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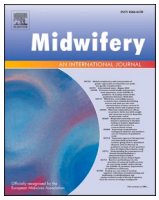

Review Article

What are the experiences of women and midwives of non-severe perineal trauma assessment? A meta-synthesis

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ABSTRACT

Background: In the UK, most women giving birth vaginally experience perineal trauma, predominantly non-severe, yet there is no validated assessment tool to evaluate wound healing postnatally. Current NICE guidelines provide only generic advice on how to complete this assessment, exposing the potential for a variety of non-standardised practices. Criticism of UK postnatal care is widespread, and inadequate perineal trauma assessment might contribute to this.
Question: What are the experiences of women and midwives of non-severe perineal trauma assessment?
Methods: Systematic literature review with meta-synthesis using three online databases. Data was synthesised using constant comparative analysis.
Databases: CINAHL, PubMed, and Web of Science.
Findings: Nine studies exploring the experiences of women (8/9) and midwives (1/9) on non-severe perineal trauma were included. Three themes emerged: '*How society and healthcare professionals are silencing women's experiences*', '*The inadequate provision of perineal care*', and '*A glimmer of hope, examples of positive experiences*'.
Discussion: Women report being underprepared about the extent of their perineal trauma, the potential impact on their lives and the services available if concerns. Some women are not offered perineal assessment and feel their concerns are trivialised by clinicians. These issues are not unique to the UK, as similar challenges exist globally. Improving postnatal care requires better communication, a therapeutic woman-midwife relationship, and societal change to reduce stigma around perineal trauma, which impacts women's psycho-physical health.
Conclusion: Improving postnatal perineal trauma care is crucial, with research needed on assessment practices and tools. Therapeutic relationships and women-centred clinical pathways can enhance experiences.

Statement of Significance

Problem: Criticism of postnatal care in the UK is widespread. Could inadequate perineal trauma assessment, due to the limited guidance and assessment tools available, contribute to this?

What is Already Known: Many women feel underprepared for the psycho-physical challenges caused by their perineal trauma postnatally, and feel poorly supported by clinicians in this regard.

What this Paper Adds: This review focuses on non-severe trauma, showing that the degree of trauma might not influence women's negative experiences. This review was able to focus more specifically on the perineal assessment element of postnatal care and bring together midwives' experiences alongside women's.

Introduction

Improvements to postnatal care in the United Kingdom have been called for in both the Better Births (National Maternity Review, 2016) and the Better Births Four Years on Progress Reports (Maternity Transformation Programme, 2020, p.40), specifically for '*support in the return to physical health after birth and early identification of pelvic health issues*'. Additionally, enhancements to women's physical health after childbirth were included in the Women's Health Strategy for England (Department of Health and Social Care, 2022). This push to improve postnatal care is not unexpected since postnatal care in the UK has been labelled as 'The Cinderella of the services' for over a decade (Barker, 2013; Macdonald et al., 2021) due to the infrequent and disorganised service offered

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postnatally. It is important to note that in the UK, postnatal care is defined by the National Institute for Health and Care Excellence (NICE) as the first eight weeks from the birth of the baby (NICE, 2021). Responsibility during this period embraces both primary and secondary healthcare sectors involving midwives, obstetricians, general practitioners and health visitors; however, Better Births reports focus only on midwives and the first two weeks of the postnatal period when recommending improvements (Bick, Duff and Shakespeare, 2020).

It is estimated that 85 % of women giving birth vaginally in the United Kingdom sustain perineal trauma, making this an extremely common occurrence (Frohlich and Kettle, 2015). Of these women, roughly 97 % will sustain non-severe perineal trauma, which includes first and second-degree tears and episiotomies (Gurol-Urganci et al., 2021). Overall, perineal trauma is classified by severity, ranging from first-degree, when the injury is limited to perineal skin and/or vaginal mucosa, all the way to fourth-degree, where the injury involves the anal sphincter and the anal mucosa (Sultan, 1999). Apart from the aforementioned detailed classification, the four degrees of perineal trauma, plus the episiotomy, can also be grouped into two broad categories: non-severe perineal trauma (which includes first and second-degree tears and episiotomy) and severe perineal trauma (which includes third and fourth-degree tears).

Considering the high proportion of women who sustain perineal tears during childbirth, it might be assumed that postnatal perineal trauma assessment is an aspect of midwifery care that is well established, especially with the Nursing and Midwifery Council (NMC, 2019) stating that it is within the role of the midwife to assess perineal health and well-being postnatally. This aligns with a global perspective, which advocates postnatal perineal trauma assessment be performed approximately twice in the first ten days after childbirth as part of the standard postnatal contacts provided by the midwife (World Health Organisation, 2022). Postnatal perineal trauma assessment is arguably one of the most crucial aspects of postnatal care, especially because women who sustain perineal trauma are more likely to experience physical symptoms, which, in turn, makes them more likely to report mental health concerns such as anxiety, depression and post-traumatic stress disorder (PTSD) (Opondo et al., 2023).

Clinical guidelines from NICE recommend that practitioners ask women if they have concerns about perineal healing (pain, discharge, swelling or wound breakdown) and that a midwife or a doctor should offer an examination of the perineum if issues are voiced or if the woman wants reassurance (NICE, 2021). However, NICE does not offer detailed guidance on how to conduct this postnatal perineal wound assessment, and this allows individual clinicians to implement non-standardized practice. Unfortunately, there are no validated assessment tools available to support healthcare professionals in these circumstances. Only one assessment tool for postnatal perineal wound healing was sporadically mentioned in the literature, the REEDA scale (Redness, oEdema, Ecchymosis, Discharge and Approximation) was designed by Davison in 1970. However, this assessment tool has not yet been fully validated, with improvements recommended to enhance accuracy (Alvarenga et al., 2015); plus, it was designed only for the healing assessment of episiotomies, not spontaneously occurring tears.

In conclusion, there is a paucity of evidence on postnatal trauma assessment tools. The aim of this review is to synthesise the existing evidence on the experiences of women and midwives regarding postnatal perineal trauma assessment to establish if what is currently offered as part of routine postnatal care is sufficient and the areas for future development. It is important to note that other literature reviews have been published on the wider topic of postnatal wound care (Rajan-Brown, 2023) or experiences of perineal trauma (Crookall et al., 2018), however, these reviews have included studies on severe perineal trauma which has a different management approach to non-severe trauma. For example, in the UK, this includes the use of antibiotics and laxatives and a follow-up appointment 6–12 weeks post-repair (Royal College of Obstetricians and Gynaecologists (RCOG), 2015). For this reason, this literature review is focused specifically on the assessment of non-severe perineal wounds.

Review question

What are the experiences of women and midwives of non-severe perineal trauma assessment?

Study design

A meta-synthesis approach was adopted in line with the ENTREQ statement (Enhancing transparency in reporting the synthesis of qualitative research) as supported by the Equator Network (Tong et al., 2012).

Search methods

A systematic literature search was conducted in July 2024 using three online subject-specific databases: CINAHL, PubMed and Web of Science. The keywords used for the database search were selected based on the PEO tool, which seeks to outline the Population, Exposure and Outcome of a literature review question, and it is specifically endorsed for a qualitative approach (Bettany-Saltikov and McSherry, 2016, p. 28). In Table 1, the PEO tool is applied to the literature review question with the key terms used.

The Boolean operator AND was used to join the five search strings and the Boolean operator OR was used to include synonyms of the original terms to ensure a comprehensive search. Truncation was used to make sure words with different endings would not be accidentally excluded e.g. midwi*. A time limiter was applied to include all relevant between 1999 and 2024.

For each result retrieved during the database search, titles and abstracts were screened according to inclusion and exclusion criteria. Studies were included if the participants had a first or second-degree tear or episiotomy following childbirth and if the focus was on participants' experiences of perineal trauma assessment or perineal care in the postnatal period found in qualitative or mixed-methods studies. Only primary research was included to avoid bias due to re-interpretation of findings by other researchers.

The full text of the remaining 33 articles was screened, and citation searching using reference lists was undertaken to ensure a comprehensive search. Grey literature and unpublished work were not sought, ensuring that the evidence base for this review has been peer-reviewed. Nine papers were included in the final review after consensus from all three authors. Fig. 1 outlines the selection process using the PRISMA statement.

Data analysis and synthesis

All nine studies were appraised for methodological quality using the Critical Appraisal Skills Programme qualitative tool (2023), including the two mixed-methods papers. Herron-Marx et al. (2007) paper utilises a Q methodology approach but presented findings as stories rather than statistical data, and only the qualitative section of the Wiseman et al. (2019) paper was relevant to this review.

No papers were excluded from the review on the basis of the appraisal of methodological quality, however, stronger papers have been given more attention than weaker ones, for example, by including more participant quotes. All nine papers appraised using the CASP Qualitative Checklist (2023) received a traffic-light system scoring for each of the CASP prompts, where *green* meant that the criterion had been addressed by the study, *orange* meant that it was partially addressed, or the authors were not able to extract that information, and lastly, *red* meant that the criterion had not been addressed by the study. Only two papers fully met the CASP qualitative criteria, the remaining seven had one or two orange or red criteria out of nine, which can still be

Table 1
PEO tool and search terms.

P= population	Midwives and Women	women OR female* OR woman OR midwi*
E= exposure	Perineal trauma assessment in the postnatal period	perine* OR vagina* OR genital* OR childbirth OR pelvic wound* OR laceration* OR tear* OR injur* OR damage OR trauma OR episiotom* OR incision* assessment* OR review* OR examination* OR inspection* OR observation* OR visual*
O= outcome	Experiences	experience* OR perception* OR attitude* OR view* OR feeling* OR perspective*

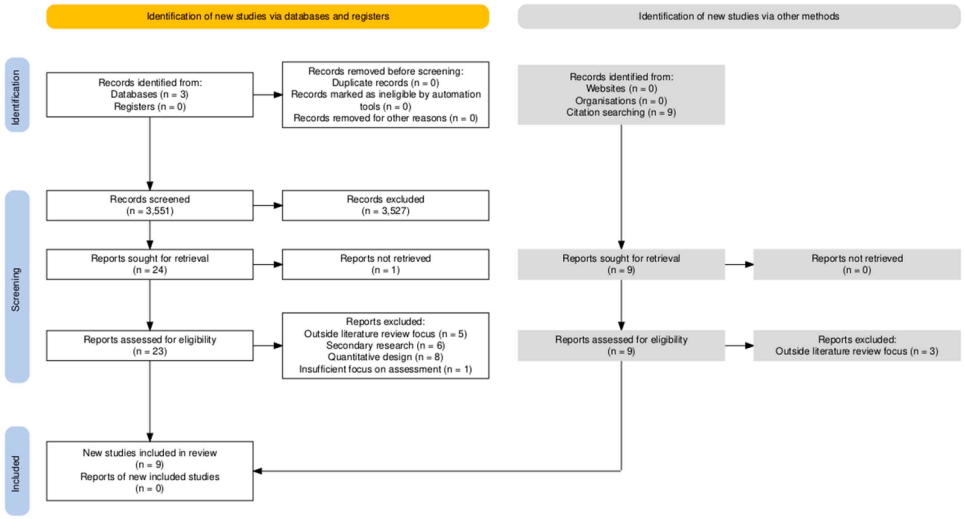

Fig. 1. PRISMA flow diagram (Haddaway et al., 2022).

interpreted as good.

To synthesise the findings, the constant comparative analysis method, as described by Lincoln and Guba in 1985, was used for this review, and three themes were finalised after the comparison phase. The main aspect of constant comparative analysis is the '*dynamic back and forth*' whereby if the new content does not fit the existing themes, this needs to be added to a sub-category, or a new theme needs to be devised (Lincoln and Guba, 1985, p. 342). Using the steps outlined by Aveyeard et al. (2021, p. 146) for constant comparative analysis, it is important to consider the influence of papers of poorer quality included in the review. Table 2 summarises the main characteristics of all nine papers included.

Findings

Five out of nine studies have been conducted in the UK, two in Sweden, and one each in China and Iran. All studies, except for one, exclusively included postnatal women as study participants. Larkin (2014) predominantly focused on the experiences of midwives.

Constant comparative analysis

The three themes on midwives' and women's experiences of postnatal trauma wound assessment, which arose from analysing and synthesising the nine articles, are:

- How society and healthcare professionals are silencing women's experiences
- The inadequate provision of perineal care
- A glimmer of hope, examples of positive experiences

These three themes and the individual papers have been tabulated in Table 3 below. It is vital to note that all three themes are interconnected and should be considered together as the aim is to explore experiences of perineal trauma assessment, which is understandably a complex process. It is also important to highlight how Larkin (2014) is the only paper included in this review that focuses explicitly on the midwives' point of view on perineal wound assessment. Therefore, the three themes in this review have derived from women's perspectives and, as midwives' experiences constitute a minority of the data analysed, relevant data has been included in the themes already originating from women's experiences. The relevant data from Larkin (2014) on the midwives' perspectives has been included in theme two and three, as shown in Table 3, and outlined clearly during the exploration of each of the two themes highlighting the change in perspective.

Theme: How society and healthcare professionals are silencing women's experiences

This theme was identified in five out of nine papers (Daremark et al., 2022; He et al., 2020; Herron-Marx et al., 2007; Jahanishoorab et al., 2022; Salmon, 1999).

Exploring the societal influences on women who have sustained low-grade perineal trauma first, new mothers report having to confront the expectation that postnatal perineal pain is normal and should be endured (He et al., 2020; Herron-Marx et al., 2007; Salmon, 1999).

> *'I would endure the pain and not mention it. It didn't hurt that much. I could still bear with it…it's a normal thing, also the fate of every woman'* (He et al., 2020)

Many women revealed that perineal trauma, even when non-severe, can require significant adjustments to daily life, for example, when women have restricted mobility or cannot be too far away from public toilets (He et al., 2020; Herron-Marx et al., 2007). These additional postnatal needs, plus unexpected pain or other perineal concerns, are not openly discussed with family and friends, as it is considered *taboo*, especially when discussing sex life, heightening feelings of embarrassment, isolation and anxiety for new mothers (Herron-Marx et al., 2007; Salmon, 1999).

> *'Whoever you talk to about it, like your friends or whatever, they just say 'Yes, they know'; everybody just seems to accept it. That is the way it is*

Table 2
Data summary table with characteristics of each paper included in the review.

Author (year) Country	Study Aim(s)	Methodology/ Methods	Sample size and participants	Key findings relevant to the literature review question
Daremark et al. (2022) Sweden	To investigate women's experiences of second-degree tears regarding the recovery and need for healthcare and rehabilitation.	Qualitative. Interviews. Content analysis by Graneheim and Lundman	18 women with a second-degree injury	• Women report feelings of uncertainty due to a lack of information provided, making it hard to understand what are normal symptoms and struggle to ask questions. • In contrast, women with manageable symptoms and adequate knowledge feel secure and satisfied with their experience. • Many women experience a lack of trust in the healthcare system, feeling dismissed or overlooked by HCPs, leading some to give up seeking help.
He et al. (2020) China	To describe women's experience of episiotomy in urban China.	Qualitative. Semi-structured interviews. Thematic analysis using NVivo	30 postpartum women from three different postpartum periods (within 2 weeks, 2 weeks to 6 months, >6 months since childbirth). Some healthcare staff were also interviewed (obstetricians and midwives), number not stated.	• Women's experiences with episiotomies vary widely, with some being insufficiently informed about the procedure while others were better prepared. • Many women endure pain that interferes with daily activities, including movement and breastfeeding. • Many women are left with long-term anxiety and a negative impact on their sexual lives. • Societal norms often discourage women from complaining about postpartum pain, viewing it as normal. Societal norms could also influence HCPs, hindering the provision of compassionate care.
Herron-Marx et al. (2007) UK	To explore women's experiences of enduring postnatal perineal and pelvic floor morbidity.	Q methodology (quantitative and qualitative). Interviews and participant response grids. Data analysed using PQMethod.	20 women at least one form of perineal or pelvic floor morbidity in an earlier survey.	• Many women view postnatal perineal morbidity as normal and do not seek GP support, even though these issues impact daily life, or they see it as a taboo topic not to be discussed with family. This can often lead to isolation. • While women are predominantly satisfied with their postnatal experience, they feel isolated between midwife discharge and the 6-week GP check, which they find insufficient. Moreover, women often report being dismissed by HCPs, leaving women to endure these problems in silence.
Jahanishoorab, Taghipour and Roudsari (2022) Iran	To explore the perceptions and experiences of women with perineal injuries in postpartum care.	Qualitative. Semi-structured interviews. Content analysis by Elo and Kingas	22 women.	• Women report a lack of HCP support in follow-up care when severe perineal trauma compared to those with mild trauma. • HCPs often neglect women's comprehensive physical and mental needs. • Unethical communication practices include dishonesty about potential complications and a failure to engage in active listening or show compassion.
Larkin (2014) UK	To explore the experiences and practice of midwives in relation to the assessment of maternal postnatal genital tract health.	Qualitative. Constructionist grounded theory. Narrative interviews and observations of postnatal assessments. Constant comparative method leading to the generation of theory of midwifery assessment of maternal postnatal genital tract health	Interviews: 14 midwives Observation: 5 midwives and 15 women.	• Midwives primarily used clinical observations to evaluate genital tract health, favouring visual inspections of the perineum for baseline assessments. • Some women's self-reporting of morbidity can be difficult, as many may lack knowledge of what is considered normal and of the anatomical vocabulary or may feel insecure if they have previously been dismissed. • Midwives emphasised the importance of building a therapeutic relationship to help women understand their experiences better. • Challenges such as staff shortages, reduced postnatal contact, and

(*continued on next page*)

Table 2 (*continued*)

Author (year) Country	Study Aim(s)	Methodology/ Methods	Sample size and participants	Key findings relevant to the literature review question
Lindberg et al. (2020) Sweden	To explore women's experience of having a second-degree perineal tear and related consequences to daily life during the first eight weeks after childbirth.	Qualitative. Data extracted from the questionnaire part of Perineal Laceration Register with open-ended questions.	1007 women with second-degree tears.	increased workloads hinder the completion of their priorities. • Women experience changes postnatally, including unexpected pain and altered genital appearance, alongside complications such as incontinence and infections. • Women report having insufficient information regarding their conditions, including pain management and referral processes. • Many women expressed feelings of sadness and depression and desired a more therapeutic relationship with their HCPs, whereas they valued encounters with HCPs who listened to their concerns. • The routine midwife check-up at 8–10 weeks postpartum was deemed too late.
Salmon (1999) UK	To provide an account of women's experiences of perineal trauma in the immediate post-delivery period.	Qualitative, Feminist methodology. Unstructured interviews. Data analysis according to Burnard's framework.	6 women.	• Some women experienced excruciating pain during suturing that was often ignored by HCPs. • Women's perineal healing concerns were frequently dismissed, resulting in upset and anger towards a system women felt had let them down, as well as frustration and resignation from not being heard. This situation contributed to increased anxiety and a sense of isolation during their recovery.
Way (2012) UK	To explore the feelings, perceptions and experiences of women in relation to their perineum following childbirth in the early PN period.	Qualitative. Diaries and interviews. Grounded theory. Constant comparative analysis.	11 women.	• There is a notable discrepancy between women's expectations and reality, with many experiencing unexpected pain and poor pain management. • Despite adjustments to daily life, women strive for normality and seek independence, often feeling a sense of achievement when completing non-essential tasks. However, they face pressures to perform domestic chores, which can exacerbate their pain. • Addressing personal hygiene needs plays a significant role in helping them feel like their "old selves" again. • Preparation classes typically focus less on the postpartum experience; second-time mothers often feel better informed due to their own experience.
Wiseman et al. (2019) UK	To investigate the incidence of infection/wound breakdown in women with a 2nd-degree perineal tear; To explore potential contributory factors for perineal infection/ breakdown; and to explore interview women about their experiences of perineal infection/ breakdown.	Mixed-methods. An observational study, a case-control then qualitative data collected via semi-structured interviews. Thematic analysis.	Observational study: 828 Case-control: 47 Qualitative: 5 women	• Some women faced delays in diagnosis because they hesitated to seek help, and clinicians sometimes failed to identify infections when external signs were absent. Even after some wounds healed, many women remained dissatisfied with their genitalia's appearance and were reluctant to raise further concerns due to previous traumatic suturing experiences. • Midwives and GPs often neglected to check women's perinea, and many women were not informed about the type of tear they had sustained. • Infection and wound breakdown can lead to embarrassment and distress, making it difficult for women to discuss their conditions with family, friends, and HCPs, partly due to a lack of shared anatomical language.

Key: HCP: healthcare professionals, MW: midwife, PN: postnatal.

Table 3
Themes from the constant comparative analysis.

	How society and healthcare professionals are silencing women's experiences	The inadequate provision of perineal care	A glimmer of hope, examples of positive experiences
Daremark et al. (2022)	✔	✔	✔
He et al. (2020)	✔	✔	✔
Herron-Marx et al. (2007)	✔	✔	
Jahanishoorab, Taghipour and Roudsari (2022)	✔	✔	
*Larkin (2014)		✔	✔
Lindberg et al. (2020)		✔	✔
Salmon (1999)	✔	✔	
Way (2012)		✔	
Wiseman et al. (2019)		✔	

* This study focused on the midwife's viewpoint.

after childbirth and that you just have to put up with it' (Herron-Marx et al., 2007)

In He et al.'s study (2020), healthcare professionals were also influenced by societal expectations about what new mothers should tolerate:

'It felt painful so much! I thought I really needed some treatments to relieve the pain but the doctor thought I could endure this kind of pain…'(He et al., 2020)

Similarly, many of the participants of the studies reported feeling dismissed by healthcare professionals, who did not recognise their concerns as valid or, worse, made women feel like these concerns were fictitious (Daremark et al., 2022; Herron-Marx et al., 2007). The silencing of women's experiences causes a further breakdown in their relationship, which is detrimental to the mother's well-being.

'No, I didn't really feel that she was listening or that she was, like, taking it seriously. I don't even know if it should be taken seriously either' (Daremark et al., 2022)

'..[the GP] didn't check it? And I'd expected them to check it… I never went back. But it never felt right.' (Wiseman et al., 2019)

It is important to also consider that postnatal silencing could stem from their poor experiences of perineal wound suturing immediately after childbirth:

'Stop twitching. If you don't lie still this could affect you for the rest of your life. This left me feeling tortured and traumatised for days, no months, after' (Salmon, 1999)

Overall, this theme shows new mothers are expected to endure perineal concerns as a normal part of their lives and are dissuaded from bringing up the topic. Unfortunately, their concerns can be dismissed and normalised by clinicians, leaving women more vulnerable and isolated.

Theme: The inadequate provision of perineal care

The second theme is focused on the inadequate provision of perineal care, and it is important to highlight that this theme was found in all nine papers included in this review. The inadequate provision of care can present itself in a number of different ways, with examples ranging from poor communication in the postnatal period to the lack of pathways for women to escalate their concerns. The different nuances of poor postnatal care provision have been synthesised below.

For some women, inadequate provision of care meant not being offered a perineal wound healing assessment by their healthcare professionals (Lindberg et al., 2020; Wiseman et al., 2019) or being forgotten altogether in favour of professionals focusing on the baby (Daremark et al., 2022).

'I was like, what, you don't want to examine me? And she was like, I can have a look if you want me to, and I was like, well yes! I was really quite shocked […]' (Wiseman et al., 2019)

'I think [GP] they're more interested in your mood, like postnatal depression. I suppose they do ask generally about your health but they don't specifically talk about your pelvic floor and I think that would have helped. They would expect you to raise it with them, that's the impression I got.' (Herron-Marx et al., 2007)

Women reported the communication of perineal care provision as insufficient throughout the pregnancy continuum, from information at antenatal preparation classes (Way, 2012) to the type of tear they sustained after childbirth (He et al., 2020; Wiseman et al., 2019). Women also report also not knowing the normal symptoms of perineal healing and that clinicians fail to answer their questions about it (Herron-Marx et al., 2007; Jahanishoorab et al., 2022; Lindberg et al., 2020). This is closely related to the second theme, in which women's experiences of being silenced by healthcare professionals were explored.

'It's probably the thing I'm most unhappy about…I don't think I'll probably ever really know what happened, like how I ripped exactly, like, was it a small tear? Or a deep tear? Where was it?…I have absolutely no understanding' (Wiseman et al., 2019)

'I think [GP] they're more interested in your mood, like postnatal depression. I suppose they do ask generally about your health but they don't specifically talk about your pelvic floor and I think that would have helped. They would expect you to raise it with them, that's the impression I got.' (Herron-Marx et al., 2007)

Two studies specifically mention the lack of shared anatomical vocabulary between women and healthcare professionals (Larkin, 2014; Wiseman et al., 2019), which could contribute to the ineffective communication identified by many studies. When women talk about their perineal area, as reported by Wiseman et al. (2019), they would describe it as '*down there or lower regions*' rather than using proper anatomical terms. And from the midwife's perspective, a switch to 'lay terms' is needed in order to improve communication:

'Again, you have to pitch it to whoever you're dealing with because some of the girls, you know, you say, 'How's your perineum?' and they know exactly what you're talking about. But a lot of girls will say, 'My what? What do you mean? What's one of them?' […] '' (Larkin, 2014)

Lastly, the remaining aspect of poor provision of perineal care revolves around women reporting not knowing who to contact when they had concerns and that they were not given sufficient information on the services provided - this was reported in both UK and Swedish studies (Daremark et al., 2022; Herron-Marx et al., 2007; Lindberg et al., 2020).

'I wish there would have been somebody else there instead of going to the doctor because you think it's not as serious as being ill or anything. It would have been good if there was somebody that you could go to. I would definitely have gone to them.' (Herron-Marx et al., 2007)

Overall, perineal care provision in the postnatal period has been described by women as unsatisfactory for many reasons, but often because wound assessment is not routinely offered and there are insufficient escalation pathways available when concerns arise.

Theme: A glimmer of hope, examples of positive experiences

The last theme is focused on the positive experiences women reported in the studies selected for this review. Four out of nine papers

highlight some examples of good practice and how women have felt equipped to care for their perinea in the postpartum period (Daremark et al., 2022; He et al., 2020; Larkin, 2014; Lindberg et al., 2020). In particular, in clear contrast to the second theme, new mothers emphasised how valuable it was to find healthcare providers who listened to their concerns and took them seriously (Lindberg et al., 2020). Women reported feeling safe and trusting of healthcare professionals when they were given the right amount of knowledge, listened to, or even when they were simply signposted to find further information independently.

> *'I think I would turn to the midwife first, then they can refer me on to someone else, if needed.'* (Daremark et al., 2022)

In Larkin's paper (2014), the only one focusing on midwives' perspectives, midwives reported that active listening during perineal wound assessment was important to build a therapeutic relationship between women and midwives. This paper also discusses how midwives find different ways to reassure new mothers about their concerns:

> *"Oh, it doesn't feel right, will you have a look?' and I'll say, 'Yeah, no problem, I'll have a look at it' and you can say, 'Really, there is not much to see. It looks great, it's nice and clean, you're doing everything right.''* (Larkin, 2014)

However, it is critical to note that even though four papers discuss positive aspects of care of perineal trauma in the postnatal period, which is important to highlight good practices, this remains a theme supported by fewer studies than the other two themes. Moreover, it is vital to acknowledge that all four studies reporting positive elements of perineal care included in this theme, also included negative experiences on the topic, as outlined in the first and second themes.

Discussion

The result of this meta-synthesis shows the experiences of women of non-severe perineal trauma assessment and care are predominantly negative. Postnatal women are often not offered adequate perineal assessment nor escalation pathways if concerns arise, and this suboptimal care provision is often worsened by healthcare professionals' dismissal of women's concerns. It is harrowing to compare older studies, such as Salmon (1999), to newer publications and still identify the same shortcomings in postnatal perineal trauma assessment and care. The themes were similar across different geographical locations in which studies were conducted, showing that postnatal care issues are not unique to the UK.

Perineal trauma and healing during the postpartum period is, for many women, a life-changing experience which goes beyond the unexpected intensity and duration of pain and can extend into the psychological realm (Lindberg et al., 2020). Women feel not only underprepared and poorly supported by healthcare providers but also often feel dismissed and see their concerns trivialised. Other relevant literature reviews, which included all degrees of perineal trauma (Crookall et al., 2017; Rajan-Brown, 2023) or exclusively severe ones (Priddis, Dahlen and Schmied, 2013) reported similar findings to this review on experiences of perineal trauma and postnatal care highlighting that women's negative experiences are not necessarily dependent on degree of perineal trauma. This review was able to focus more specifically on the perineal assessment element of postnatal care, emphasising its inadequacy. This inadequacy is shaped by healthcare professionals' missed opportunities to offer perineal trauma assessment and adequate information, as well as by their dismissal of concerns raised by women. Women's negative experiences could be improved by establishing a 'therapeutic relationship' between women and midwives, as advocated by Larkin (2014) and Finlayson et al. (2020). Women value healthcare professionals who listen to their concerns and treat them as individuals (McLeish et al., 2021), but unfortunately, this rarely appears to be the case.

Herron-Marx et al. (2007, p. 332) have defined enduring perineal trauma as a 'softer social illness' compared to standard physical illness; nevertheless, it can affect new mothers' psychological and social lives as well as physical health. It is crucial to remember that in the UK, the rate of depressive symptoms (or diagnosis) reported within the first year after childbirth is as high as 11 %, peaking around six to eight weeks postnatally (Petersen et al., 2018), making new mothers extremely vulnerable in this period. This is especially concerning as women who sustain perineal trauma (in particular, 2nd degree or more) are more likely to experience depressive symptoms (Dunn et al., 2015; Opondo et al., 2023). Furthermore, dissatisfaction with body appearance is particularly high between six weeks and six months after birth (Clark et al., 2009; Finlayson et al., 2020), which can not only have an impact on women themselves but also put a strain on their relationships, especially the sexual aspect, as observed by this review. Returning to their normal selves is a priority for postnatal women, but this can only be achieved through open communication with healthcare professionals and, more idealistically, through societal change. Perineal concerns are still considered a *taboo* topic which cannot be discussed openly, and fluent conversations with healthcare professionals are hindered by the lack of 'shared anatomical vocabulary' (Herron-Marx et al., 2007; Rajan-Brown, 2023; Wiseman et al., 2019).

It is acknowledged that the interpretation of study findings, such as in a meta-synthesis, can be subjective; this has been minimised by performing a systematic search and having the themes generated checked by other two researchers, hence enhancing rigour. Moreover, findings from this review closely align with other secondary reviews, increasing transferability.

Limitations to this review include that although this review was focused on low-grade perineal trauma and episiotomy assessment, some of the studies also included reported experiences of women who suffered from severe perineal trauma; however, studies of exclusively severe perineal trauma were excluded. Another limitation is that only studies in English were included.

Conclusions

It is evident that improving the quality of postnatal perineal trauma assessment and care must be a top priority for policymakers and researchers, as its inadequacy is affecting women's lives on multiple levels. There is a paucity of evidence on current practices on perineal trauma assessment and assessment tools; further research is needed in this area with the aim of improving women's experiences. However, it is important to highlight that, at least partially, women's experiences can be simply improved by healthcare professionals acknowledging women's concerns and demonstrating compassion and active listening. At a local and national level, clinical pathways designed with women at the centre of this episode of care are also urgently needed so that women do not feel forgotten by the system and meaningful therapeutic relationships can be forged.

From: Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ.

No	Item	Guide and description	Completed
1	Aim	State the research question the synthesis addresses.	✓
2	Synthesis methodology	Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of methodology (e.g. meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis).	✓
3	Approach to searching	Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or	✓

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(*continued*)

No	Item	Guide and description	Completed
		iterative (to seek all available concepts until they theoretical saturation is achieved).	
4	Inclusion criteria	Specify the inclusion/exclusion criteria (e.g. in terms of population, language, year limits, type of publication, study type).	✓
5	Data sources	Describe the information sources used (e.g. electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), grey literature databases (digital thesis, policy reports), relevant organisational websites, experts, information specialists, generic web searches (Google Scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.	✓
6	Electronic Search strategy	Describe the literature search (e.g. provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits).	✓
7	Study screening methods	Describe the process of study screening and sifting (e.g. title, abstract and full text review, number of independent reviewers who screened studies).	✓
8	Study characteristics	Present the characteristics of the included studies (e.g. year of publication, country, population, number of participants, data collection, methodology, analysis, research questions).	✓
9	Study selection results	Identify the number of studies screened and provide reasons for study exclusion (e,g, for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications t the research question and/or contribution to theory development).	✓
10	Rationale for appraisal	Describe the rationale and approach used to appraise the included studies or selected findings (e.g. assessment of conduct (validity and robustness), assessment of reporting (transparency), assessment of content and utility of the findings).	✓
11	Appraisal items	State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g. Existing tools: CASP, QARI, COREQ, Mays and Pope [25]; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting).	✓
12	Appraisal process	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.	✓
13	Appraisal results	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.	✓
14	Data extraction	Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? (e.g. all text under the headings "results /conclusions" were extracted electronically and entered into a computer software).	✓
15	Software	State the computer software used, if any.	N/A
16	Number of reviewers	Identify who was involved in coding and analysis.	✓
17	Coding	Describe the process for coding of data (e.g. line by line coding to search for concepts).	✓
18	Study comparison	Describe how were comparisons made within and across studies (e.g. subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary).	✓
19	Derivation of themes	Explain whether the process of deriving the themes or constructs was inductive or deductive.	✓
20	Quotations	Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations of the author's interpretation.	✓
21	Synthesis output	Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g. new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct).	✓

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(*continued*)

CRediT authorship contribution statement

Giada Giusmin: Writing – review & editing, Writing – original draft, Visualization, Validation, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Ginny Mounce:** Writing – review & editing, Validation, Supervision, Methodology, Conceptualization. **Sue Schutz:** Writing – review & editing, Validation, Supervision, Methodology.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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