# Royal Hospital for Women (RHW)
# BUSINESS RULE
# COVER SHEET

Health
South Eastern Sydney
Local Health District

**Ref: T26/39266**

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| **FORMER REFERENCE(S)** | RHW LOP Follow-up After Birth (FAB) Clinic – Postnatal Symptom Assessment |
| **EXECUTIVE SPONSOR** | Maternity services clinical co-directors |
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| **SUMMARY** | Postnatal service for review of woman who has delivered at RHW:<br>- with general issues up to 8 weeks postpartum<br>- with Obstetric Anal Sphincter Injury (OASI) up to 6 months postpartum<br>- identified with pelvic floor and musculoskeletal issues up to 3 months postpartum<br>- require medical debrief |
| **Key Words** | Postnatal, OASI, debrief |

**Contents**

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*Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.*

# 1 BACKGROUND

The aim of this CBR is timely review of postpartum woman by medical and physiotherapy teams in a dedicated postnatal clinic including four appointment types:

- Debrief
- Medical
- Obstetric Anal Sphincter Injury (OASI)
- Physiotherapy

# 2 RESPONSIBILITIES

## 2.1 Medical

- Identify and refer woman to postnatal clinic with common medical issues which require review up to 8 weeks postpartum e.g. wound infection, perineal repair/healing issues
- Review OASI injury in conjunction with physiotherapy team
- Provide formal medical debrief for woman as requested

## 2.2 Nursing/midwifery

- Identify woman during:
    - postnatal inpatient admission
    - Midwifery Support Programme (MSP)/Midwifery Antenatal Postnatal Service (MAPS)/Midwifery Group Practice (MGP) postnatal outpatient review
    - Birth Reflections Service (BRS)

  who requires referral and assessment in postnatal clinic
- Book appointment for woman and ensure she is aware of her planned follow up

## 2.3 Physiotherapy

- Identify woman who require follow up in postnatal clinic and facilitate appointment
- Review and assess woman in postnatal clinic in conjunction with medical team
- Refer to community physiotherapy if longer term follow up is needed

# 3 PROCEDURE

## 3.1 Identification and referral

- Identify and refer woman during immediate postpartum period who requires follow up in postnatal clinic according to following criteria:
    - Debrief:
        - complications during birth seeking medical debrief

        - referrals accepted from ward (medical, midwifery, physio), General Practitioner (GP), MSP/MAPS/MGP/BRS
    - Medical review: postpartum complication requiring review up to 8 weeks postpartum e.g. wound dehiscence/infection, suspicion of infection or retained products of conception
    - OASI: 3rd, 4th degree, or buttonhole tear
    - Physiotherapy review: any of the following genitourinary symptoms up to 3 months postpartum:
        - Urinary Incontinence
        - Anal Incontinence (AI)
        - Pelvic Floor Pain
        - Perineal Pain
        - Altered Bladder Sensation
- Organise referral:

**<u>Inpatient</u> (midwifery, medical, physiotherapy)**

- Postnatal ward clerk to arrange appointment with maternity outpatient administration staff prior to patient being discharged home
- Give woman postnatal clinic appointment reminder slip (with date and time) before discharge from postnatal ward

**<u>Outpatient</u> (MSP/MAPS/MGP midwife, BRS, GP, physiotherapy)**

- Midwife to organise appointment with maternity outpatients' administration staff and inform woman
- GP to send referral to maternity outpatients via eReferral with clear reason for referral. Referral to be triaged by triaging clinician and maternity outpatients' administration staff to book appointment and call woman
- Physiotherapy referrals triaged to postnatal clinic. Physiotherapy to organise appointment with maternity outpatients' administration staff and inform woman
- Inform woman booked to postnatal clinic that she will receive an automated text reminder the week of their appointment
- Inform woman referred from MSP/MAPS/MGP if she has a current antenatal referral, she does not need a new one from GP
- Inform GP that referral to postnatal clinic requires clear reason for referral. This should be completed through eReferral

### 3.2 Postnatal Clinic Review

- Take history and check woman at every appointment for:
    - symptoms
    - breastfeeding/supplementary feeding status
    - mental health and support
    - cervical screening
    - contraception plan
- Refer to ongoing services (perinatal mental health, physiotherapy, GP etc) as appropriate

**Debrief Appointments**

- Advise woman the appointment time allocation is for 60 minutes and is led by obstetric consultant or registrar
- Consider referral to BRS, GP, psychologist, social work as needed

- Consider escalation to formal feedback pathways as appropriate
- Provide woman and GP written summary of consultation
- Notify consultant obstetrician via email at least one week in advance regarding planned appointment

**Medical and Physiotherapy Appointments**

- Advise woman she will be reviewed by obstetric consultant/junior medical officer (JMO) and/or physiotherapist

**OASI Appointments**

- Follow OASI Clinic flowchart (Appendix 1) and Assessment Guideline (Table 1)

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| **Appointment 1: Review @ 2 weeks postpartum (Medical)** | **Discuss:**<br>• Bowels/stool softeners<br>• Bladder: urinary incontinence, urgency, sensation<br>• Pain/medications<br><br>**Perform Visual Examination of Perineum and External Anal Sphincter (EAS):**<br>• Integrity of sutures and wound<br>• Signs of infection<br>• Haemorrhoids<br>• EAS contraction (Absent/Present – weak/moderate/strong) |
| **Appointment 2: Review @ 6 weeks postpartum (Physio OR Medical)** | **Discuss symptoms (comparing pre- and post-delivery)**<br>• Bladder: urinary incontinence, urgency, sensation<br>• Bowels: anal incontinence, urgency, stool type<br>• Prolapse symptoms<br>• Sexual function<br>• Pain<br><br>**Physical Examination**<br>• Visual Check:<br>  ○ integrity of sutures/wound, scar<br>  ○ haemorrhoids<br>  ○ visible prolapse<br>  ○ atrophic changes due to breastfeeding<br>• Digital Vaginal Exam (DVE)<br>  ○ Palpation of scar for pain response<br>  ○ Pelvic floor Tone/Strength/Pain<br>  ○ Palpation for levator avulsion<br>  ○ Pelvic organs prolapse quantification (POP-Q) if indicated<br>• Digital Rectal Exam (DRE)<br>  ○ Anocutaneous reflex (Absent/Present)<br>  ○ Sphincter defects<br>  ○ EAS/IAS Tone<br>  ○ EAS Strength<br>  ○ Palpation of sutures or pain response |

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| | **Endoanal Ultrasound (EAUS)/Manometry**<br>• Recommend for woman who is symptomatic or has had 3rd or 4th degree OASI<br>• Advise woman to have prior to 6-month follow up appointment |
| **Appointment 3: Review @ 6 months postpartum (Medical +/- Physio review as indicated/ available)** | **Discuss symptoms (comparing pre- and post-delivery)**<br>• Bladder<br>• Bowels<br>• Prolapse symptoms<br>• Sexual function<br>• Pain<br><br>Perform physical examination as indicated with consideration of atrophic tissue changes due to breastfeeding, granulation tissue, palpable anal sphincter defects and ongoing AI.<br><br>Review anorectal physiology (ARP) report including endoanal ultrasound (EAUS) and anal manometry (if relevant).<br><br>Discuss future mode of delivery recommendation for subsequent birth based on symptoms and ARP results. Document in eMR for next pregnancy. Provide documentation for woman so she has a record of findings and advice for future pregnancy, as may have future pregnancy managed outside NSW Health facility<br><br>If symptomatic, consider ongoing management as indicated and refer to physiotherapy, colorectal, urogynaecology. |

- Consider and document at every appointment:
  - Mode of Birth (normal vaginal birth, instrumental birth e.g. vacuum, forceps)
  - Active second stage of labour length
  - Episiotomy
  - Birthweight of neonate
  - Degree of tear and location of tear

## 4 DOCUMENTATION

- Medical record

## 5 EDUCATION NOTES

- Women sustaining an OASI, experiencing pelvic floor symptoms, medical concerns pertaining to their birth or requiring a birth debrief should be provided with an appointment in the postnatal clinic
- Timing of appointment should be determined as per clinical indication with OASI pathway being 2 weeks, 6 weeks and 6 months postnatally
- Women who have sustained an OASI are on a pathway of care for rehabilitation and symptom management and require medical and physiotherapy involvement in their care
- Women should be notified of their appointment time in a timely manner

## 6 RELATED POLICIES/PROCEDURES

- RHW CBR Bladder care during labour and the postpartum period CBR (2020)
- SESLHDGL/050 Assisted vaginal birth (2023)
- RHW CBR Third and Fourth Degree Perineal Tears - Repair, Management and ward based postnatal care CBR (2023)

## 7 REFERENCES

1. Royal College of Obstetricians and Gynaecologists. (2015). Management of third and fourth degree perineal tears following vaginal delivery. Guideline no 29. RCOG, London
2. Australian Commission on Safety and Quality in Healthcare. (2021).Third and Fourth Degree Perineal Tears, Clinical Care Standard .
3. Sigurdardottir, T., Steingrimsdottir, T., Geirsson, R. T., Halldorsson, T. I., Aspelund, T., & Bø, K. (2020). Can postpartum pelvic floor muscle training reduce urinary and anal incontinence? An assessor-blinded randomized controlled trial. American Journal of Obstetrics and Gynecology, 222(3), 247. e241-247. e248.

## 8 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

## 9 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

## 10 NATIONAL STANDARDS

- Standard 2 – Partnering with Consumers
- Standard 5 – Comprehensive Care
- Standard 8 – Recognising and Responding to Clinical Deterioration

## 11 REVISION AND APPROVAL HISTORY

| Date | Revision No. | Author and Approval |
|---|---|---|
| May 2026 | V1 | Final draft- editing and formatting |
| May 2026 | V1 | UAT |
| Jul 2026 | V1 | RHW BRGC |

**Appendix 1. Postnatal Clinic OASI Flowchart**