

## E.7 Antepartum/GYN Evaluation

1. In your opinion, what are the benefits and limitations of checking a person for previous damage to the perineum during the antepartum/gyn pelvic exam? (5 pts).

Benefits – knowing if there has been previous damage and how much scar tissue there is can give an opportunity to discuss options for preparing for the future. Perineal massage can help loosen scar tissue before another vaginal birth, relieve pain, and make sex more comfortable. Pelvic floor therapy can help with incontinence, painful sex, and muscle strength. Knowing that there is scar tissue can also be good information for a future labor and preparing for more difficult stretching and possibly repeat tearing.

Limitations – Some people are not comfortable with, or don't want, perineal massage or pelvic floor therapy. Those things do not help everyone. Some might not want to know the damage that occurred. The exam itself may be traumatic. Those with previous sexual trauma may be triggered by this type of exam.

2. Providing a trauma sensitive pelvic exam is an essential consideration during any antepartum, intrapartum, and postpartum exam. Describe techniques to help support a client through the procedure. (5pts)

Always explain the full procedure before the exam ever starts and obtain consent. Allow a support person to be present. Make sure they know they are in control and can stop the exam at any time. They also control the speed and can ask for a pause or slow down. Keep them as covered as possible. Explain each step as you go. Allow them to insert the speculum themselves. Ask the what you can do to make them more comfortable.

3. When conducting a medical history and physical exam, reviewing pelvic body symptoms can help us thoroughly explore the clinical situation. Identify 10 anatomy characteristics AND client symptoms that should be included in the history and examination to appropriately check for previous damage to the perineum (10 pts)

Weakened muscles, restricted tissue, painful areas, sensitivity, bulging, hemorrhoids, urinary incontinence, difficulty emptying bladder, fecal incontinence, painful bowel movements, urgent bowel movements, or painful sex.

4. Describe what scar tissue looks and feels like. (3 pts)

Firm, thick, discolored, or a thinner, weakened area

5. Case Scenario; Set 1 Lex is G2P1, 20 weeks pregnant, new to care. During the obstetric history Lex reports having had a 4th degree tear after first delivery. The baby was born with forceps due to a compound presentation. Lex reports that the recovery was "long and difficult physically and emotionally," with a couple repairs needed in the months following birth. Discussing informed consent about mode of delivery, review with Lex additional symptoms or conditions that would warrant further consideration of mode of delivery. (5pts)

You may have significant scar tissue due to your previous tear and the repairs that followed. I can examine the area if you would like. Are you having any symptoms like pain when you the bathroom or have sex? What about feces or urine leaking? There are some things we can try to, that may help loosen and relax the scar tissue. Some people benefit from perineal massage or pelvic floor therapy. I want you to know that you have options available to you to have whatever kind of birth you want. You can have a birth at home with a midwife, in a birth center with midwives, or in a hospital with a midwife or a doctor. If a natural birth is going to be too traumatic for you,

there are pain relief options available at the hospital. And if a vaginal birth isn't what you want you can talk with a doctor about an elective c-section. I just want to support you in the ways that you need.

6. Case Scenario; Set 2: Lex continues to desire a vaginal community birth. They report that there is still scar tissue and accompanying pain, which has had long-term emotional/physical issue(s). Research a treatment modality/pain management option that you could use to help decrease scar tissue and pain. Explain the treatment recommendations to Lex and supply your resource(s). NOTICE: Research should be recent, not "cherry picked" to support the student's pre-conceived notions or personal positions and less than 5 years old (gold standard) or less than 10 years old, with allowance for seminal works. (10 pts)

There are some treatments available to you if you want to try them. You should not have to live in pain. We can work together to treat your pain and scar tissue. "It should involve a team consisting of the gynecologist, pain management expert, physical therapist, sexual therapist, and mental health professionals with a specialization in chronic pain" (Tayyeb & Gupta, 2022). First, we should get your pain under control, then there is an option for cognitive behavioral therapy that has been very successful for many people, and the final step is pelvic floor therapy including perineal massage. These treatments can take several months and may not make your pain go away completely, but they could help a lot.

Tayyeb, M. & Gupta, V. (2022). Dyspareunia. StatPearls (Internet). StatPearls Publishing.  
<https://www.ncbi.nlm.nih.gov/books/NBK562159/>