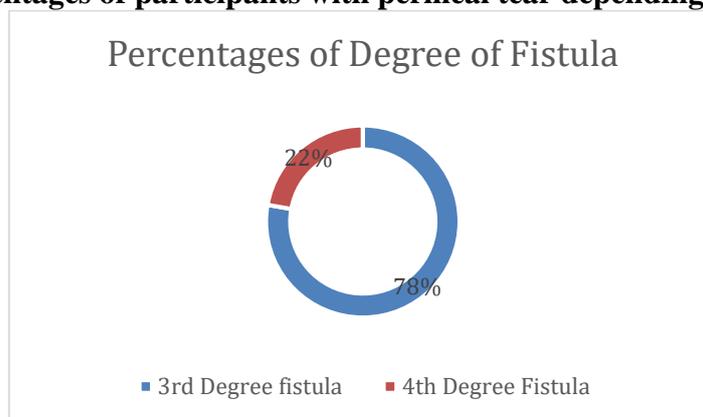
Demographic details here.

In our study, the data collected from the archival records reported a total of 2621 patients with urogenital fistula and 108 participants with perineal tears. (Table 2) Out of those 108 patients sorted out for the perineal tears were further classified based on the degree of tear making an overall incidence of 4.1%. Eighty-four participants (78%) were with 3rd-degree perineal tear while the rest 24 participants (22%) were of 4th degree perineal tear.

Table 2: Patients sorted out of the archival records for the disease.

Urogenital fistula	2621
Perineal tears	108
Percentage of Perineal tears among total patients	4.1%

Graph 1: Percentages of participants with perineal tear depending upon the degree



The Qualitative data was collected by conducting semi-structured interviews. A total of 13 Participants admitted to the hospital for the treatment of perineal tears were inquired about the morbidity associated perineal tears. A total of 32 codes were obtained with formation of 6 categories and 2 broad themes. (Table 3)

Table 3: Themes and categories identified in the study

Theme	Category
Quality of life	Psychological distress
	Psychological distress
	Sexual dysfunction
Barriers to treatment for perineal tears	Lack of self-awareness
	Lack of family support
	Lack of medical facility nearby

Participant 6 said, *“It gets very difficult to handle and feed the baby”* Other reasons quoted by the participants were pain sensations and associated symptoms related to perineal tears make it extremely difficult to handle the baby and feed as it also disturbs the daily life routine.

Participant 12 reported, *“The baby was delivered by a Dai, since then the pain was severe and used self-medications offered by dai and neighbors resulting in delayed going to the hospital”*. Delayed reporting to the hospitals or senior gynecologists was one of the main factors reported by the participants. Lack of awareness, untrained Dai’s and his beloved surrounding one’s advice them to use home remedies and amulets to reduce the symptoms.

Participant 3 said, *“I was hesitant of talking about the situation and didn’t know where and who to report”*. Lack of education regarding these common obstetric emergencies and pathologies was one of the supreme factors associated with perineal tear affecting their quality of life.

Discussion:

A perineal tear is one of the common trauma during vaginal delivery which affects around 90 percent of primiparous women. In our study, the annual prevalence rate reported in a single tertiary care hospital turns out to be ** (need to figure out the total population of the area). However, according to a study, in 2011, 96 women (0.25%) sustained perineal tears out of 38,252 women. Epidemiologists report that more than 85% of females sustain perineal trauma during vaginal childbirth with an enormous percentage of 0.6 to 11% of vaginal deliveries resulting in third-degree and fourth-degree tears.

The prevalence reported varies in a diverse range in different countries as 0.1% in China, India, 0.4% in Japan and 15% in Philippines. Various predisposing factors influence the high occurrence of the pathology which comprises maternal, fetal, and intrapartum risk factors. Maternal risk factors include Nulliparity, Asian ethnicity, short perineal length. Shoulder dystocia and occipito-posterior breech presentation are one of the obstetric emergencies contributing to being the fetal predisposing factor. Intrapartum risk factors include instrumental delivery, the prolonged second stage of labor, and midline episiotomy. Women with these sustained injuries are more prone to recurrent perineal traumas in subsequent deliveries. [19]

In our study, lack of health care awareness among the doctors rendering the patient to push the baby during delivery and incompetency of Dai handling the baby in-home deliveries can be precipitating factors. Instrumental deliveries seldom result in perineal trauma.

In our study participants reported a lack of awareness among the patients on their post-partum care. Negligence towards baby handling and self-care in the postpartum period along with hesitancy on How and Where to report the doctor. The Counselling cells should be made in the Basic health care centers to educate and spread awareness regarding post-partum care as these issues are the most prevailing ones in developing nations. The cases reported in our study are just the tip of the iceberg and a lot of constructive legislation and work needs to be done to mitigate this situation so that the least burden could be observed at tertiary care centers.

Future directions

Future implications should focus on improving the quality of life of women of childbearing age and in both antepartum and post-partum. Various training programs for lady health visitors and basic health care units rendering the quality of life of the women. Furthermore, minimally invasive or gold standard surgical procedures should be opted for the delivery of sensitive cases.

Limitation:

The data was collected through the archival records of one hospital only. Due to retrospective data the actual incidence and prevalence of the perineal tear is still ambiguous and unknown. A very small number of patients were reported in the study and more studies are needed in this regards.

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