

**Local Safety Standards for Invasive
 Procedures**

**Repair of vaginal and/or perineal trauma in the
 birthing environment
 (Labour Ward, Abbey Birth Centre or
 Homebirth)**

Approval

Approval Group	Job title, Chair of Committee	Date
Women's Health Guidelines Group	Chair, Women's Health Governance Group	

Change History

Version	Date	Author, job title	Reason
1.0	July 2017	Julie Comer – Divisional Quality Governance Manager	Trust requirement

Procedure

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Document Review

Review Date	Reason for Review	Reviewed by	Signature

Document Amendment

- Amendments may only be made to the electronic copy to ensure all formally issued location copies are maintained to the updated requirements
- Amendments (changes of up to a sentence in length) must be performed by senior members of staff only
- Major changes (changes greater than a sentence in length) must result in immediate review of the procedure

1. Equipment requirements

It is the responsibility of the practitioner to ensure the availability of fully functioning equipment for a safe repair. This will include:

- Bed suitable for the procedure and weight of patient.
- Focused beam light (not a handheld torch). Surgical head torches or those which can be positioned securely are acceptable in a domestic setting)
- Perineal suture pack for repair of vaginal and perineal trauma (Robinson Healthcare pack) containing; 1 x Gallipot (60ml), 1x 21G Needle(Green), 1 x 10ml Syringe L/L, 1 x Forceps Dissecting Gillies Toothed, 1 x Mayo Needle Holder, 1 x Scissors Iris Standard, 1x Green Drape (90cm x 90cm), 1 x Tray, 1 x Sterile Field
- Protective clothing and gloves including latex free gloves
- Absorbable suture material (Ethicon W9962, 2-0 Vicryl Rapide with taper cut needle)
- Regional or local anaesthetic.
 - Local is 1% plain Lidocaine, maximum dose 20ml
- Access to call bell (in a hospital setting) or telephone to summon additional help if required

When new equipment or technologies are introduced staff should receive regular updates and continuous professional development.

2. Workforce

The minimum staffing requirements 24 hours a day seven days a week is that the practitioner has been trained and assessed as competent to undertake the repair independently, or is a learner under direct supervision of a fully qualified practitioner. The practitioners performing the safety count of swabs, instruments and needles, must have been assessed as competent in accordance with ASPH Safety Count Competency.

Fully qualified practitioner

- Obstetrician ST3 or above (mandatory RCOG requirement in eportfolio)
- Midwife assessed on ASPH competency framework documentation as competent

Locum or agency obstetrician or midwifery staff

The competence of non-substantive staff should be assessed before being allowed to carry out invasive procedures.

Supervision of students, trainees and observers

This will include doctors in training at ST1 or ST2, student midwives and learners in other supporting roles.

3. Procedure

The guideline for repair of episiotomy and perineal tear is Perineal Trauma Management and Repair

4. Documentation

Documentation is standardised to promote sharing of patient information between members of the team. The Perineal Trauma Assessment and Repair Proforma must be completed in all instances following a birth.

- Verbal consent for procedure should be recorded
- Swabs must be counted in multiples of five before the procedure is commenced.
- Instruments should be counted before the start of the procedure
- Swabs and instruments must be recounted if there is a change of practitioner undertaking the repair
- Swabs must be counted at the end of the procedure.
- All counts must be recorded and both practitioners must be identified.
- If a vaginal pack is used, the mother should have a bright pink band attached to her wrist, to be removed AFTER the pack has been removed.

5. Handover and information transfer

- The practitioner should complete the health care record prior to transferring care following the procedure
- The mother should be given the patient information leaflet 'Care Of the Perineum after the Birth of Your Baby' (available on Trustnet under 'leaflets', filed under Maternity). This should be recorded in the suturing record.
- When the mother is moved from one care setting to another, or if there is a change of personnel, the handover should be done using the SBAR tool.

6. References

- Perineal Trauma Management and Repair Guideline