



Short Communication

Beyond the Tear: Reframing Obstetric Anal Sphincter Injuries in Modern Maternity Care

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Citation: Bujold R, Beyond the Tear: Reframing Obstetric Anal Sphincter Injuries in Modern Maternity Care V1(3), 2025

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Received date: December 18, 2025; **Accepted date:** December 20, 2025; **Published date:** December 23, 2025

Keywords: Obstetric Anal Sphincter Injuries, OASIS, perineal trauma, pelvic floor, maternal health, childbirth complications, anal incontinence, obstetrics

Abstract

Obstetric Anal Sphincter Injuries (OASIS) remain a significant yet often under-discussed complication of vaginal childbirth, with profound implications for long-term maternal health and quality of life. Traditionally approached as isolated perineal trauma, OASIS is increasingly recognized as a multifactorial condition influenced by clinical practices, anatomical variability, and systemic healthcare dynamics. This article proposes a new perspective: shifting from a purely injury-centered model to a continuum-of-care framework that integrates prevention, early recognition, individualized repair, and long-term pelvic floor rehabilitation. By emphasizing patient-centered care, interdisciplinary collaboration, and the role of emerging diagnostic and surgical innovations, this reframing aims to reduce stigma, improve outcomes, and redefine quality benchmarks in obstetric care

Introduction

Obstetric Anal Sphincter Injuries (OASIS), encompassing third- and fourth-degree perineal tears, represent one of the most severe forms of birth-related trauma. While advancements in obstetric practice have improved maternal and neonatal outcomes, the incidence of OASIS has paradoxically increased in many settings, partly due to better detection and changing obstetric interventions. Beyond immediate morbidity, these injuries carry long-term consequences such as anal incontinence, chronic pain, sexual dysfunction, and psychological distress

Historically, OASIS has been viewed through a narrow surgical lens—diagnose, repair, and discharge. However,

emerging evidence suggests that this approach is insufficient. A broader, patient-centered framework is required to address the full spectrum of physical, emotional, and social impacts.

A Paradigm Shift: From Event to Continuum

1. Rethinking Risk: Beyond Traditional Predictors

Conventional risk factors—primiparity, instrumental delivery, fetal macrosomia—only partially explain OASIS occurrence. A new perspective considers:

- **Biomechanical factors:** Individual variability in tissue elasticity and pelvic floor dynamics
- **Labor management practices:** Duration of second stage, maternal positioning, and coached pushing
- **Provider-related factors:** Skill level, experience, and decision-making variability

This expanded understanding calls for predictive models that incorporate both clinical and patient-specific variables

2. Prevention as a Dynamic Process

Preventive strategies should not be limited to intrapartum interventions. Instead, they should begin antenatally and continue through labor:

- **Antenatal pelvic floor assessment and education**
- **Perineal massage and conditioning**

Journal of Innovations in Medical Research and Clinical case Reports (JIMRCR)

- **Intrapartum techniques** such as controlled delivery of the fetal head and selective use of episiotomy

Importantly, prevention should be individualized rather than protocol-driven.

3. The Diagnostic Gap: Seeing What Is Missed

A significant proportion of OASIS cases remain undiagnosed at the time of delivery. This highlights the need for:

- **Standardized post-delivery examination protocols**
- **Use of adjunct tools** such as endoanal ultrasound where feasible
- **Enhanced training for clinicians** to improve detection accuracy

Missed injuries are a major contributor to long-term morbidity, making early diagnosis critical.

4. Repair Is Not the Endpoint

Surgical repair, while essential, should be viewed as the beginning of recovery rather than its conclusion. A new care model includes:

- **Individualized surgical techniques** based on injury type
- **Postoperative follow-up clinics** specializing in perineal trauma
- **Pelvic floor physiotherapy** as a standard component of care

This approach acknowledges that anatomical repair does not always equate to functional recovery.

5. Innovation and the Future of OASIS Care

Emerging technologies and practices are reshaping the field:

- **Simulation-based training** for obstetricians to improve repair skills
- **Biomaterials and regenerative techniques** for enhanced healing
- **Digital health tools** for remote monitoring and rehabilitation

These innovations offer promising avenues for improving both short- and long-term outcomes.

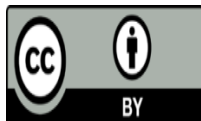
Conclusion

Obstetric Anal Sphincter Injuries should no longer be viewed as isolated clinical events but as part of a

broader continuum of maternal health. By adopting a multidisciplinary, patient-centered approach that spans prevention, diagnosis, treatment, and rehabilitation, healthcare systems can significantly reduce the burden of OASIS. This reframing not only improves clinical outcomes but also restores dignity and quality of life for affected women

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DOI:10/JIMRCR/2025/014

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