

Name: _____
 MRN: _____ Patient Sticker
 DOB: _____



Antenatal Risk factors:		
Nulliparous	Yes	No
Asian/ Indian ethnicity	Yes	No
Posterior fourchette to mid-anus < 2.5cm	Yes	No
Previous 3rd degree tear	Yes	No
Previous shoulder dystocia	Yes	No
Intrapartum Risk Factors		
This baby in OP position at delivery	Yes	No
Birthweight estimated at delivery > 4 kgs	Yes	No
Shoulder dystocia at delivery	Yes	No

Gravidity:	Parity:		
First vaginal birth inc previous C. Section			Yes No
Mode of birth			
Spontaneous	Yes	No	Water birth Yes No
Episiotomy	Yes	No	Episiotomy with extension Yes No
Ventouse	Yes	No	Forceps Yes No
Induction of labour			Yes No
Primip active 2 nd Stage > 2 hour			Yes No N/A
Multip active 2 nd stage > 1 hour			Yes No N/A
Labour analgesia Epidural			Yes No

1st- Skin only; 2nd- Perineal muscle but not anal sphincter; 3a – Less than 50% external sphincter; 3b – More than 50% external sphincter; 3c- internal sphincter torn; 4th - also involves the anorectal mucosa

Highest Classification of Tear (Tick one)	No Tear	1st Degree	2 nd degree	3a degree	3b degree	3c degree	4 th degree
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Intervention **EXCLUSION:** Any women whose mode of delivery is a Caesarean section

1	FOR ALL WOMEN	Did you?	Yes	No	Water birth is n/a	Score	
	Apply warm perineal compresses during the second stage of labour at the commencement of perineal stretching.		1	0	1		
2	With a spontaneous vaginal delivery, using gentle verbal guidance, to encourage a slow controlled birth of the fetal head and shoulders:	Did you?	Yes	No	Instrumental delivery & water birth is n/a	Score	
	a support the perineum with the dominant hand		1	0	1		
	b apply counter-pressure on the fetal head with the non-dominant hand		1	0	1		
						Shoulder spontaneous & Instrumental delivery is n/a	
	c if shoulders do not deliver spontaneously, apply gentle traction to release the anterior shoulder		1	0	1		
d allow the posterior shoulder to be released following the curve of Carus		1	0	1			
3	WHEN EPISIOTOMY IS INDICATED	Did you?	Yes	No	n/a as no episiotomy performed	Score	
	Episiotomy should be performed:						
	a at crowning of the fetal head		1	0	1		
	b using a medio-lateral incision		1	0	1		
c at a minimum 60 degree angle from the posterior fourchette		1	0	1			
NB. An episiotomy is indicated for all women having their first vaginal birth requiring a forceps or ventouse assisted delivery							
4	FOR ALL WOMEN	Did you?	Yes	No		Score	
	Genito-anal examination following birth needs to:						
	a be performed by an experienced clinician		1	0			
b include a PR examination on all women, including those with an intact perineum		1	0				
5	All perineal trauma should be	Did you?	Yes	No	n/a as no perineal trauma	Score	
	a graded according to the RCOG grading guideline		1	0	1		
	b reviewed by a second experienced clinician to confirm the diagnosis & grading		1	0	1		

Date: _____ Time: _____ Print Name: _____ Signature of accoucheur: _____ Designation: _____ Total Score /12

Date: _____ Time: _____ Print Name: _____ Signature of 2nd clinician: _____ Designation: _____