# Perineal suturing competency - Clinical assessment tool

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HE#:

## Outcome

Demonstrates the required understanding and clinical skills required for perineal assessment and repair.

## Preparation

* Supervisor must be a midwife or medical officer currently competent in perineal suturing
* It is recommended that the initial perineal suturing competency is completed within a 12 month period

### Theory -Competency group to be determined by LBS or clinical area Clinical Midwife Consultant or Clinical Development Midwife

Group 1 (Initial competency)

* Read “Perineal care and repair” clinical practice guideline (WNHS 2022)
* Completion of perineal assessment and repair prereading
* Attendance at perineal repair workshop

Group 2 (Previous experience)

* Read “Perineal care and repair” clinical practice guideline (WNHS 2022)
* Completion of perineal assessment and repair prereading -recommended
* Workshop attendance not required

## Supervised practice

|  |  |  |
| --- | --- | --- |
| **Requirement Group 1 -Initial competency** | **Date** | **Supervisor Initial** |
| Completion of prereading and attended workshop |  |  |
| Required to complete a MINIMUM of 5 supervised perineal repairs documented on supervised practice record  *At completion of the 5th perineal repair the supervisor will be required to recommend whether the midwife has met the standards for perineal suturing competence and sign if applicable.* |  |  |
| **Requirement Group 2 -previous perineal suturing experience and/or competency in external HSP** | **Date** | **Supervisor Initial** |
| Required to complete a MINIMUM of 2 supervised perineal repairs documented on supervised practice record  *At completion of the 2nd perineal repair the supervisor will be required to recommend whether the midwife has met the standards for perineal suturing competency* *and sign this form if applicable.* | | |
| * Examination 1 |  |  |
| * Examination 2 |  |  |
| **Ongoing Competency** | | |
| Confirmation on annual PDR document | | |

## Performance criteria

###### This checklist is for the staff member wanting to obtain competency and their supervisor to identify criteria required to safely perform the procedure. (A=achieved, NA= not achieved)

|  |  |
| --- | --- |
| **Performance Criteria** | **A/NA** |
| **Preparation** | |
| Can locate and refer to:   * Policies and/or guidelines related to labour and birth * Care of the perineum |  |
| Demonstrates evidence of a therapeutic relationship with woman by:   * Introducing self * Correct patient identification process * Providing privacy * Explaining procedure * Obtaining consent from woman |  |
| Assesses requirement for analgesia and/or anaesthesia and identifies contraindications |  |
| Positions woman comfortably with an uninterrupted view of perineum |  |
| **Initial Assessment** | |
| Performs assessment (abdominal palpation) to ensure uterus is contracted and bladder is empty |  |
| Correctly identifies the level of trauma to the perineum and refers to medical officer as required |  |
| Correctly identifies:   * Apex of the tear (posterior vaginal wall) * Hymenal remnant * Muscle layer and depth * Skin layer |  |
| **Procedure** | |
| Selects appropriate suture material |  |
| Performs and documents instrument, abdominal sponge/packs and needle(s) count both prior to and at completion of procedure |  |
| Applies standard precautions throughout procedure- Including PPE (hand hygiene, gloves, gown and face shield) |  |
| Infiltrates perineum correctly and performs repair using acceptable technique |  |
| Performs PV and PR examinations following repair |  |
| Disposes of sharps in line with infection control guidelines |  |
| Provides education to woman on care of the perineum and use of analgesia |  |
| Documents details of repair accurately |  |

|  |  |
| --- | --- |
| **Recommendation** (to be completed by Supervisor)  ⃝ Competency achieved ⃝ Competency NOT achieved | |
| If the midwife has not met the standard for perineal suturing competence please indicate what further evidence is required:  ⃝ Completion of pre-reading/e-learning package  ⃝ Completion of perineal suturing workshop  ⃝ Additional supervised repairs, recommended number required \_\_\_\_\_\_\_  ⃝ Other (please specify) | |
| **Supervisor name:** | Designation: |
| **Signature:** | Date: |

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