

**Postnatal management of perineal tear
(05HDC13928, 20 December 2006)**

Midwives ~ Standard of care ~ Inaccurate assessment of perineal laceration ~ Inadequate postnatal assessment and documentation ~ Rights 4(2), 4(5)

A 25-year-old woman complained that she did not receive an appropriate standard of care from her midwife after the birth of her first baby. Two midwives who provided postnatal care were also investigated. During delivery the woman sustained a perineal laceration, which her midwife assessed as “first degree”, and sutured. The woman was transferred to a maternity unit that night, and discharged three days later. While she was in the unit no one examined her perineum.

During the following month she had six postnatal checks by two other midwives from the same midwifery service. The woman was concerned about the appearance of her perineum and telephoned the midwifery service for advice on several occasions, but was made to feel “stupid” about her questions. She was assured that everything was normal.

Three months after the delivery, the woman was found by her general practitioner to have a complete absence of tissue between her anus and vagina. It was determined that the laceration she sustained was more likely to have been a fourth degree tear. Furthermore, the other midwives did not adequately assess the perineum during their postnatal visits. As a result of their inadequate assessment and failure to examine the wound and assess healing, the woman did not have appropriate specialist intervention and required extensive ongoing surgery, and was caused unnecessary pain and distress. It was noted that documentation was brief.

It was held that the midwives breached Right 4(2) by failing to comply with professional standards, and Right 4(5) by failing to co-operate to ensure quality and continuity of care. Where several different providers provide a service, appropriate and adequate documentation is critical to ensure consistency and quality of care.