

## POST-PARTUM QUALITY OF LIFE AFTER SECOND DEGREE PERINEAL TEARS

### Hypothesis / aims of study

While third and fourth degree perineal tears have an adverse effect on women's quality of life after delivery, few data exist on the consequences of second degree tears. Nevertheless, second degree tears defined as vaginal epithelium and perineal muscle trauma occur frequently after vaginal delivery.

Using validated questionnaires, we set out to assess post-partum quality of life in women who had second degree perineal tears as compared to first degree tears or an intact perineum.

### Study design, materials and methods

A case-control prospective study was undertaken on 69 patients from May to September 2014. Quality of life scores were compared between 22 patients bearing second degree tears (cases) to 47 patients bearing first degree or no tear (controls) using PFDI-20 and post-partum Edinburgh questionnaires. Inclusion criterias were single spontaneous cephalic vaginal delivery in occiput-anterior position at term, live birth of weight between the 10th and 90th percentile, primiparas understanding French. Exclusion criterias were any history of pelvic floor dysfunction, episiotomies and absence of patient's consent for the study. Questionnaires were administered at the nine-month prenatal visit, then at one- week and eight-weeks postpartum. Qualitative variables were compared using Fisher's test and quantitative variables using Student's test.  $P < 0.05$  was considered as significant.

### Results

The two groups were comparable in terms of age, parity, BMI, duration of labour, rate of epidural anesthesia, except for more weight gain (mean 17.5 kg vs 14.2 kg,  $p=0.003$ ) and longer pushing time (mean 40 mins vs 17 mins,  $p=0.03$ ) for cases. Mean numerical verbal pain scale score was significantly increased in the second degree tear group at one-week ( $5 \pm 1.4$  vs  $3 \pm 1.2$ ,  $p < 0.001$ ) and eight weeks ( $1 \pm 0.9$  vs  $0 \pm 0.1$ ,  $p < 0.001$ ). Similarly, mean UDI-6 (urinary) and CRADI-8 (anorectal) scores were significantly increased in cases as compared to controls at one-week (UDI-6:  $52.3 \pm 13.2$  vs  $19.7 \pm 21.5$ ,  $p < 0.001$ ; CRADI-8 :  $48.9 \pm 16.3$  vs  $14.8 \pm 18.6$ ,  $p < 0.001$ ) and eight-weeks (UDI-6 :  $14.8 \pm 19.9$  vs  $1.1 \pm 5.1$ ,  $p < 0.001$ ; CRADI-8 :  $14.4 \pm 19.9$  vs  $0 \pm 0$ ,  $p < 0.001$ ). No pelvic organ prolapse was observed in either group. Mean Edinburgh scale score showed a significant psychological impact in cases at one week ( $2.45 \pm 2.9$  vs  $-1.6 \pm 3.2$ ,  $p < 0.001$ ) but not at eight weeks ( $-2.2 \pm 1.7$  vs  $-3.1 \pm 2.1$ ,  $p=0.07$ ).

### Interpretation of results

Patients with second degree tears presented significantly more cumbersome urinary, anorectal and pain symptoms than patients without any tear in the short and middle term.

### Concluding message

Second degree perineal tears have a negative impact on pain, urinary, anorectal symptoms and psychological well-being in the short term. As for third/fourth degree tears and episiotomies, these tears should benefit from prevention and adequate care in the post-partum.

### Disclosures

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