

Guidebook for implementing the OASI Care Bundle

For OASI Quality Improvement (QI) Leads

Version 2 – March 2023



Royal College of
Obstetricians &
Gynaecologists



The
Health
Foundation



Royal College
of Midwives

Using this guidebook

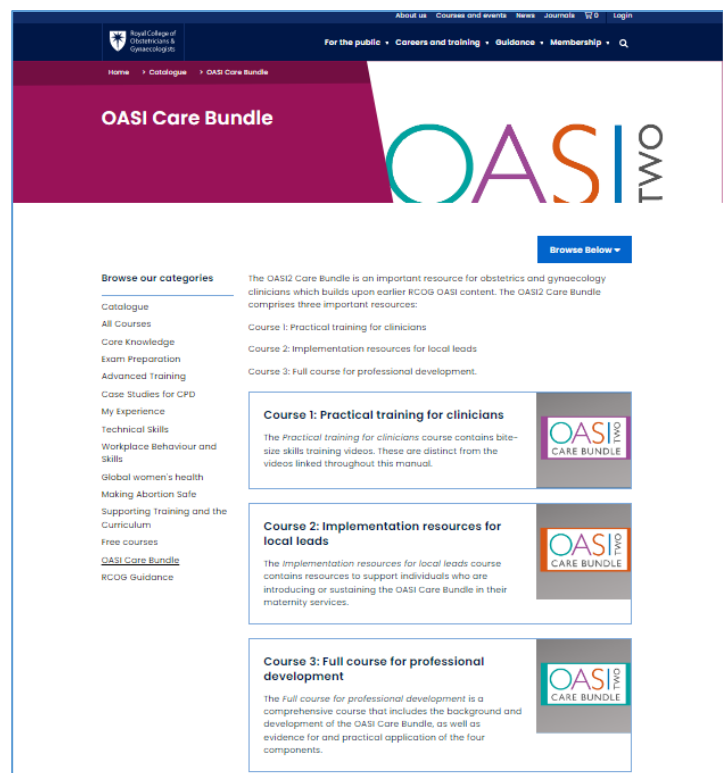
This guidebook was designed for individuals who have taken on the role of OASI Quality Improvement (QI) Lead in their maternity unit. It is recommended that each maternity unit have at least two OASI QI Leads, one midwife and one obstetrician.

The role of the OASI QI leads is to roll out the OASI Care Bundle and encourage its sustained use amongst midwives and obstetricians in a maternity service. This guidebook was developed based on experiences and lessons learned from the [OASI1 and OASI2 projects](#), as well as strategies that have been successful in other quality improvement initiatives. This guidebook supports OASI QI Leads with local implementation of the OASI Care Bundle.

Additional resources to support training and understanding of the OASI Care Bundle can be found on the **RCOG Learning Management System**. To access these resources, you will first need to create an account (this is accessible to all clinicians). Follow the link [here](#) to create an account.

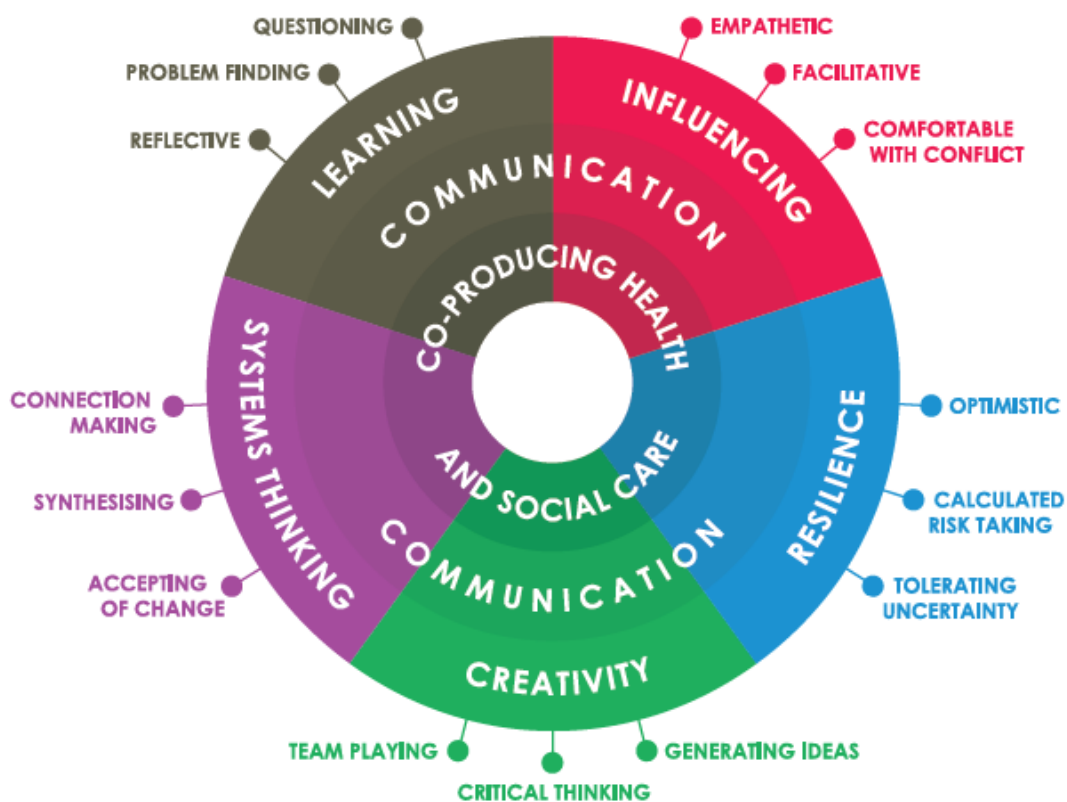
Once you have created an account you will automatically have access to the [OASI Care Bundle Set](#), which contains the following three modules:

1. **Practical training for clinicians** contains bite size skills training videos, the OASI Care Bundle manual, and more. Access [here](#).
2. **Implementation resources for local leads** contains additional resources to support those introducing or sustaining the OASI Care Bundle in their maternity services. Videos and other content complementary to this guidebook is hosted here. Access [here](#).
3. **Full tutorial for professional development credit** is a comprehensive course that includes the background and development of the OASI Care Bundle, as well as evidence for and practical application of the four components. Access [here](#).



Your role as an improvement leader

An OASI QI Lead is an improvement leader. This is a multidimensional role that requires **learning, influencing, resilience, creativity and systems thinking**. The graphic below represents a five dimensional model of improvement from the Health Foundation's work on improvement in health care. This model is complementary to the healthcare workers' standard skills and knowledge and describes 15 habits of successful improvement leaders within those five dimensions. These habits are referenced throughout the practical guidance provided throughout this guide.



Health Foundation. *The Habits of Improvers*. 2015

Read more about what it means to be an improvement leader in healthcare [here](#).

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Develop a detailed implementation plan

The first step is to establish the details of how you will complete each of your tasks as an OASI QI Lead. This will help you plan with your co-lead and reach out for assistance from others in your maternity unit.

This section encourages strategic planning specific to the following strategies:

1. Introducing the OASI Care Bundle
2. Skills training sessions
3. Embedding the antenatal discussion guide
4. Organising a Launch Day
5. Refresher trainings and on-boarding new starters
6. Internal monitoring of OASIs in your unit
7. Continuous promotion
8. Engage with your hospital's patient involvement group

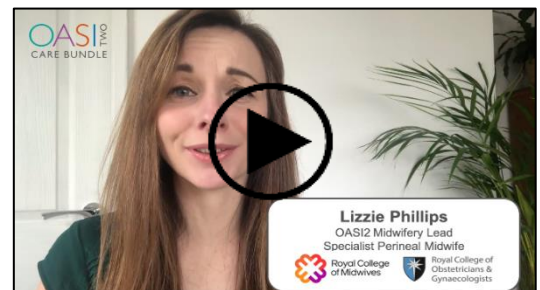
1. Introducing the OASI Care Bundle

Some individuals in your unit may not be familiar with the OASI Care Bundle. It is important to introduce the OASI Care Bundle to ensure a clear understanding of what it is and what it is trying to achieve.

Consider using the following resources to support this introduction. Include them in whole-maternity meetings (i.e., huddles, handovers, Grand Rounds, clinical governance meetings) or circulate them virtually via email, local newsletters, social media and/or the local intranet. Include your contact details so people can contact you with questions.

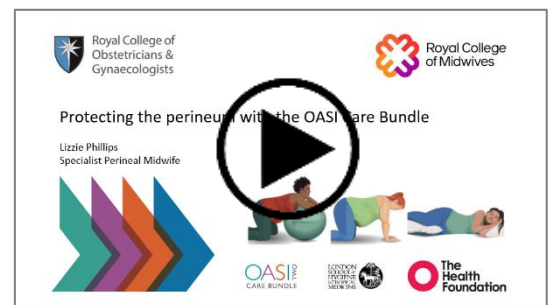
Brief introduction to the OASI Care Bundle (5-minute video)

A brief introduction from Lizzie Phillips, Specialist Perineal Midwife, directed primarily towards midwives. Includes women's stories to highlight the importance of taking action, and summarises the four components.



Introduction to the OASI Care Bundle's four components (15-minute video)

A longer video with more detail about applying the four components, as well as other strategies to reduce their risk of severe tears.



Clinicians' experiences with the OASI Care Bundle (5-minute video)

A short video developed by the Health Foundation highlighting experiences from the OASI1 study which implemented and evaluated the OASI Care Bundle in 16 maternity units. Emphasises the importance of multidisciplinary working.



2. Skills training sessions for all midwifery and obstetric staff

Face to face, hands-on clinical skills training on the four components are vital to ensure clinicians are confident in applying the OASI Care Bundle components as intended, and to give clinicians to ask questions and understand the importance of reducing OASI.

How?

OASI QI Leads should facilitate practical in-house training for all obstetricians and midwives within the unit during the initial rollout of the care bundle, as well as **training updates annually or as needed**. Ideally, these sessions should be mandatory for all.

The Maternity Incentive Scheme and the Core Competency Framework include training related to perineal trauma and OASI prevention as a requirement (see [appendix 2](#)). Reference these to support your case for including OASI Care Bundle skills on the agenda for mandatory training.



Skills training session on MPP from a maternity unit at Greater Glasgow and Clyde Health Board

Work with your unit's leadership and/or the practice development team. Consider adding sessions to existing trainings like PROMPT.

You may want to consider **a train-the-trainer approach**. This involves training a small group of clinicians first, and then supporting them to train their own small groups. This strategy may be particularly appealing to larger and busier units. Find what works for you!

Skills sessions should focus on each of the four components of the OASI Care Bundle:

- 1** **During the antenatal period, discuss OASI with women** and what can be done to reduce the risk of it occurring during birth
- 2** **Manual perineal protection** while communicating with the woman to encourage a slow and guided birth.
- 3** *If clinically indicated*, mediolateral **episiotomy** should be performed at an angle of 60 degrees from the midline at crowning.
- 4** **Systematic examination of the vagina and ano-rectum** even if the perineum appears intact

See [pages 9-10](#) for more component-specific guidance.

Who?

All midwives and obstetricians should participate in the in-person skills training sessions.

Focus your efforts on staff involved with birth. Ensure your community teams are included. Experience from OASI1 found that it can be beneficial to prioritise training for Band 7 or core midwives.

Focus on those new to the unit (i.e., preceptees and new obstetricians). Do not forget people who only work bank shifts.

How will you spread the word about training to ensure attendance?

Make as much noise as possible about the OASI Care Bundle within your unit! Put up posters (include information in any relevant staff bulletins/ newsletters/ Facebook groups). Incentivise staff to join by offering training certificates or CPD/revalidation credits.

Consider if you can liaise with university lecturers so they can support their students.

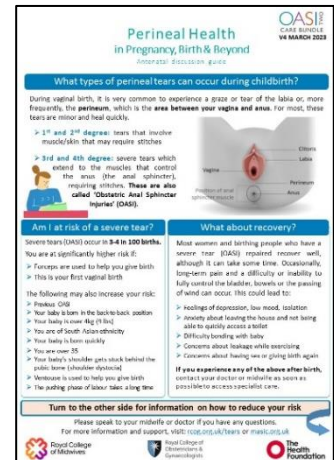


OASI QI Leads from University Hospital of North Tees Hospital (left) and Calderdale Royal Hospital (right) demonstrate MPP during skills training sessions

Antenatal discussion

All maternity care staff should be comfortable discussing perineal health with women, especially those involved in antenatal care and community midwives.

Refer to the **'Perineal Health in Pregnancy, Birth & Beyond: antenatal discussion guide'** (see [appendix 1](#)) when facilitating skills training for this component of the care bundle, as it contains the key points to be discussed with women from about 32 weeks in pregnancy. Also, refer to the [Episiotomy in labour: should I have one?](#) leaflet when discussing episiotomy with women.



Consider facilitating a role play activity in which one person takes on the role of a pregnant person and the other takes on the role of a midwife or doctor giving information on perineal health. Encourage colleagues to think about common questions women have and how they would address these.



Manual Perineal Protection (MPP)

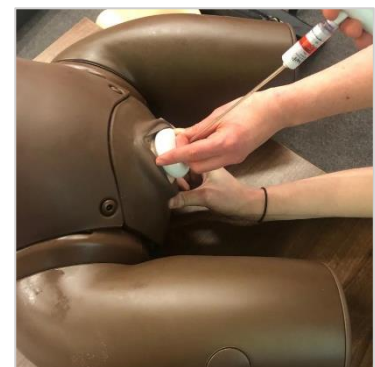
Midwives and obstetricians involved in intrapartum care should participate in skills training on how to apply the MPP technique in:

- Spontaneous births
 - Left lateral position
 - All-fours position
 - Semi-recumbent position
- Instrumental births



Skills training for MPP requires use of a manikin. These sessions should highlight good teamwork between obstetricians and midwives in the management of complex births. For example, when simulating an instrumental birth, midwives can apply MPP while the obstetrician focuses on the birth of the head (see picture on the right).

For guidance on how to facilitate these sessions, refer to pages 10-16 of the [OASI Care Bundle Manual](#), and the [practical training video](#). Be sure to include intrapartum communication in these training sessions.



MPP demonstration in a ventouse-assisted birth with two clinicians

Medio-lateral episiotomy

Medio-lateral episiotomy should only be done when clinically indicated.

Facilitate simulation training to increase clinicians' confidence in visualising and cutting a medio-lateral episiotomy at 60 degrees from the midline (see top right video).

For guidance on how to facilitate this session, refer to the video on the right.

The [practical training video](#) discusses indications, how to discuss episiotomy with women and rationale for the 60 degree angle.

Pages 17-19 of the OASI Care Bundle Manual provide further guidance on indications and how to set up this simulation.



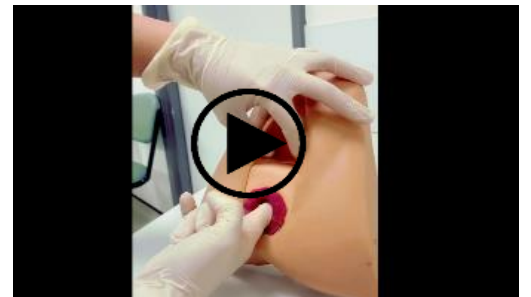
Systematic examination of the vagina and ano-rectum

Facilitate simulation training to explain what to look and feel for when performing a rectal and vaginal examination to diagnose OASI.

Consider using Haribo rings (pictured on the right) to demonstrate the pill-rolling technique, also demonstrated on the manikin in the video on the right.

The [practical training video](#) outlines out to diagnose OASI and perform a systematic examination.

For guidance on what to include in these sessions, refer to the practical video and pages 21 and 22 of the OASI Care Bundle Manual.

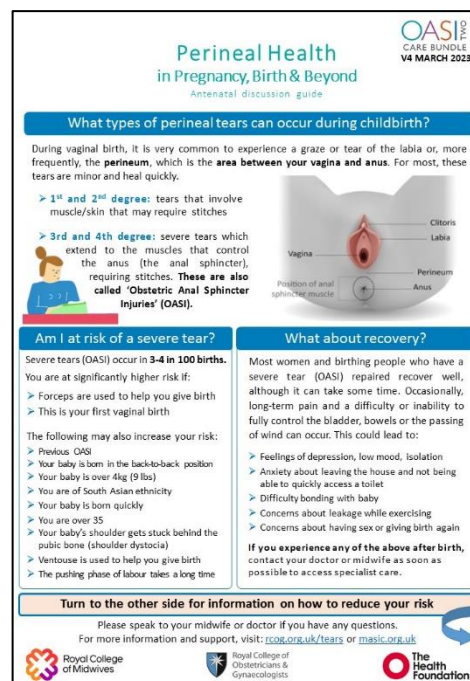
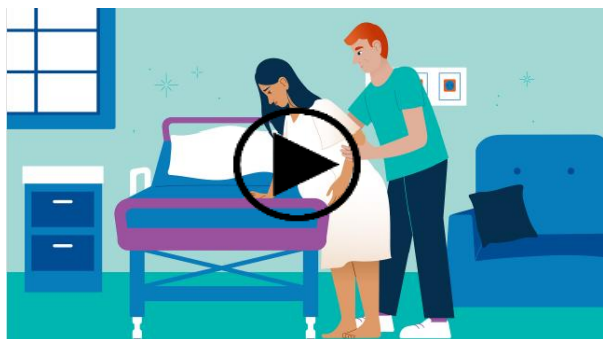


3. Embed the antenatal discussion guide

The first component of the OASI Care Bundle is antenatal discussion with women about perineal health from about 32 weeks of pregnancy. This discussion should include risk factors and strategies to reduce risk, including *but not limited to* the intrapartum components of the OASI Care Bundle. This sensitive conversation should empower women with the information they need to make the right choices for themselves.

The 'Perineal Health in Pregnancy, Birth & Beyond: antenatal discussion guide' (see [appendix 1](#)) was designed to support this conversation. This guide is the result of an extensive, iterative and participatory process that addressed feedback from pregnant people, women who have sustained an OASI, as well as a multidisciplinary group of clinicians. Great care was taken to ensure the text and images are easy to understand and that the content is empowering.

Use of this leaflet, as well as its [accompanying animation](#) is highly recommended for all maternity services adopting the OASI Care Bundle. It is crucial that clinicians involved in antenatal care, particularly community midwives, support the use of this leaflet in order for it to be embedded. Take time to discuss the leaflet during skills training sessions.



These can be printed (ideally in colour), laminated and put up like posters in all appropriate places where women will attend for antenatal care. Consider the following spaces:

- Day assessment units
- Antenatal inpatient ward
- Ultrasound departments
- Antenatal clinics
- Community midwifery clinics
- Waiting areas (i.e., triage, early labour, birthing units)

Also, offer these resources electronically. Ensure the leaflet is uploaded to any relevant patient-facing webpages social media or mobile applications, and that pregnant women are signposted/prompted to review the leaflet at the appropriate time (around 32 weeks).

4. Have a Launch Day

Having a well-advertised launch day is a great way to mark the launch of the care bundle officially in your unit. Create a lot of 'noise' and get your staff excited about their team effort to reduce OASI!

How?

This is your chance to be creative! Coordinate skills training sessions (see [previous section](#)) throughout the day. If possible, bring OASI themed treats for staff to enjoy. Consider how representatives from your hospital's MVP/MSLC could get involved.

When?

You may choose to have a launch day when starting skills training, to introduce the bundle. Alternatively, you may choose to have a launch day after a significant proportion of staff have taken part in skills training on the four components, to celebrate this progress officially mark the 'start' of your unit's adoption of the OASI Care Bundle.

Who?

All midwives and obstetricians should be aware of the launch day. Depending on what will be organised on the day, make sure you promote the event in advance to ensure high participation/attendance. Don't forget staff on nights!



Training materials and themed treats at Saint Mary's Hospital in Manchester.

Internal monitoring of OASIs in your unit (local audit)

Tracking progress on OASI numbers in your unit over time and feeding back this information to your colleagues is a powerful tool. As an OASI QI Lead, this is an easy way for you to know whether your implementation efforts are making a difference. For your colleagues, it can be a powerful motivator to continue using the care bundle. Tracking results and sharing them within your unit will also gather support at the senior level.

Keep in mind that the final component, systematic examination of the vagina and ano-rectum, improves the detection of tears so that women have their best chance of a full recovery. A detected OASI is one less missed OASI.

Work with your audit team and use your unit dashboard to share periodic updates of the OASI rate—consider a quarterly or annual basis.

[The National Maternal and Perinatal Audit \(NMPA\)](#)

reports OASI rates among term, singleton, vaginal, cephalic births. Report your rates in whatever way is most informative and allows most consistency in comparison over time. Refer to sample below.

Also, consider your audience when presenting rates. Numbers may be easier to understand or conceptualise than percentages. For example, a 10% OASI rate in forceps births can be phrased as: *‘for every ten women who have a forceps birth, one will have an OASI’*

Make these numbers visible. The promotional posters, available for download in the [implementation module on the LMS](#), include a template for this.



OASI QI Leads from Grange University Hospital with their OASI Care Bundle notice board

Sample way to display OASI rates

Total number of vaginal, singleton, cephalic births this quarter	
Total number of OASIs this quarter	
Percentage of spontaneous vaginal births with OASIs this quarter	
Percentage of forceps births with OASIs this quarter	
Percentage of ventouse births with OASIs this quarter	

5. Continuous engagement

Making OASI a priority and keeping the OASI Care Bundle in conversation is an important piece to encouraging its adoption. As an OASI QI Lead, you are the face of the OASI Care Bundle in your unit. Bring it up often and don't let it be forgotten!

How?

- Conversation: ask your colleagues how they feel about the four components and discuss any concerns they may have.
- Engage senior management
- Interact with the wider QI community in your unit
- Highlight successes via newsletter, social media, etc.
- Engage with your hospital's MVP/MSLC- see [next section](#) for guidance.
- Raise awareness visually



Clinicians from Greater Glasgow and Clyde Health Board with their promotional materials

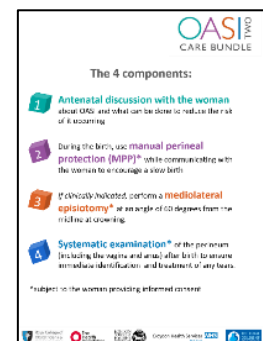
There are lots of ways to raise awareness.

→ Make sure midwives and obstetricians are aware of how severe perineal trauma can affect women's lives. We have developed **three animated videos** sharing three women's stories:



→ **Digital promotional posters** (downloadable [on the LMS](#)) have been designed to help raise awareness of OASI and to promote the care bundle to staff. Rotate them so they don't blend in to the scenery.

These are not appropriate to hang up in patient-facing areas.



6. Engage with your hospital's women's groups (MVP/MSLC)



Perineal trauma can have a profound impact on a woman's quality of life. It is helpful to meet with representatives from your hospital's Maternity Voices Partnership (MVP) in England or Maternity Services Liaison Committee (MSLC) in Scotland and Wales to have an open discussion and hear women's perspectives, questions and concerns.

How?

Every MVP/MSLC works differently. Find out who chairs your hospital's group. The [National Maternity Voices webpage](#) may help with this. Involve them in your local introduction. Consider using the introductory videos linked on [page 6](#).

Keep in mind that the priority of MVPs/MSLCs is to ensure that women's voices are represented. Consider reviewing the antenatal discussion guide ([Appendix 1](#)) with the MVP/MSLC to better prepare midwives for the types of questions women may have.

When?

- Hold at least one meeting with your MVP/MSLC chair early on to establish a connection.
- As each local group meets at different frequencies (quarterly, bimonthly, etc.), ask when you might have the opportunity to present the care bundle to the group.
- Keep in mind that your local group may have pre-existing guidelines for agenda setting. Aim to stay in contact with the chair and decide together how often to meet.

Troubleshooting

1. How to coordinate training sessions with limited staff availability?

Skills training sessions on the four components of the OASI Care Bundle should be a part of **mandatory training for all staff**. Until then, be open to different approaches and strategies. Try:

- Training a small group first and then encourage those clinicians to lead their own trainings with others (train the trainer)
- Coordinate 'lunchtime sessions' for quick drop-in trainings
- Take advantage of existing training days to incorporate skills training (i.e., suturing workshops, PROMPT, induction days)
- Organise pop-up stations in your delivery suite/ midwifery-led unit (make sure these are well-advertised)

Flexibility is key, but you don't have to do it alone. Reach out to your colleagues for help with spreading the word, running the trainings and relieving midwives to be able to attend sessions.

2. How to address scepticism about care bundle's benefits/effectiveness?

It is important to listen to any concerns that individual clinicians have about the care bundle and address them as best as possible. It may be helpful to remind any sceptical clinicians that:

- The care bundle does not challenge their decision-making autonomy as health professionals. It is simply a standardised set of practices found effective in reducing OASI rates. Every birth is different.
- The care bundle fully supports women's decision-making autonomy. Clinicians should prioritise a personalised and positive birth experience. A meaningful antenatal discussion about OASI risk and prevention supports this. Encourage clinicians to view the [component 1 video](#) in the OASI Care Bundle tutorial. This video summarises results from interviews with women about the care bundle, and provides an overview of women's involvement in the development of the care bundle.
- In addition to the OASI Care Bundle components, the antenatal discussion guide encourages women to consider antenatal perineal massage, birth positions, and warm compress to reduce their risk of tearing.

- The four practices included in the care bundle are evidence-based. This evidence is in the [full tutorial for professional development credit](#) hosted on the RCOG Learning Management System. Encourage clinicians to review this tutorial and come back to you to discuss.
- Clinicians may wish to review peer-reviewed publications about the care bundle. These are freely available:
 - An evaluation demonstrating the care bundle's effectiveness in reducing [OASIs was published in the BJOG](#).
 - Findings from a study on clinicians' experiences with adopting the care bundle into routine practice [was published in BMJ Open](#).
 - A qualitative paper describing women's experiences with the care bundle was published in [International Urogynaecology Journal \(IJU\)](#).
- A Frequently Asked Questions (FAQ) page was developed by the OASI2 Project Team to address common questions and concerns. It is available [here](#).

3. Feeling stretched and under pressure as an OASI QI Lead

Taking on the role of an improvement leader is not easy and requires a lot of energy and self-motivation. However, with a good team, sufficient planning and task-delegation, you may feel more supported and confident in your role.

Maximise your impact and use the resources that have been developed to support you.

Advocate to have protected time to carry out your role.

Reach out to colleagues from your:

- ✓ local service/quality improvement team
- ✓ local audit or research departments
- ✓ clinical governance teams
- ✓ practice development teams

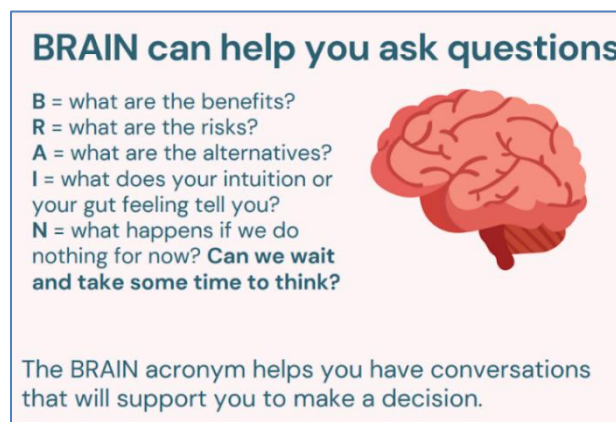
Be sure to look after yourself and speak with your line manager for additional support.



Implementation team from Greater Glasgow and Clyde Health Board

4. Concerns about women consenting to the care bundle

The care bundle is made up of evidence-based practices that are already part of routine care in many units. As with any other intervention that takes place during birth, clinicians must always seek women's informed consent before proceeding. The care bundle emphasises the importance of good communication and **informed consent**. We stress that all women must learn about *and discuss* perineal health and the OASI Care Bundle components with their midwife or doctor during antenatal care.



Clinicians should refer to the BRAIN acronym (on the right) when discussing this information with women. This information needs to be understood and considered in advance so that any consent given (or not given) during birth is an informed choice (refer to the Pathway for Communication figure on page 9 of the [OASI Care Bundle Manual](#)).

5. How to know if staff are using the OASI Care Bundle?

Clinicians should record their application of the four components in the woman's handheld notes or on the maternity information system (MIS). This supports monitoring and serves as a reminder mechanism.

Work with your unit's MIS team (i.e., digital midwife) to contact your system provider to add in additional fields that will enable straightforward routine recording for staff. Consider if a single yes/no question ("Were all four components of the care bundle applied to this birth") is preferable over component-specific questions. Take into account any existing fields that may be relevant.

Consider the following guidance with suggested questions, answer options, and placement:

Field	Recommended placement
Was perineal health/ tear prevention discussed with woman in the antenatal period? (yes/no)	Add to page(s) completed during third trimester appointments
Was manual perineal protection (MPP) applied? (yes/no/declined)	Add to page(s) detailing care given during birth
[If an episiotomy was done] Was the episiotomy medio-lateral and cut at a 60 degree angle from the midline?	Add to page(s) detailing care given during birth, after/next to fields about episiotomy
Was an examination of the vagina and ano-rectum carried out? (yes/no/declined)	Add to pages(s) detailing care given during birth/directly after birth. Should be

	completed for <i>all vaginal births</i> (not limited to those with episiotomy or a visible tear)
<p>Were all four components of the OASI Care bundle applied to this birth*? (yes/no)</p> <p><i>*The four components are: (1) discussion about OASI and reducing risk with women, (2) manual perineal protection during birth, (3) medio-lateral episiotomy at 60° from the midline if indicated, and (4) a systematic examination of the vagina and ano-rectum after birth even if the perineum appears intact. Please note that if an episiotomy was not indicated, tick 'yes' if the other three components were applied.</i></p> <p>If 'were all four components of the OASI Care Bundle applied to this birth'=no, then 'reason why not' should appear with the following answer options:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consent not given <input type="checkbox"/> Water birth <input type="checkbox"/> Birth position did not allow <input type="checkbox"/> Other 	<p>Add to pages(s) detailing care given during birth/directly after birth. Should be completed for <i>all vaginal births</i> (not limited to those with episiotomy or a visible tear)</p>

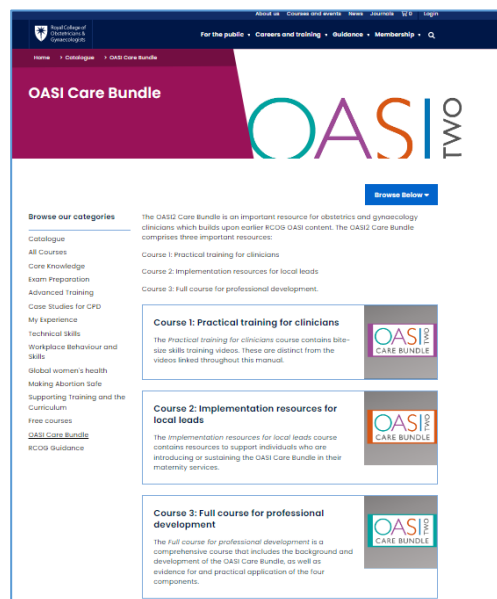
Some systems may already have these or similar fields available, and may require enabling.

Additional resources

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For more information, please refer to [the OASI Care Bundle website](#) and the [FAQ page](#).

**Thank you for your efforts to improve childbirth outcomes for women.
We wish you all the best in your quality improvement journey!**

Perineal Health in Pregnancy, Birth & Beyond

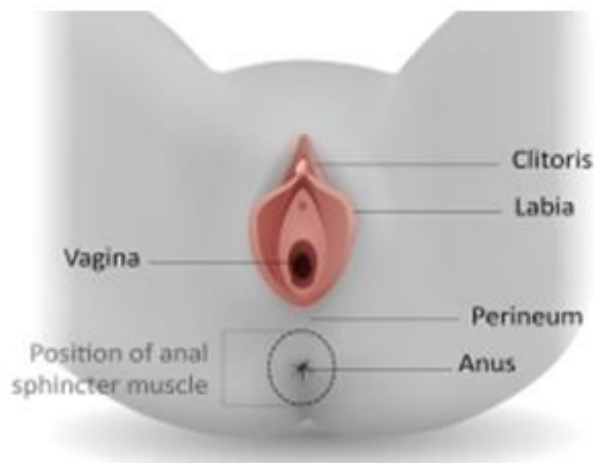
Antenatal discussion guide

What types of perineal tears can occur during childbirth?

During vaginal birth, it is very common to experience a graze or tear of the labia or, more frequently, the **perineum**, which is the **area between your vagina and anus**. For most, these tears are minor and heal quickly.

➤ **1st and 2nd degree:** tears that involve muscle/skin that may require stitches

➤ **3rd and 4th degree:** severe tears which extend to the muscles that control the anus (the anal sphincter), requiring stitches. **These are also called 'Obstetric Anal Sphincter Injuries' (OASI).**



Am I at risk of a severe tear?

Severe tears (OASI) occur in **3-4 in 100 births**.

You are at significantly higher risk if:

- Forceps are used to help you give birth
- This is your first vaginal birth

The following may also increase your risk:

- Previous OASI
- Your baby is born in the back-to-back position
- Your baby is over 4kg (9 lbs)
- You are of South Asian ethnicity
- Your baby is born quickly
- You are over 35
- Your baby's shoulder gets stuck behind the pubic bone (shoulder dystocia)
- Ventouse is used to help you give birth
- The pushing phase of labour takes a long time

What about recovery?

Most women and birthing people who have a severe tear (OASI) repaired recover well, although it can take some time. Occasionally, long-term pain and a difficulty or inability to fully control the bladder, bowels or the passing of wind can occur. This could lead to:

- Feelings of depression, low mood, isolation
- Anxiety about leaving the house and not being able to quickly access a toilet
- Difficulty bonding with baby
- Concerns about leakage while exercising
- Concerns about having sex or giving birth again

If you experience any of the above after birth, contact your doctor or midwife as soon as possible to access specialist care.

Turn to the other side for information on how to reduce your risk

Please speak to your midwife or doctor if you have any questions.

For more information and support, visit: rcog.org.uk/tears or masic.org.uk

How can I reduce my risk of a severe tear?

Perineal massage with a natural oil (such as coconut or almond) from 35 weeks pregnant until birth, as illustrated here. Visit rcog.org.uk/tears for more information on how to do this.



A warm compress is a flannel heated with warm tap water and held against your perineum during the pushing phase of labour. Ask your midwife or doctor if they can provide this.

Spontaneous vaginal birth (*birth without forceps or ventouse*) can be encouraged by choosing the ideal place of birth (consider a homebirth or midwifery-led unit if you are low-risk), avoiding induction and epidural where possible, creating a relaxing environment (consider soothing lighting, sounds, smells) and remaining active throughout labour and birth. *For first-time mothers with an epidural*, lying on your side during the pushing phase of labour is recommended.

Choose a birth position that is most comfortable for you. Listen to your midwife and they will advise a slow and guided birth of the head. Positions at the moment of birth that may reduce risk of severe tears include:



OASI Care Bundle is the following set of practices, most effective when applied together:

- 1 In the antenatal period, your midwife or doctor will **discuss severe tears (OASI) with you** and what can be done to reduce the risk of this occurring.
- 2 With your consent, your midwife or doctor will **use their hands to support** your perineum and the baby's head and shoulders during birth and encourage a slow and guided birth.
- 3 You may need an **episiotomy**—a cut through the vaginal wall and perineum to make more space for your baby to come out—your midwife or doctor will ask for your consent to do this.
- 4 After your baby has been born, your midwife or doctor will ask for your consent to **examine your vagina, perineum and anus** (just inside the back passage) to ensure any tears are identified and appropriately treated to avoid further consequences.

✓ **Developed by experts**

✓ **Supported by women**

✓ **Found effective in a 2017-18 study (OASI1)**

Appendix 2. Supporting the case for mandatory training

NHS Resolution's Maternity Incentive Scheme (downloadable [here](#)) incentivises ten maternity safety actions. Maternity safety action 8 is focused on 'in-house', multi-professional maternity emergencies training.

The teams involved in safety action 8 must also adhere to the Core Competency Framework.

The Core Competency Framework (downloadable [here](#)) addresses variation in training and competency assessment and ensures that training to address significant areas of harm are included as minimum core requirements for every maternity and neonatal service.

This framework outlines eight priority areas or core requirements. Requirements 4 and 5 are directly related to OASI Care Bundle skills:

Core Competency Framework

	Core Modules	Minimum requirement	Specific information
4	Personalised Care	<ul style="list-style-type: none">- Timing of birth and immediate postnatal care. <p>Ongoing antenatal and intrapartum risk assessment with a holistic view from a woman's personal perspective, offering her informed choice</p> <p>Maternal mental health</p> <p>Vulnerable women and families</p> <ul style="list-style-type: none">- social factors requiring referral- families with babies on NICU <p>Bereavement care</p>	<p>There should be training for all maternity carers to recognise, triage and care for women with mental health & safeguarding concerns in pregnancy.</p> <p>This should include information on local pathways and procedures to ensure face-to-face assessments and fast-track access to specialist perinatal mental health and safeguarding support services.</p> <p>Training should also include recognition of concerning 'red flags', particularly repeated referrals that should prompt urgent review.</p>
5	Care during labour and the immediate postnatal period	<p>Management of labour</p> <p>VBAC and uterine rupture</p> <p>GBS in labour</p> <p>Management of epidural anaesthesia</p> <p>Operative vaginal birth – ROBUST</p> <p>Perineal Trauma – prevention of and OASI pathway</p> <p>Maternal Critical Care</p> <p>Recovery Care after general anaesthetic</p>	

Use this information to support your case to include OASI Care Bundle skills training sessions on mandatory training days.

For latest updates, refer to: <https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/>