

Family size and mode of delivery wishes of women following obstetric anal sphincter injury (OASI)

Jill Lee Cheng Sim¹, Joey Chen Jing², Jenna Kee Wun Yee³, Aimee Teong Chuin Ai⁴

¹Department of Urogynaecology, KK Women's and Children's Hospital, Singapore, ²Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore, ³Department of Physiotherapy, KK Women's and Children's Hospital, Singapore, ⁴Division of Obstetrics and Gynaecology, KK Women's and Children's Hospital, Singapore

ABSTRACT

Introduction: Birth trauma such as obstetric anal sphincter injuries (OASIs) can significantly alter a woman's health and life, including future family planning decisions. **Objective:** This study aims to determine family size and mode of delivery preferences of women following OASI. **Materials and Methods:** This prospective cohort study enrolled all women who attended the perineal clinic between 1 January 2024 and 31 December 2024 at KK Women's and Children's Hospital following OASI. Data on patient characteristics, birth events, and family size and mode of delivery preferences were collected from electronic medical records. **Results:** Thirty-two women participated in this study. The mean age was 30.8 years. Mean parity was 1.28, with 25 (78.1%) primiparous and 7 (21.9%) multiparous women. Twenty-nine (90.6%) sustained third-degree tears, with 13 (40.6%) classified as 3A, 10 (31.3%) as 3B, and 6 (18.8%) as 3C. Three (9.4%) women suffered fourth-degree tears. Twenty-five (78.1%) women wanted more children, with 20 (62.5%) wanting just 1 more child, 4 (12.5%) wanting 2 more children and 1 (3.1%) wanting more than 2 more children. Five (15.6%) women did not want any more children, whilst two were undecided. Of those who planned for more children, 24 (96%) wished for a vaginal birth in the future. **Conclusion:** Despite sustaining birth-related trauma, most women continue to plan for more children and desire vaginal birth after OASI. Clinicians need to ensure women recover well from OASI and receive the necessary follow-up care including endoanal ultrasound and anorectal manometry with review of anal incontinence symptoms, to better guide and support women in their future pregnancy journeys.