



CLOSING THE LOOP GYNAECOLOGY

**Following on from Commentary and
Presentations from the 2013 ACR Day**

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OASIS

HALS ET AL INTERVENTIONAL COHORT STUDY 2003-2009, 40000

BIRTHS

- 1 Education of all staff re OASIS (2-3 day compulsory course)
- 2. Reintroducing traditional methods of delivery-hands-on
- 3. Changing the position at birth to allow perineal manoeuvres to take place
- 4. More liberal use of episiotomy-lateral or mediolateral



NORWEGIAN STUDY OUTCOMES

- Dramatic reduction in rates from 4-5% to 1-2%
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- No change in the rates of instrumental deliveries in study period
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- Increase in the rates of episiotomy (up to 25-30% from 10%)
- •
- Conclusion-Changing practices around SVD can reduce OASIS rates significantly
- •
- What can you do at ADHB?



WHAT'S HAPPENED AT ADHB 2012-2013

- Small rise in number of Episiotomies
22.8% -to- 25.4%
- No Change in # Epis with $\frac{3}{4}$ degree tears
- Small reduction in Total $\frac{3}{4}$ degree tears
3.1% -to- 2.9%

- Note: Asian - 4.3% $\frac{3}{4}$ degree tear rate
Indian - 6.9% $\frac{3}{4}$ degree tear rate

- Ventouse n= 541 – 6.1% - $\frac{3}{4}$ degree tear
- Forceps n= 292 – 9.2% - $\frac{3}{4}$ degree tear



JADELLE AT EDU

LEVONORGESTREL SUBDERMAL IMPLANT 5YR LARC (N SKIPPER NE)

- Introduced June 2011
- Average 40-50/month in 2013
- 406 insertions bet Jan-July 2014

- TOP'S @ EDU

2003	2008	2009		2010	2011	2012	2013
5960	5550	5391		5049	4949	4535	<u>4213</u>

