STUDY OF THE FREQUENCY OF OBSTETRIC ANAL SPHINCTER INJURIES AFTER THE IMPLEMENTATION OF THE ADEQUATE CHILDBIRTH PROJECT AS AN INCITEMENT TO HIGHER VAGINAL DELIVERY RATES
Silva, C.H.M.; Laranjeira, C.L.S.; Géo, M.S.; Lima, R.S.B.; Brandão, A.H.F.; Guimarães, A.C.K.; Rodrigues, M.N.F.; Géo, L.S.; Rede Mater Dei de Saúde (RMDS) – Belo Horizonte, Brazil

INTRODUCTION
Unequivocally evidences demonstrates the advantages of vaginal delivery when compared to cesarean sections. In an arbitrary way, institutions and specialized colleges define an ideal cesarean rate ranging from 15 to 20%. Brazil is in a bad position in relation to cesarean delivery rates, for example, most of the private care hospitals in Brazil has cesarean rates around 90%. In this context, programs such as the Adequate Childbirth Project encourages vaginal delivery through concise care policies become essential. This is a national program, which main goal is to increase rates of vaginal delivery without any outcomes adverse in maternal and perinatal care, such as the occurrence of perineal injuries and pelvic floor dysfunctions. It is estimated that these occur in 2 to 14% of vaginal deliveries. The medical literature shows the absence of well-conducted and high-value evidence studies for the prevention and prediction of the occurrence of such complications. Most care practices are based on empirical observations, personal practices, and expert opinions; therefore, a study that determines, with a relevant number of patients followed and satisfactory follow-up after delivery, would be extremely important in the scientific and assistential context.

OBJECTIVES
To present the results of obstetric care in vaginal delivery, such as vaginal delivery rates, episiotomy rates, episiotomy characteristics, incidence of integral perineum, severe perineal tears of the third and fourth degree (OASIS - Obstetric Anal Sphincter Injury).

METHODS
Analysis of vaginal delivery rate, percentage of deliveries with episiotomy, percentage of mediolateral episiotomy with an angle greater than 60°, rates of vaginal delivery without lacerations and OASIS between July of 2018 and March of 2019.

RESULTS
In this period 1307 deliveries were performed by the team, of which 562 (43%) were vaginally delivered; 814 patients were classified in the Robson groups from 1 to 4, of which 482 (59.21%) progressed to vaginal delivery. Of the vaginal deliveries 318 (56.78%) were with mediolateral episiotomy, 251 (78.93%) with an angle greater than 60°. Parturition with use of forceps was performed in 80 (14.28%) patients. Of the patients who evolved to vaginal delivery 25 (4.46%) had intact perineum and 23 (4.10%) presented OASIS. Among OASIS cases, 15 (65.21%) were instrumental deliveries with episiotomy, 4 (17.39%) in non-instrumental deliveries with episiotomy, and 4 (17.39%) without episiotomy.

CONCLUSION
The rate of OASIS in vaginal delivery in our service (4.10%) is in accordance with that recommended in the literature (0.5-7%). Aimed at maintaining the level within the goal and reducing the incidence of OASIS, a specialized training in the protection and approach of perineal traumas related to vaginal delivery was implemented in our service. As well as the elaboration of a multiprofessional team involving physicians and physiotherapists to assist in these injuries. Thus, the change in the obstetric panorama involves concern with the pelvic floor of the woman, so that we can sustainably achieve excellence in the assistance of vaginal delivery.