

## Executive summary

The aim of this governmental commission is to survey systematic reviews evaluating treatment of maternal injuries following vaginal childbirth, and to highlight the scientific uncertainties of currently used treatment strategies of maternal birth injuries.

### In short: what does this systematic map add?

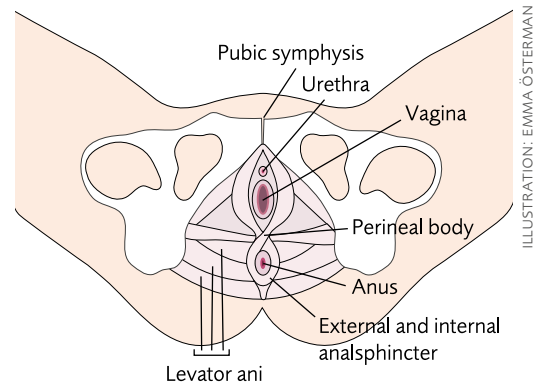
The results show that the majority of the treatments provided to mothers suffering from vaginal birth-related injuries have not been evaluated in reliable systematic reviews.

### Background

Birth-related injuries of a mother following a vaginal childbirth are common in Swedish maternity care. The proportion of first time mothers in Sweden that yearly suffer from a third or fourth degree tear (i.e. anal sphincter rupture) varies between 3.9 and 7.6% according to statistics from the National Board of Health and Welfare. Vaginal and perineal tears, as well as other injuries of the perineum in women following a vaginal birth, can cause short and long term injuries. Apart from pain, birth trauma of the perineum can also cause urine incontinence, fecal incontinence, uterine prolapse and sexual dysfunction.

### Method

When conducting a systematic map of systematic reviews, experts in the field outline the questions and list important areas (for example a specific condition) in the field. After a systematic literature search, the



systematic reviews that answer these questions are collected and tagged to its area. Thereafter, the quality of the systematic reviews are assessed with the AMSTAR checklist and the results from reviews that hold a moderate or high quality, are summarized in a transparent manner. The study quality of the primary studies in the systematic reviews is not evaluated.

### Main findings

In total 8 systematic reviews that held a moderate or high quality were identified. The results in this systematic map show that there are scientific uncertainties regarding treatment of maternal birth injuries in all identified areas. However, three systematic reviews show that there is some knowledge regarding specific treatment strategies within some of the domains (Table 1).

**Table 1** Areas, scientific knowledge and scientific uncertainties obtained from systematic reviews of high or moderate quality.

Areas	Systematic review of moderate or high quality	Scientific knowledge	Scientific uncertainties
First degree tear	●	■	●
Second degree tear	●	●	●
Third and/or fourth degree tear	●	■	●
Deeper vaginal tear	■	■	●
Injury caused by episiotomy	●	●	●
Injury of the levator ani muscle	■	■	●
Acute uterine prolapse	■	■	●
Injury of the pelvic bones	■	■	●
Diastasis of pubic symphysis	■	■	●
Specific injuries in genitally mutilated	■	■	●
Fistula between urinary bladder and vagina or between anus and vagina	■	■	●
Hemorrhoid	■	■	●
Perineal pain	●	●	●
Dyspareunia	●	●	●
Urine incontinence	●	■	●
Anal incontinence	●	■	●
Defecation difficulties	■	■	●
Uterus rupture	■	■	●

● = Yes ■ = No ● = Yes (some)

Scientific knowledge = A systematic review with high or moderate quality demonstrates the effectiveness of a treatment.

#### Project group

##### Experts

Marie Vikström Bolin (Senior Consultant, PhD, Sundsvall)  
 Anna Dencker (Midwife, PhD, Göteborg)  
 Ann Olsson (Midwife, PhD, Danderyd)  
 Gunilla Tegerstedt (Senior Consultant, PhD, Stockholm)

##### SBU

Frida Mowafi (Project Manager)  
 Helena Domeij (Associate Project Manager)  
 Hanna Olofsson (Information Specialist)  
 Elisabeth Gustafsson (Project Administrator)

#### External reviewers

Cecilia Ekéus (Midwife, PhD, Stockholm)  
 Eva Uustal (Senior Consultant, PhD, Linköping)

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[www.sbu.se/en](http://www.sbu.se/en) • [registrator@sbu.se](mailto:registrator@sbu.se)  
 Graphic Design: Emma Österman, SBU