Videos:

• GynZone Educational Program:

Wonderful animated tutorial of Pelvic Floor Injury that includes general anatomy overview, superficial lacerations, 1st degree tears, 2nd degree tears, episiotomy, 3rd degree tears, 4th degree tears, and healing. http://www.gynzone.net/pelvic-floor/perineal-injury

• Local anesthesia administration (Dr. Anton Scheepers):
Short and straightforward video about infiltrating a wound with local anesthetic before suturing.

https://www.youtube.com/watch?v=ssLuaeo1VTk

• Perineal Repair (Jo-Anne Hammond MD):

Video tutorial of a second degree tear.

https://www.youtube.com/watch?v=teukCoeaDqo

• Perineal Repair (Julia Phillippi):

Video tutorial of a second degree tear. Phillippi has many other videos on her YouTube channel.

https://www.youtube.com/watch?v=cEoswnweWu0

Birth after Female Genital Cutting

• Care of Women and Girls with Female Genital Mutilation (WHO 2016):

Comprehensive clinical handbook presented by the WHO on the care of women and girls with female genital mutilation. This guide distils the evidence informed recommendations into a practical and user-friendly tool for everyday use by health-care providers. It covers a wide range of health topics in nine chapters, ranging from basic knowledge and communication skills to management of a range of complications. Moreover, it describes how to offer first-line mental and sexual health support as part of comprehensive care to address multiple aspects of women's health and well-being.

https://apps.who.int/iris/bitstream/handle/10665/272429/97892415139 13-eng.pdf?ua=1

• A Systematic Review of the Health Complications of Female Genital Mutilation including Sequelae in Childbirth (WHO 2000):

The aim of this systematic review is to identify primary data on health complications of FGM, with particular emphasis on sequalae in childbirth, including psychosexual outcomes.

https://apps.who.int/iris/bitstream/handle/10665/66355/WHO FCH WM H 00.2.pdf?sequence=1

Birth Lacerations

• *Perineal Techniques for tear prevention (Cochrane Review, 2017):*Most vaginal births are associated with trauma to the genital tract. The morbidity associated with perineal trauma can be significant, especially when it comes to third- and fourth-degree tears. Different intervention including

perineal massage, warm or cold compresses, and perineal management techniques have been used to prevent trauma. This is an update of a Cochrane review that was first published in 2011. https://oda-hioa.archive.knowledgearc.net/bitstream/handle/10642/5022/Aasheim et al-2017-.sup-2.pdf?sequence=1

- Maternal Positioning in the Second Stage of Labor and Incidence of Spontaneous Perineal Trauma: A systematic Review with Meta-Analysis of Randomized Controlled Trials (Aimee Renee Jakeman, 2016):
 This systematic review aimed to investigate, 1) restrictive, non-ambulatory Western birth practices in terms of perineal integrity, 2) freedom of movement birth practices in terms of perineal integrity. Seven randomized controlled trials were evaluated. Each study compared a non-supine position, either the squatting or sitting position, to the supine position and reported the incidence of various degrees of spontaneous perineal tears. https://pdfs.semanticscholar.org/ceb4/fae8891e1f8c5445215d8d7c144d5c83f8cf.pdf
- Incidence and risk factors for perineal trauma: a prospective observational study (Smith, L.A., Price, N., Simonite, V. et al., 2013):
 This study aims to describe the range of perineal trauma in women with a singleton vaginal birth and estimate the effect of maternal and obstetric characteristics on the incidence of perineal tears.
 https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-13-59
- The Effects of Maneuvers for Shoulder Delivery on Perineal Trauma: A
 Randomized Controlled Trial (Aabakk, et al., 2016):
 The objective of this trial was to compare the incidence of perineal trauma
 after primary delivery of either the anterior or posterior shoulder during
 vaginal delivery.
 http://www.willersmetode.dk/docs/the-effect-of-maneuvers-for-shoulder-delivery-on-perineal.pdf
- Supporting women with Perineal Trauma (Neesha Ridley, 2017):
 This article highlights the importance that midwives and other health care professionals working within the maternity services are aware of how to support women who are at an increased risk of sustaining perineal trauma during birth.

 http://clok.uclan.ac.uk/17153/1/The%20Practising%20Midwife.pdf
- Perineal Repair Performed by Midwives (S Kindberg, et al., 2006):
 The purpose of this study was to compare a continuous suture technique with interrupted stitches using inverted knots for postpartum perineal repair of second-degree lacerations and episiotomies.
 https://obgyn.onlinelibrary.wiley.com/doi/10.1111/j.1471-0528.2007.0163

 7.x
- Repair of Obstetric Perineal Lacerations (Lawrence Leeman, et al., 2003):

This article discusses a repair method that emphasizes anatomic detail, with the expectation that an anatomically correct perineal repair may result in a better long-term functional outcome.

http://www.aafp.org/afp/2003/1015/p1585.pdf

• Sexual activity and dyspareunia the First Year Postpartum in Relation to Degree of Perineal Trauma (Fodstad, et al., 2016):

Introduction and hypothesis knowledge on sexual complaints and time to sexual resumption after obstetric anal sphincter injury is scarce. The aim of the study was to investigate self-reported sexual activity and coital problems 1 year postpartum in relation to perineal trauma, in addition to delivery mode.

https://www.researchgate.net/publication/303292383 Sexual activity and dyspareunia the first year postpartum in relation to degree of perineal tr auma

Episiotomy

• Episiotomy and Anal Sphincter Injury (Stedenfeldt, M., Pirhonen, J., Blix, E. et al., 2014):

This study investigates anal incontinence, urinary incontinence, and sexual problems in primiparous women with episiotomy, comparing women with and without obstetric anal sphincter injuries. Associations between episiotomy characteristics and anal incontinence, urinary incontinence, and sexual problems were assessed.

http://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-014 -0157-y

• Mediolateral Episiotomy at 60 Degrees (Madhu Naidu, et al., 2014):

This study highlights the need to develop structured training programmes to improve the visual accuracy of estimating angles or the use of fixed angle devices to help improve the ability to estimate the desired angle of an episiotomy.

https://www.researchgate.net/profile/Abdul Sultan/publication/27207911 9 Cutting an episiotomy at 60 degrees How good are we/links/5537ff2f0c f247b8587d136c/Cutting-an-episiotomy-at-60-degrees-How-good-are-we.p df

Obstetrical Anal Sphincter Injuries

• Reducing the incidence of Obstetric Sphincter Injuries using a hands-on technique: an interventional quality improvement project (Rasmussen OB, Yding A, Anhøj J, et al, 2016):

This improvement project describes the success in modifying the incidence of obstetric anal sphincter injuries in nulliparous women by using a hands-on technique without increasing the rate of episiotomy.

Last update 2-9-2020

http://gir.bmj.com/content/5/1/u217936.w7106.full.pdf+html

• Obstetrical Anal Sphincter Injuries (OASIS): Prevention, Recognition, and Repair (Marie-Andrée Harvey, MD, et al., 2015):

This study reviewed the evidence relating to obstetrical anal sphincter injuries obstetric anal sphincter injuries with respect to diagnosis, repair techniques and outcomes. To formulate recommendations as to patient counselling regarding route of delivery for subsequent pregnancy after obstetric anal sphincter injuries.

https://www.researchgate.net/profile/Roxana Geoffrion/publication/2857 34340 Obstetrical Anal Sphincter Injuries OASIS Prevention Recognition a nd Repair/links/566e4fc308ae62b05f0b4ccb.pdf

Perineal Repair

• Evidence Based Guidelines for Midwifery-Led Care in Labour: Suturing the perineum (Royal College of Midwives, 2012):

The Royal College of Midwives offers evidence based guidelines and the assessment and repair of the perineum.

https://www.rcm.org.uk/media/2279/evidence-based-guidelines-suturing-the-perineum.pdf

• Perineal Care (Julie Frohlich & Christine Kettle, 2013):

In this systematic review, the authors present information relating to the effectiveness and safety of the following interventions: conventional suturing; different methods and materials for primary repair of obstetric anal sphincter injuries; non-suturing of muscle and skin (or perineal skin alone); and sutures (absorbable synthetic sutures, catgut sutures, continuous sutures, interrupted sutures).

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356152/pdf/2015-1401.pdf

• Perineal Repair Guideline (Royal Berkshire NHS Trust, 2019):

This guideline aims to reduce the morbidity associated with perineal trauma, improve the information given to those women who sustain perineal trauma, to identify and treat at an early stage any complications, to provide a consistent level of care by all members of the multidisciplinary team. https://www.royalberkshire.nhs.uk/Downloads/GPs/GP%20protocols%20and%20guidelines/Maternity%20Guidelines%20and%20Policies/Intrapartum/Perineal%20Trauma%20guideline V8.2 GL836 AUG19.pdf

Perineal Models

• Perineal Laceration Simulation Model:

For purchase: The episiotomy and suture trainer provides realistic help with practicing taking care of and closing birth injuries after vaginal births. The medical personnel (midwives and doctors) should be continuously trained in diagnosing and taking care of birth injuries.

https://www.a3bs.com/episiotomy-and-suturing-trainer-1019639-p95-3b-scientific,p 1061 27492.html