

FOI REQUEST NUMBER	HGS 0128
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Please provide the name and city of the unit that you work in

University Hospitals Birmingham

Birmingham

## **OASIS**

1. How many births are there per annum at the unit where you work?

9001-10000

2. What is your annual % OASIS rate?

2-5%

3. Does your Trust have a Clinical Lead for women with OASIS?

No

If Yes
Not applicable.

4. What care pathway does your Trust use for women with OASIS/severe childbirth related perineal trauma?



Local Trust guideline – follows RCOG

5.	. What provision is made for women with OASIS/significant perineal trauma postnatally?	
	Initial follow up in a general Gynaecology clinic	
6.	. If your Trust offers routine postnatal hospital follow-up for women with OASIS, on average how many weeks after the birt are women FIRST followed-up?	
	6-8 weeks	
7.	. Please indicate which postnatal investigations are offered at your Trust for which OASIS women (leave blank if not offered)?	
	Endo-anal ultrasound Ano-rectal Manometry	
	All women with OASIS  Symptomatic women with OASIS  Only 3c and 4 <sup>th</sup> degree OASIS	
8.	Please select from the list below those professionals who are routinely involved in the postnatal follow-up of women with OASIS in the unit where you work (please select all that apply)?	
	Gynaecologist Midwife	
9.	Who refers women to this pathway (please select all that apply)?	
	A midwife on the postnatal ward	
10.	What would you estimate is the DNA rate for women referred into this pathway (please select one of the following)?	
	10-20%	



11. How do patients access these services again in the future if symptoms recur or if new symptoms develop?

Via GP

12. In your unit, what routine treatment provision is made antenatally for women with previous OASIS (please select all that apply)?

Booked under Consultant but not a perineal/OASIS specialist

13. If a multi-centre research study is funded regarding interventions to improve awareness, access and service provision for women affected by faecal incontinence, might you be interested in participating or contributing?

NO

If Yes, please provide the following details

Name Contact details (Telephone/email) Institution Address for correspondence

Not applicable