Gloucestershire Hospitals NHS
NHS Foundation Trust

Assessment of Competence for Midwives

Clinical Skill: Suturing the Perineum following Episiotomy and First or Second Degree Tears

Name:		Ward/Dept:	

Aim:	The aim of this document is to ensure midwives have the skills and knowledge to competently carry out a repair of the perineum following childbirth.
Objectives:	The practitioner will be able to: ▪ demonstrate a comprehensive understanding of the knowledge and skills necessary to safely and effectively carry out a repair of the perineum following childbirth ▪ demonstrate competency in performing the procedure. <u>This competency should be read in conjunction with Maternity Guideline DSG 4</u>
Training:	Attendance at a training session. Clinical support
Assessment:	a) Self assessment using the performance criteria overleaf. b) Assessment of competence by an experienced midwife
Risk Assessment:	**<u>MEDIUM</u>** (level of risk of harm to patient due to user error).
Update:	Competence to be reviewed continuously by the midwife and annually at appraisal/Individual Performance Development Review (IPDR).

UNDERPINNING KNOWLEDGE

It is expected that the midwife will be conversant with all current research and national guidance on the repair of the perineum following childbirth. The midwife will be fully aware of the agreed local guidance for perineal repair.

- Comprehensive knowledge of the anatomical structures and landmarks that identify the perineum
- Identification & classification of first, second, third and fourth degree tears
- Be aware of those at increased risk of perineal trauma and the morbity associated with it
- Be knowledgeable about suture materials and their efficacy
- Be fully conversant with Suture selection and Methods of repair
- Sound knowledge of pain relief, and appropriate application
- Be aware of employing authorities Policies and Guidelines and the NMC's Midwives Rules and Code of Practice.

I certify that the above named midwife has completed the theoretical assessment which covered the above

OR

I certify that I have the above theoretical knowledge
(Please delete as appropriate)

Signed:		Date:	
Print Name:		Position:	

CLINICAL SKILL		
PERFORMANCE CRITERIA - The practitioner will:		**Performed Safely (✓)**
1.	Explain the procedure to the woman and her partner and obtain verbal consent for procedure.	
2.	Check maternal baseline observations and p.v blood loss.	

3.	Assess extent of perineal trauma to ensure that the repair is not beyond own level of competence.	
4.	Ensure woman is in appropriate position.	
5.	Count all swabs prior to commencing suturing and assemble needle onto Mayo needle holder.	
6.	Identify anatomical landmarks. These will include the apex, hymenal ring and remnants, and fourchette.	
7.	Clean vulva and perineal area and drape with sterile towel (placed under the woman's buttocks).	
8.	Infiltrate the perineum with local anaesthetic (1% Lidocaine). Infiltration should be done slowly into the traumatized tissue ensuring even distribution.	
9.	Perform a PR prior to commencing the repair to ensure no damage has been sustained to the anal sphincter.	
10.	Identify the apex of the vaginal trauma and insert the needle with the Lidocaine into the traumatised tissue just inside the vagina at the fourchette on the left or right side. Put the needle into traumatised tissue only. Point the needle in the direction of the apex of the tear and insert the needle fully. Instil the Lidocaine slowly and evenly. Repeat on the other side.	
11.	A maximum of 20mls of 1% Lidocaine should be infiltrated in total i.e. any local anaesthetic used to infiltrate the perineum for episiotomy must be included in the total dose.	
12.	Suture the posterior vaginal wall using a continuous non-locking suturing.	
13.	Ensure that each suture reaches the trough of the traumatised tissue.	
14.	Visualise the needle at the trough of the traumatised tissue each time it is inserted.	
15.	Suture to below the hymenal ring and just above the fourchette. Continue to repair the deep and superficial muscles using a loose continuous suture.	
16.	Once the muscle layer has been completed, reverse the suturing direction at the inferior aspect of the tear to commence subcuticular repair of the skin leaving approximately 5-10mm between each suture. Should the skin edges be 0.5cm apart at this point, the edges of the skin may be left to heal by apposition.	
17.	Ensure the last suture of the subcuticular skin repair includes the skin edges of the fourchette. Once this is completed insert the needle back into the vagina to anchor the suture with a knot ensuring no knots are directly at the fourchette and well within the vagina.	
18.	Inspect the repaired trauma to ensure that haemostasis has been achieved and that there is not excessive bleeding from the uterus.	
19.	Carry out vaginal examination to ensure that the introitus and vagina have not been sutured too tightly and that there are no holes in the posterior vaginal wall.	
20.	Carry out rectal examination to ensure that no sutures have penetrated the rectal mucosa and insert PR Voltarol for pain relief if applicable or oral analgesia if not suitable for Voltarol.	
21.	Clean and dry the perineal area and apply a maternity pad.	
22.	Check and record that all swabs, needles and instruments are correct with a second person and both to sign in the Health Records to confirm this.	
23.	Write the amount of Lidocaine and any other drug given on the woman's prescription chart.	
24.	Complete appropriate documentation, provide an accurate account of the repair and give the woman a copy of the Care of Stitches leaflet.	

I certify that the above named midwife has completed the practical assessment which covered the above.
I certify that I have the above practical abilities.

(Please delete as appropriate)

Signed:		Date:	
Print Name:		Position:	

ASSESSOR COMMENTS

CANDIDATE COMMENTS

DECLARATION			
I confirm that I have had theoretical and practical instruction on how to safely and competently perform perineal repair and agree to comply with the policy and procedures of the Trust. **OR** I confirm that I have had theoretical and practical instruction on how to / am able to safely and competently perform and agreed to comply with the policy and procedures of the Trust. (Please delete as appropriate) I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.			
Signed:		Date:	

SPONSOR/PEER REVIEW			
To ensure the content is accurate, current and evidenced based, competencies are required to be peer reviewed by subject matter experts within the specialty. It is your responsibility, as the author, to ensure this is undertaken and the peer review section is signed by the appropriate person.			
Author's Name:	Kirsty Davis	Position:	Practice Development Midwife
Peer Review Name:	Gloucestershire Obstetric Guidelines Group	Position:	
Signed:		Date:	

REFERENCES

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