

OASIS risk up for nulliparous women with vacuum delivery

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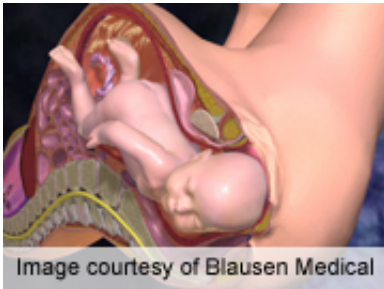


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For women whose infants are delivered by vacuum extraction, the risk of obstetric anal sphincter injury is significantly higher among nulliparous women than multiparous women, according to a study published online Aug. 13 in *BJOG: An International Journal of Obstetrics and Gynaecology*.

(HealthDay)—For women whose infants are delivered by vacuum extraction, the risk of obstetric anal sphincter injury (OASIS) is significantly higher among nulliparous women than multiparous women, according to a study published online Aug. 13 in *BJOG: An International Journal of Obstetrics and Gynaecology*.

Sari Räsänen, Ph.D., from the Savonia University of Applied Sciences in Iisalmi, Finland, and colleagues investigated the risks of OASIS in a sample of 16,802 nulliparous and multiparous women delivered by vacuum extraction, using a population-based register from Finland, where episiotomy is exclusively lateral. Nulliparous and multiparous women with OASIS were compared with women without OASIS using stepwise [logistic regression analysis](#).

The researchers found the incidence of OASIS to be significantly higher among [nulliparous women](#) (3.4 percent) than multiparous women (1.4 percent), with an adjusted odds ratio of 2.44. In nulliparous women, lateral episiotomy correlated with a significantly decreased incidence of OASIS

(adjusted odds ratio, 0.54), but there was no significant association for multiparous women. There was an increase in the OASIS incidence (2.10-fold for nulliparae and 2.83-fold for multiparae) for a 1,000 g increase in birth weight.

"The results of the present study on women delivered by vacuum extraction provide evidence that OASIS risk incrementally decreases with each [vaginal delivery](#)," the authors write. "Lateral episiotomy was associated with an approximately 50 percent decreased incidence of OASIS in nulliparous women, including women admitted for a first vaginal delivery after a previous [cesarean section](#) for their first birth."

More information: [Abstract](#)
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