Perineal Repair by Midwives in Ireland: A National Survey of Skills, Knowledge and Experience

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Background

- 80% of women will sustain some form of perineal trauma during vaginal childbirth McCandlish et al (1998)
- 60-70% will require suturing (Sleep 1984).
- Midwives, as key care providers at birth are best positioned to perform perineal repair (Mutema 2007, NICE 2007).
- Women prefer to be sutured by the same professional who assisted their birth (Hulme 1993, Sullivan 1991, Ho 1985)
- It is within the role and scope of the midwife to perform perineal repair (NMBI 2010)
- Inadequate perineal repair is associated with short and long term physical and psychological problems for woman (Brimacombe 1995).
- Key factors influencing the outcome of perineal repair are the skill of the person performing the procedure and the suturing technique they employ (Brimacombe 1995).
Aim and Objectives

Aim:
to determine the views and experiences of midwives regarding their role in perineal repair

Objectives:
• To ascertain the number of midwives performing perineal repair in the 19 public maternity units in the ROI.
• To identify if perineal repair practice is in line with current best evidence.
• To identify the process of education, training and maintaining competence in perineal repair.
• To identify the perceived barriers and facilitators to performing perineal repair.
Methodology

- Postal Survey using an anonymous questionnaire
- Ethical Approval
- Registered Midwives
- Gatekeepers
- Social Sciences (SPSS) version 22
  - analysis primarily descriptive in nature.

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Demographics of Respondents

- 1,310 questionnaires distributed, 492 returned, response rate 37.6%
- 60.6% (298) response from midwifery training hospitals
- 76.3% (371) registered midwives
- 69.1% (340) completed their midwifery training in the ROI, 25.4% (125) in the UK
- 87.8% (431) trained at Cert/ PGDip/HDip level
- 77.8% (383) > 5 years experience
- 71.9% (351) worked in DS at time of data collection
To ascertain the number of midwives performing perineal repair in the 19 public maternity units in the ROI.

- 59.8% (293) *had* performed perineal repair at some stage since registration

- 40.4% (197) *currently* performing perineal repair.

- 40.2% (197) *had never* performed perineal repair.
Had Performed Perineal repair

• 32.2% (93) of respondents who had performed perineal repair at some stage since registration are currently not suturing.

Why?
Midwives Comments

“I have been suturing for 20 years+ yrs. Moved from Northern Ireland to ROI 15 years ago. I was discouraged from carrying on my suturing by my colleagues with excuses like we don't have time”

“Having suturing experience x 1 year when moved to current unit then stopped, as CMM2 on labour ward said it was a doctors job, now deskilled”

“Sadly since moving to Ireland I have completely deskilled and although the culture is changing I feel that in my unit managerial support is required to promote these skills.”

“I sutured for 7 years prior to starting new job in Ireland. I was not allowed suture following starting. I did suture workshop last year but it was difficult to get signed off in competencies”
Currently performing perineal repair
Never performed perineal repair
% never sutured for time currently working on delivery suite

- Less than 1 year: 70%
- 2-4 years: 30%
- Greater than 5 years: 10%
To identify if perineal repair practice is in line with current best evidence.

• Of those currently performing perineal repair an overall 81.4% (158) consider themselves to be competent.

• 87.2 % (171) think their practice was in line with best evidence.
  – 1.5 (3) said they were not using EBP.
  – 11.2% (22) said they were unsure.

• Overall 60.6% compliance with EBP
Technique of those who think they are using EBP (171)

- Overall 63.3% (107) using EBP
To identify the process of education, training and maintaining competence in perineal repair

Attendance at workshops

• 87.8% (173) of those currently suturing have attended a workshop
• 74.3%(127) attended in the last 5 years
• 25.7(44) > 5 years

Did workshop content meet their needs?

• 55.6 % (116) agreed from theoretical perspective
• 51% (147) agreed from a skills development perspective
Effect of attending / not attending perineal repair workshop in the last 5 years on current suturing, perceived competence and EBP

- Attended workshop in last 5 years Yes
- Attended workshop in last 5 years No

- Currently suturing
- Perceived competence in perineal repair
- Perceived technique is in line with EBP
- Use EBP for muscle and vaginal mucosa
- Use EBP for skin
- Use EBP for both

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To identify the perceived barriers and facilitators to performing perineal repair
Overall Perceived facilitators to performing perineal repair

- Availability of champion to support training: 80%
- Desire to learn: 70%
- Support from midwifery managers: 30%
- Local policies / guidelines: 20%
- Part of my role as a midwife: 40%
- Support from midwifery peers: 10%
- Time: 85%
- Opportunity to attend workshops: 50%
- Support from DOM: 5%
- Support from obstetricians: 10%
Overall perceived facilitators to performing perineal repair

- Availability of champion to support training
- Support from midwifery managers
- Local policies / guidelines
- Part of my role as a midwife
- Support from midwifery peers
- Opportunity to attend workshops
- Support from DOM
- Support from obstetricians

Legend:
- Overall
- never sutured
- currently suturing
- Stopped suturing
Overall perceived barriers to performing perineal repair

- No champion to support training
- Too busy
- Too much administrative work
- Too many deliveries
- Don’t feel competent
- No desire to learn
- Doctors’ role not the midwives’
- Concerned about litigation
- Insufficient support from midwifery managers
- Absence of local policies / guidelines
- Traditionally midwives don’t suture
- Limited opportunity to attend workshop
- Insufficient support from OBs
- Don’t feel confident

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Conclusions

• A ‘culture’ for perineal repair by midwives does not exist in Irish maternity hospitals
• While 59.8% of participants have performed perineal repair at some stage a significant number (40.2%) have never performed perineal repair
• Midwives face resistance and barriers to practicing perineal repair when they take up employment in Irish maternity hospitals.
• The ‘routine’ practice of perineal repair once qualified not fully embraced (Dahlen & Homer 2007)
Conclusions cont.

- Evidence based practice is not being adopted uniformly (Bick et al. 2012)
- Attending workshops has a positive impact on EBP and competence (Ismail et al. 2013)
- Having a champion to support and facilitate midwives in practice is essential for the development of competence in perineal repair (RCOG 2004)
- Lack of time has been highlighted as the top perceived barrier
Recommendations

- Support a ‘culture’ of perineal repair
- In keeping with philosophy of midwifery support the view that perineal repair is ‘normal routine everyday practice’ and not an ‘optional’ skill for midwives
- Avoid delay in skill acquisition on qualification or even before qualifying if opportunity
- Designated ‘champion’ 24/7 to support skills and practice development in the clinical area
- Consideration given by management to the time that it takes to develop skill
Recommendations cont

- National standard education programme in perineal repair
- Consensus reached regarding expected outcomes
- Involvement from all stakeholders to increase compliance with evidence based practice
- Regular audit of practice
Acknowledgements

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Thank you!

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