**Pelvic Health, Birth Lacerations, & Suturing**

National Midwifery Institute, Inc.

Study Group Coursework

*Syllabus*

Description:

This module explores the practice and skill of suturing the vagina, perineum, and other surrounding tears following childbirth from a midwifery perspective. It includes recommended reading materials in print and online, and asks students to complete short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects to deepen your hands-on direct application of key concepts.

Learning Objectives:

* Observe a variety of vulvas and review the basic structures of reproductive organs.
* Review the function of the various structures of reproductive organs.
* Identify the presence of a hematoma, and appropriate response.
* Identify the four vaginal wall herniations: cystocele, urethracele, rectocele, enterocele.
* Identify prolapsed uterus.
* Examine the basis for recommending the practice of Kegels.
* Examine the rationale for practicing deep squats in preparation for childbirth, and to support healthy tissue that will heal well during the postpartum period.
* Review The Midwives Model of Care™ and identify how each point informs your practice and consideration of birth lacerations and repair.
* Review concepts of informed choice/informed consent and Shared Decision Making, and prepare for applying these practices to your immediate postpartum work with clients.
* Examine your perspective and readiness to provide midwifery care for a client who has experienced the cultural practice of female genital cutting.
* Understand tear prevention
* Identify the mechanism of natural tearing in birth, and measures to support minimal tearing.
* Understand the cycle of healing birth lacerations and the time involved to determine how a vulva will look and how sexual function or continence may be affected.
* Identify and describe alternative methods to suturing for the healing of perineal birth lacerations.
* Identify the appropriate timeline for completion of a laceration repair.
* Determine the difference between 1st, 2nd, 3rd and 4th degree perineal lacerations.
* Consider the need for suturing, optional or recommended, for varying degrees of lacerations.
* Identify labial tears and splits or ‘skid marks’ and determine when suturing is appropriate.
* Identify appropriate suturing materials for birth laceration repair.
* Determine your own suturing skill level and make a plan for action in dealing with tears beyond your capability to repair.
* Understand the purpose of including epinephrine in a local anesthetic, and when epinephrine is contraindicated.
* Understand and consider options for helping a client cope with a suturing repair if effective local anesthetic is not available.
* Describe the history and medical practice of routine episiotomy.
* Identify when a mediolateral episiotomy may be indicated.
* Identify the practice and rationale for a “pressure episiotomy”.
* Identify indications for a midwife to perform an episiotomy.
* Create a care plan for your clients as they heal from a birth tear or episiotomy.
* Understand identification of and treatment of a fistula
* Draft practice guidelines for suturing in your own practice.
* Compare research studies with your personal experience of birth lacerations, episiotomy, or suturing practices.

Learning Activities:

* Research and read appropriate study sources, seeking out additional study sources where needed
* Complete short answer questions in attached module document for assessment
* Complete long answer questions for deeper reflection in attached module document for assessment
* Complete learning activities listed in attached module document for assessment
	+ Review *Healing Passage* by Anne Frye and document your observations as you familiarize yourself with the material.
	+ Build the Pelvic Model in *Healing Passage* by Anne Frye
	+ Practice tying different knots that hold sutures together, including hand and instrument ties
	+ Practice different stitches and tying them off on a foam block
	+ Practice Deep Squats and Kegels and compare how your body feels
	+ Research Episiotomy, Birth Lacerations, and Suturing Techniques, and compare to your own observations and experiences
	+ Comment on your experience or research regarding waterbirth and birth lacerations
	+ Draft practice guidelines for birth lacerations and suturing in your own practice
* Submit work to Study Group Course Coordinator
* Reflect on feedback from Study Group Course Coordinator and re-submit work as needed

Study Sources (print):

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

Using keywords from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

* Healing Passage (Suturing Manual), Frye, 6th Edition
* Varney’s Midwifery
* Myles Textbook for Midwives
* Heart & Hands, Davis
* Herbal for the Childbearing Year, Weed
* Botanical Medicine for Women’s Health, Romm

Optional

* After the Baby’s Birth: A Woman’s Way to Wellness, Lim
* Tear Prevention and Treatment Handbook, part of the Midwifery Today Holistic Midwifery series, available through Midwifery Today

Study Sources (online):

See NMI website Pelvic Health, Birth Lacerations, and Suturing module web resources section for current online study sources for this module.

Related Modules:

* Second Stage of Labor
* Pharmacology for Midwives
* Postpartum Care
* Nutrition

Submitting Module for Assessment:

Study Group modules are accepted electronically in PDF format *only*. We encourage you to submit modules as you complete them throughout each quarter of enrollment.

Please e-mail your completed Study Group module to:

Study Group Course Work Instructor nmistudygroup@nationalmidwiferyinstitute.com

Once your module has been e-mailed to us, you will receive an e-mail confirmation that we have received it. Study Group modules are reviewed and returned in digital format as PDF documents. Modules can take up to 1 month from submission to be reviewed and returned to you. We will return your module as an e-mail attachment. Each module includes an Evaluation Sheet at the end of the pdf. The module’s page on the student portal also includes a link to a fillable online module evaluation sheet. Please take the time to fill out the module evaluation sheet and return it to us for each module, it helps us to improve our course work.

Please follow these formatting guidelines when submitting modules:

* Your first initial and last name in title of PDF, along with name of module. Example: “ERyanFirstStage.pdf”
* Title of module on the document’s front page
* Your name on the document’s front page
* Provide the text of each question, followed by a blank line and then your thoughtful answer (without the question, you have commentary without context)
* Blank line between the answer for a question and the next question: question, blank line, answer, blank line, question, blank line, answer…
* Please leave margin space for our comments!
* Don’t use script or cursive writing style text
* Font size not smaller than 12
* Credit sources of direct quotes

Completion Requirements and Feedback:

In order to complete this module for graduation purposes from National Midwifery Institute you must review all resources, complete the attached short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects, and submit them as detailed above. Upon return to you, your coursework may have feedback or ask for additional information or exploration on certain topics. Your work will be evaluated n the following Rubric (pasted below). You must achieve a minimum score of **7.5** in order to move on to your next module, though we encourage all students to strive for a **10.**

|  | **Level 1** **(0 Points)** **Not Adequate** | **Level 2** **(1 Point) Developing Adequacy** | **Level 3** **(1.5 points)** **Meets Basic Expectations** | **Level 3** **(2 points) Exceeds Expectations** | **Student Score** |
| --- | --- | --- | --- | --- | --- |
| **Completion of module prompts and elements** | -Module not completed  | -Major Elements of module are missing  | -All aspects of module elements present, with some minor questions unanswered or missing | -All aspects of module elements present and answered completely |  |
| **Demonstrates Comprehension of module content and concepts** | - Lack of comprehension | - Responses are unclear and do not reflect basic comprehension of module concepts | - Responses are clear and reflect basic comprehension of module content and concepts | - Responses are clear, well written, and reflect in-depth comprehension of module content and concepts. Added subpoints and additional reflections demonstrate a deeper knowledge and curiosity.  |  |
| **Analysis** | - Key terms not defined | -Inaccurate definitions of key items -Limited connections made between evidence, subtopics and clinical experience  | -Accurate definitions of key items       -Connections made between evidence, subtopics and clinical experience -Incorporation of original ideas and incorporates some clinical experiencein responses where possible | - Accurate definitions of key items       -Strong connections made between evidence, subtopics and clinical experience  |  |
| **Evidence** | - No research evidence used  | -Research not used -Research not clearly connected to questions asked in module  | -Research is present but limited -Research presented is weak or not relevant to communities served by midwives | -Research is abundant -Research is compelling and relevant to communities served by midwives |  |
| **Engagement with Learning Resources** | -Evident study sources were not utilized  | -Evident study sources were partially utilized  | -Evident that study sources were fully utilized | -Evident that study sources were fully utilized and independent research was undertaken -Full incorporation of original ideas, personal analysis and incorporates relevant clinical experience in all areas possible |  |

Skills

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI forms *Form 52 - Assessment of Student’s Midwifery Skills* and *Form 53 - Student Self-Assessment of Midwifery Skills.*

2. General Health care Skills:

A. Demonstrates Universal Precautions

C. Demonstrates the application of aseptic technique

D. Demonstrates the use of instruments and equipment including:

11. Hemostats

16. Needle and syringe

17. Scissors (all kinds)

21. Suturing equipment

F. Uses alternate health care practices (non-allopathic treatments) and modalities

1. Herbs,

2. Hydrotherapy (baths, compresses, showers, etc.)

K. Administers the following pharmacologic (prescriptive) agents:

1. Lidocaine

L. Refers for performance of ultrasounds

4. Labor, Birth and Immediate Postpartum

E. Assists in placental delivery and responds to blood loss by:

3. Facilitating the delivery of the placenta by:

a) encouraging nursing,

b) draining the cord,

c) positioning the mother on the toilet,

d) changing the mother’s positions,

e) administering non-allopathic treatments,

f) manually removing the placenta,

g) performing guarded cord traction

4. After delivery, assessing the condition of the placenta

5. Estimating the amount of blood loss

F. Assesses general condition of mother and newborn by:

6. Repairing the perineum by:

a) referring for repair,

b) administering local anesthetic,

c) performing basic suturing of:

1) 1st degree tears,

2) 2nd degree tears,

3) labial tears,

d) providing alternate repair methods (non-suturing)

Introductory and Further Thoughts:

*Except where midwives are allowed to suture as part of the midwifery scope of practice, suturing is considered the practice of medicine. In a state where the profession of midwifery is unregulated (separate from the nursing profession), local midwives are generally aware of their personal legal risk around providing suturing and medication. As a student, inform yourself about the legal status for midwives and student-apprentices, especially with clarification about how much hands-on activity you engage with for clients.*

*NARM CPM qualifications for required knowledge and skills include postpartum evaluation of perineal tissues and basic suturing of 1st and 2nd degree tears. NARM allows these areas of knowledge and skill to be evaluated by preceptors through accurate and detailed student demonstration and explanation. NMI accepts the same measures of accomplishment. This module requires detailed knowledge in alignment with MEAC Essential Competencies, as identified within the International Confederation of Midwives (ICM) 2013 Standards. The areas of knowledge identified and resourced in this module are intended to prepare a new midwife for practice, by helping to establish entry-level competence with assessing and caring for birthing clients postpartum.*

**Pelvic Floor Health, Birth Lacerations, and Suturing**

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Study Group Coursework

*Short Answer Questions*

1. Describe the layers of pelvic floor tissue, muscles, and complexes that may expand, stretch, or suffer trauma during the birthing process.

2. What can pregnant clients do to support their pelvic floor and perineal tissues in pregnancy?

3. Describe the following exercises, how they are properly done, and how the hurt or support a pelvic floor:

1. Kegels
2. Deep Squat
3. Perineal Massage

4. Describe the role of nutrition in supporting a healthy pelvic floor.

5. Describe the role of exercise in supporting a healthy pelvic floor.

6. How common is it to experience pelvic organ prolapse following childbirth?

7. Describe what you observe during your postpartum vaginal assessment if your client has a prolapsed uterus. How do you address this finding?

8. Describe what you observe during a postpartum assessment in which you identify the following structural weaknesses:

1. cystocele
2. urethrocele
3. rectocele
4. enterocele

What is your plan for addressing the above conditions?

9. How common is it to experience pelvic floor trauma or lacerations during birth? Does this incidence vary between primiparas and multiparas?

10. Define fistula. Explain how it affects postpartum health and the treatment plan to care for it.

11. Which muscles are most often involved in a perineal laceration?

12. What can you, as a midwife, do to minimize tearing during second stage of labor? Is this evidence based?

13. Are there birthing positions that potentially minimize birth tears?

14. Are there birthing positions that may increase the occurrence or depth of birth tears?

15. Describe in detail how you identify the following:

1. Labial tears
2. “Skid marks”
3. 1st degree tear
4. 2nd degree tear
5. 3rd degree tear
6. 4th degree tear

16. What is the normal process of flesh healing? What is the normal process of muscle healing?

17. Describe step-by-step your routine evaluation of the vaginal vault and perineum after a birth to assess for birth lacerations.

18. Describe how to assess a perineal laceration to determine the severity and muscle bodies involved.

19. If you determine a client has experienced birth-related tissue trauma, what remedies could you consider to help assist in healing that are *not suturing*? List at least 3 examples.

20. Why is it important to stay in bed while healing from birth-related tissue trauma?

21. What do you use for an herbal sitz bath or compresses for a healing bottom? For a peri-rinse bottle to use at the toilet?

22. Under what circumstances would you consider suturing indicated to support healing after birth?

23. Give examples of circumstances in which you would consider and discuss with the client suturing a labial split or ‘skid mark’ or a small 1st degree tear.

24. From the time of birth, how long do you have to secure and complete laceration repair?

25. Discuss tools and materials used for suturing.

1. List in detail all tools needed to suture a client’s birth lacerations.
2. Describe your preferred type and length of needle holders and pickups.
3. What type and size suture material is commonly used for birth laceration repair? For muscle repair? What do you prefer? Why?
4. Describe different types of suturing needles, and the benefits or drawbacks of each.
5. Which local anesthetic, and in what concentration, is in general use among midwives in your area?
6. Why is epinephrine sometimes included in a local anesthetic preparation?
7. If a local anesthetic is declined, is unavailable, is contra-indicated, or is ineffective, what can you do to help a client cope with pain during suturing?

26. Discuss the obstetric practice of episiotomy:

1. What is an episiotomy?
2. What is the difference between a midline and a mediolateral episiotomy? Which muscles are affected?
3. Describe the steps of performing an episiotomy.
4. Under what circumstances might a midwife perform an episiotomy? List and explain at least three examples.
5. Describe how repair of an episiotomy differs from the repair of a naturally occurring birth tear (or a tear that was potentially minimized by manual support and counter pressure).
6. Define a “pressure episiotomy” and describe how this practice may affect the depth of a birth laceration.

27. Describe normal healing of perineal or vaginal tissue after suturing. What is a normal timeline? What are normal sensations? When should you expect to remove sutures or, if using dissolvable sutures, when should you expect sutures to have dissolved?

28. Describe what you witness and what your client may report if a repair or postpartum perineal laceration is not healing well?

28. For a laceration that is not healing well, what is your response, and what instructions do you provide to the client for self-care?

29. What are the indications that a perineal laceration has become infected?

30. If a birth laceration has become infected, what is your response, and what instructions do you provide to the client for self-care?

1. Explain your use of Shared Decision Making and Informed Consent under these circumstances.
2. At what point is a medical consultation indicated?

31. What is a pelvic floor physiotherapist? How do they typically work? When might you refer a client to a pelvic floor physiotherapist?

**Pelvic Health, Birth Lacerations, and Suturing**

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*Long Answer Questions for Deeper Reflection*

Questions Requiring Longer, More Thoughtful Answers:

32. What is the legal context for midwifery suturing where you will practice? Is it different from where you trained with your preceptor?

33. How does your knowledge of The Midwives’ Model of Care™ inform your consideration of episiotomy, birth laceration, suturing, and postpartum healing? Comment on the four points of MMOC™ and how this sets your intention for care in the immediate postpartum.

34. Describe the use of Shared Decision Making and Informed Choice/Informed Consent as pertains to laceration repair.

35. Describe the history and medical practice of routine episiotomy.

36. Clients in some cultures have experienced female genital cutting, or excision. From a Western cultural perspective, the practice has been called female circumcision and WHO refers to it as Female Genital Mutilation, or FGM. These varying terms have different significance, resonance, and meaning to activists, human rights advocates and people who have experienced excision themself. Read the resources around excision or female genital cutting on the NMI Pelvic Health, Birth Lacerations, and Suturing Module webpage, and reflect on your personal responses.

1. What comes up for you most strongly?
2. What personal or professional experience do you have with excision? How might this impact your midwifery care of a client who has experiences excision?
3. What more information and resources do you need when thinking about serving clients who have experienced excision in your practice?

37. Describe your own preferred method of suturing repair, including administration of local anesthetic. Provide step-by-step instructions.

38. Your client, Ines, 34yo, G1P0 birthed her baby slowly and beautifully. Still, your exam identifies a deep 1st degree perineal tear. The edges of the tear approximate well, and after discussing suturing with you and looking at the tear in the mirror, your client decides to allow her body to heal itself. Describe your plan for postpartum care for this client, including what you will do and what you will instruct her to do.

39. You are suturing a tear after a short labor and quick birth. You notice a quarter-sized reddish and swollen area in the client’s vagina. What is this most likely to be, and what do you do about it?

40. Your client gave birth almost 2 weeks ago. You identified a tear that you felt needed suturing, and your client was agreeable to it. The suturing was straightforward, followed by a normal course of immediate postpartum healing. Ten days postpartum, your client calls you, frantic, saying that after looking in the mirror at the area of the tear and repair and it looks really weird. Your client is afraid that the tissue didn’t heal right. What do you say to your client, and what do you do?

41. Your client healed well from their birth tear. At 10 weeks postpartum your client reports that their vagina is not at all comfortable during intercourse, the tissue feels tight and burns. It’s really painful. What do you suggest?

Continued…..

**Pelvic Health, Birth Lacerations, and Suturing**

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*Projects/Learning Activities*

Projects(send completed projects with the rest of your course work for this module)

42. In Healing Passage, 6th Edition, Anne Frye provides excellent detail of the muscle and soft tissue structures that are supported by the bony pelvis, including those of the pelvic floor. Spend time reviewing the illustrated sections and accompanying text, and orient yourself to the muscle bodies. Repeat this review every few days, breaking it down into smaller sections. As you become more familiar, details may continue to come more specifically to your attention. This takes time and repetition. When the illustrations and vocabulary no longer feel overwhelming, you can review the chapter less frequently. Document your observations and insights over time--writing about your experience with this content can help you recognize and organize your thoughts about your increasing familiarity and comprehension.

43. Build the pelvic model provided in Healing Passage, 6th Edition and also available online: see NMI website Suturing module web resources. Please e-mail a photo of this completed project along with your module submission.

44. Practice tying suturing knots, including instrument ties. Utilize a text with illustrations or a video with instructional commentary. Eventually use a paper cup to limit your working area for tying knots, stitch through the side of the cup but focus on the knot-tying within the confined space. Repeat with the added challenge of reaching to the bottom of the cup and tying a knot with more space between the cup opening and the surface where the knot will land. Please e-mail a photo of this completed project along with your module submission. Suturing video links are available in the NMI website Suturing module web resources section.

45. Using a foam block and suturing material, practice making various stitches and tying them off. When you feel confident, practice your suturing technique using fresh raw red meat, or the chicken thigh model in the video listed in the NMI website Suturing module web resources section. Please e-mail a photo of this completed project along with your module submission.

46. Alternate a few deep squats and Kegels every day for two weeks. Write a short reflection on any changes in your bladder continence, existing hemorrhoids or sexual awareness/ enjoyment experienced. Consider the information about Kegels provided online in various blogs, the controversy and the resulting confusion. Read about Kegels and Pelvic Floor Muscle Training in Varney and Frye. What is your advice during pregnancy and postpartum? Links to articles and blogs discussing Kegels are available in the NMI website Suturing module web resources section.

47. Find at least two research papers that examine details of episiotomy, birth laceration, or postpartum suturing practices. Compare the findings to your personal experience with clients. Provide your commentary, the title of the study, name of researchers, date of study, and where you accessed the text.

48. Comment on your experience with waterbirth and the occurrence of birth tears. If you have not attended a waterbirth, familiarize yourself with the birthing positions commonly occurring with waterbirth. What can a midwife provide to minimize birth tears for a mother who is birthing in water? In your opinion, does waterbirth contribute to an increase in labial or vulvar birth lacerations?

49. Draft practice guidelines for suturing in your own practice.Be sure to include:

1. timeline and steps for immediate postpartum assessment and care of birth lacerations.
2. your plan for communicating with a client through Shared Decision Making and Informed Consent for suturing, self-care, and postpartum midwifery follow-up for six weeks.
3. your steps to review client drug sensitivity and choice of anesthetic.
4. your consultation and transport plans in response to the need for repair that is beyond your ability.
5. create a responsive, individualized plan for attentive care and appropriate follow-up for a postpartum healing course to address an infected laceration. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)