Recurrence of Obstetric Third-Degree and Fourth-Degree Anal Sphincter Injuries

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1. Describe and define the components of the classification system in use for perineal lacerations at your institution. What proportion of pregnancies are complicated by obstetric anal sphincter injury?

2. What is the current recommendation and rationale, if any, at your institution or your usual practice regarding routine use of episiotomy for operative vaginal delivery (A) and use of operative vaginal delivery (B) in a patient with a prior obstetric anal sphincter injury?

3. Describe your usual counseling regarding mode of delivery and risks for pregnant women with a prior obstetric anal sphincter injury.

4. Identify the objectives of the study. Review the inclusion and exclusion criteria and discuss whether these are all appropriate in order to accomplish the study objectives. Specifically, what are the advantages and disadvantages of limiting the primary population to nulliparous women at term?

5. Study methods included the use of multinomial logistic regression to assess associations between correlates of perineal laceration and obstetric anal sphincter injury. What is multinomial logistic regression and when should it be used? Discuss the advantages and disadvantages, if any, of including large for gestational age as a correlate of obstetric anal sphincter injury.

6. What proportion of deliveries were to nulliparous women during the study period? Comment whether or not this is the proportion you would expect. What other study data can you use to gauge the validity of the information collected in the database?

7. Summarize the main findings of the study presented in Tables 1 and 2 in your own words. What is the most likely outcome for a patient with a prior obstetric anal sphincter injury who undergoes vaginal delivery? What is the potential effect of an episiotomy on obstetric anal sphincter injury with and without operative vaginal delivery?

8. Were midline or mediolateral episiotomies cut in this patient population? Discuss the differences in risk for midline versus mediolateral episiotomy.

9. Discuss the adequacy of the sample size to accomplish the study objectives.

10. Discuss how the study findings will change your counseling of pregnant women regarding obstetric anal sphincter injury or why they will not influence counseling.