Learning from Obstetric Anal Sphincter Injury (OASI) claims within the NHS in England 2025

NHS Resolution

Overview

OASIs are severe perineal tears that can occur during vaginal birth, classified as third- and fourth-degree tears. An OASI is defined as a partial or total disruption of the anal sphincter complex sustained during vaginal birth.

This report presents a quantitative and qualitative analysis of OASI claims notified to NHS Resolution that had an incident date between 2011/12 and 2021/22 that have been closed with damages paid.

OASI remains a significant cause of maternal morbidity with long-term physical and psychological consequences. Despite national initiatives such as the OASI Care Bundle, these injuries continue to occur and are often misdiagnosed or inadequately managed.

Recommendations

- Improve training for assisted instrumental birth
- Provision of adequate support for clinicians
- Improve the diagnosis of OASI
- Strengthen education around symptoms
- Awareness of recto vaginal fistula
- Improvements to the pathway for management of women with missed OASIs

From 2011-2022 OASI claims cost **£60 million (estimated £6 million annually)** This is based on 187 closed claims with damages paid.[1]

Summary of key findings

58% of claims where damages had been awarded showed that women had a misdiagnosed perineal tear. The average delay in diagnosis was 294 days, and this was the most common reason for making a claim.

61% of women who had an OASI had assisted births; 54% of births used forceps with episiotomy occurring in 70% of forceps deliveries.

Faecal incontinence (80%) was most common symptom, followed by faecal urgency (77%) and pain (74%).

Additional investigations and surgeries required to treat women who had experienced an OASI included: 71% ultrasound, 46% manometry, 33% exam under anesthesia; many had multiple tests.

Most common non-surgical treatment was pelvic floor physiotherapy (24%). Where surgical procedures were required this included anal sphincter repair (19%), colostomy (12%), and fistula repair (7%).

Women's experience

Most women who experience an OASI have it diagnosed and repaired at the time of injury; however, a small number experience delays.

Whilst many women do not suffer long-term effects after sustaining an OASI, some experience a significantly reduced quality of life.

Symptoms such as anal incontinence, faecal urgency, psychological trauma, and sexual dysfunction are not uncommon. Some women suffer multiple debilitating symptoms.

Resources to support you in practice

Learning from OASI claims report | RCOG OASI Care Bundle | The MASIC Foundation