

Stergios K. Doumouchtsis
Editor

Childbirth Trauma

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This book is dedicated to my wonderful family, as it would have not been completed without their selfless support, patience and encouragement.

Foreword

Childbirth trauma is an everyday event and is considered as a minor issue and brushed aside. But in reality, the woman suffers in pain, mental anguish and concern for her future sexual and reproductive life. The extent of the injury may be much more serious than what meets the eye on examination, and if not diagnosed properly and managed well, including the post-repair period, there would be short- and long-term consequences.

The editor, Dr. Stergios K. Doumouchtsis, and the authors who contributed to this unique book *Childbirth Trauma* need to be congratulated for their excellent contribution to this important and yet somewhat neglected area. The book consists of 18 well-constructed chapters starting from anatomy of the pelvis and the anorectal anatomy and physiology. This is followed by the effect of pregnancy on the pelvic floor and injuries related to mode of delivery. Episiotomy is one of the most common minor, sometimes unwanted, operations; the details of episiotomy are discussed. The issues related to types of injury, clinical assessment, diagnosis and management are covered next. Short- and long-term follow-up are essential and yet are ignored or not enough attention is paid. These issues are discussed in the next few chapters with an account of the healing process. The final chapters deal with the important aspects of pregnancy, puerperium and pelvic organ prolapse, obstetric fistula, prediction, risk assessment and prevention of childbirth trauma, the role of physiotherapy and the prognosis of childbirth trauma.

The chapters are written in easily 'digestible' language with useful illustrations. The women who are pregnant, those with injuries, midwives, nurses, physiotherapists, psychologists and medical staff would benefit by reading this book. It would be an essential companion for those who deal with childbirth trauma almost on a daily basis, and hence it is highly recommended.

London, UK

Sir Sabaratnam Arulkumaran,
PhD, DSc, FRCS, FRCOG

Preface

Four out of five women sustain some degree of perineal trauma during childbirth. Although in most cases perineal trauma is of minor degree, more significant injuries can be associated with serious physical and psychological morbidities. Childbirth injury to the pelvic floor is one of the most important risk factors for the development of pelvic organ prolapse and is associated with urinary and faecal incontinence and sexual dysfunction with potentially severe impact in women's quality of life.

Historically, childbirth trauma and associated morbidities have been considered part of "being a mother" and have not received sufficient attention. In recent years a systematic approach in clinical diagnosis and management of perineal trauma has been promoted via guidelines, training programmes and raised awareness among healthcare professionals. In addition, advances in imaging anal endosonography, magnetic resonance imaging and 3D/4D ultrasound have improved our understanding of these significant childbirth-related complications, their associated morbidity and our ability to diagnose and manage trauma and its sequelae. Although clinically diagnosed overt anal sphincter injury is relatively rare, with an incidence up to 6.4 %, occult anal sphincter laceration can be identified by ultrasonography, in up to 44 % of parous women.

There has been much focus on anal sphincter injuries and perineal morbidity; however, lower urinary tract as well as lower GI tract dysfunction secondary to childbirth has not always been part of an integrated clinical management or research agenda. In addition, controversies still exist. The mechanisms by which pregnancy and childbirth lead to failure of pelvic organ support are not completely understood. Research with the use of biomechanical modelling techniques has increased our understanding of such injuries to some degree, but still several questions remain unanswered. For example, although episiotomy is globally the second most common surgical procedure after umbilical cord ligation, there is a lack of professional consensus regarding specific episiotomy indications. There is also a variation in the management of anal sphincter injuries. Lack of standardisation in definitions used for levator injuries and defects, resulting in a variation in the reported incidence, is another example.

This book aspires to be an integrated bibliographic reference and to provide evidence-based and up-to-date information on anatomy, physiology of the female pelvis and pelvic organs as well as a comprehensive approach to topics that span the

entire spectrum of childbirth trauma, including different types of trauma, diagnosis, management, prognosis, prediction and prevention.

An international panel of leading experts has contributed chapters and topics from different specialities and disciplines including gynaecological, urological, coloproctology and physiotherapy perspectives. The content of each chapter represents the views of each author. We aimed, however, to contain references from the Royal College of Obstetricians and Gynaecologists (RCOG), American College of Obstetricians and Gynecologists (ACOG), National Institute for Health and Care Excellence (NICE) and Cochrane Database of Systematic Reviews.

This book will be a useful resource to all professionals providing care for women in pregnancy, labour and puerperium and managing women with childbirth trauma.

I would like to express my gratitude and acknowledgements to my colleagues who have supported this book with their expertise, time and overall input. I am grateful to Diane Lamsback, Developmental Editor, Melissa Morton and the rest of the editorial team at Springer for their help, hard work and patience to help complete this book.

I am also very grateful to each of my mentors throughout my career and particularly to Professor Sir Sabaratnam Arulkumaran for his support and inspiration and for being a role model for me over the years.

London, UK

Stergios K. Doumouchtsis

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