

## Third/Fourth Degree Tear: Risk Assessment Tool

(Affix Label Here)

**Instructions:** Please complete this form for all women prior to birth, except those having an elective caesarean. Place completed form in box provided. **Do not file** in woman's medical record.

Criteria for scoring: <i>1 point for 'yes' answers, 0 points for 'no' answers</i>	Yes	No	
• Nulliparous/primiparous /first vaginal birth (includes VBAC)			
• Asian or Indian (or sub-continent) background			
• FGM			
• Baby large in relation to maternal size			
• Previous history of perineal trauma requiring repair or third/fourth degree tear			
<b>Sub-total</b>			
• Precipitate or faster than expected second stage			
• Prolonged active second stage (> 1.5 hours)			
• Instrumental birth			
<b>Total score:</b>			
Management of second stage: <i>A total score <math>\geq 4</math> means the woman has an increased risk for third/fourth degree tear. The following clinical practices known to decrease the risk are recommended.</i>	Yes	No	N/A
• Encourage open-glottis pushing technique (not Valsalva manoeuvre)			
• Encourage a non-supine position for active second stage and birth			
• Discourage the use of lithotomy position or foot plates			
• If epidural in situ, encourage lateral position over semi-recumbent			
• If episiotomy required, ensure correct length and angle is observed			
If birth is unassisted:			
• If previous third degree tear, accoucheur is to be an experienced midwife			
• Hands on, controlled, slow birth of the head			
• Birth the head between contractions			
• Birth the posterior shoulder first or if unable to do so, lift the posterior shoulder as soon as anterior shoulder born to avoid tension on the perineum			
• In what position did the birth occur?			
If instrumental birth:			
• If woman Asian or Indian, accoucheur should be Level 2+ and credentialed in forceps birth			
• Lithotomy position only once decision has been made			
• If episiotomy required, ensure correct length and angle is observed			
• Controlled, slow birth of the head			
• Lift the posterior shoulder as soon as anterior shoulder born to avoid tension on the perineum			
After the birth:			
• Thoroughly inspect the genital tract for trauma as per CPG			
• Any genital tract trauma must be repaired by a suitably credentialed clinician or a trainee under supervision by same			
• Third / fourth degree tears must be repaired under appropriate analgesia, preferably in the OTS.			
• Third / fourth degree tears must be repaired by an appropriately trained, credentialed medical practitioner or a trainee supervised by same.			
• A consultant should be present at the repair of all fourth degree tears			
<b>Form completed by:</b>	<b>Data entered</b>		
<i>Signature</i>	<i>Print name</i>		