

Perineal injuries during childbirth

A guide to ACC cover

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This document summarises scientific research on causes of perineal injuries during childbirth, and discusses when ACC can cover these as treatment injuries.

Under the Accident Compensation Act 2001 (AC Act), ACC can cover perineal tears that are the result of treatment or the failure to provide clinically indicated treatment.

This document is not a guideline for clinical practice. It aims to improve transparency and consistency of ACC cover decisions. ACC considers each claim on its own merit, taking into account all the circumstances of the case.

Perineal injuries during childbirth

Injury to the tissues between the vaginal opening and the anus during childbirth affects around 85% of women who give birth vaginally [1].

The most severe perineal trauma involves the anal sphincter, known as third and fourth degree tears or obstetric anal sphincter injuries (OASIS). OASIS are uncommon, occurring in 2% to 3% of vaginal births. The rates of OASIS are greater in women giving birth vaginally for the first time (5.7 per 100 births) compared to women who have previously given birth vaginally (1.2 per 100 births). The rates are also greater when the vaginal birth is assisted by instruments like vacuum or forceps (7.2 per 100 births), compared to women who have a spontaneous vaginal birth (2.5 per 100 births) [2].

Most perineal tears are not caused by treatment but by the birthing process. These are not covered by ACC as the injury is not caused by treatment or the failure to provide clinically indicated treatment.

Episiotomy

Episiotomy is a surgical incision to the perineum to enlarge the vaginal opening during childbirth. Routine episiotomy does not prevent OASIS [3].

Selective episiotomy can be clinically indicated during a spontaneous birth or an instrumental birth. In these situations, an appropriately performed mediolateral episiotomy, or no episiotomy, may reduce the risk of OASIS compared to a midline / median episiotomy [3].

A clinically indicated episiotomy would be considered a necessary part of treatment and would not be covered.

Any further tearing following a clinically indicated and appropriately performed mediolateral episiotomy is not considered to be caused by the episiotomy, but reflects the underlying problem of a difficult birth.

Midline / median episiotomy is no longer regarded as acceptable practice due to the increased risk of OASIS compared to mediolateral episiotomy [4].

Instrumental (vacuum or forceps) assisted vaginal birth

In situations where there are clinical indications for an instrumental assisted vaginal birth, there is a greater risk of OASIS, as the use of instruments to assist the birth reflects the challenges of a difficult birth. An appropriately performed mediolateral episiotomy during an instrumental assisted birth for women giving birth vaginally for the first time may reduce the risk of OASIS [5-8].

Clinical judgement and women's informed choice will guide the decision to offer / perform an episiotomy during an instrumental assisted birth in multiparous women, as the evidence for benefit is less clear.

How this applies to ACC cover

Most perineal tears are not caused by treatment but by the birthing process. This includes perineal tears occurring after a clinically indicated and appropriately performed mediolateral episiotomy, where the perineal tearing reflects the challenges of a difficult birth. Therefore, ACC is not able to cover these injuries.

However, claims are likely to be accepted if OASIS was caused by a failure to provide clinically indicated treatment (eg an improperly performed episiotomy, or no episiotomy, despite clear indications during an instrumental assisted birth for a woman giving birth vaginally for the first time).

The fact that a tear has occurred cannot be taken to mean that there was a failure. ACC will assess claims by seeking contemporaneous clinical records, reports from the treating practitioners, and reports from peer experts (if the claim is based on a failure to provide treatment).

Under the AC Act, in situations where there is a failure to provide care, or a departure from the standards of care that causes an injury, then ACC can cover this as a treatment injury. Women who have a perineal injury will have their health needs taken care of by our healthcare system regardless of whether there is a treatment injury or not.

References

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This guide is to be used in conjunction with the [ACC Treatment Injury Claim Lodgement Guide](#) and the [Perineal Tear Treatment Injury Cover Flowchart](#).

Guideline development

This guidance was developed following consideration of an [evidence-based review of scientific literature](#) by the University of South Australia. The review was supplemented by additional material identified by the clinical expert advisory group assisting ACC.

Acknowledgements

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Disclaimer

All information in this publication was correct at the time of printing. This information is intended to serve only as a general guide to arrangements under the Accident Compensation Act 2001 and regulations. For any legal or financial purposes this Act takes precedence over the contents of this guide.