



CLINICAL COMPETENCIES FOR SUTURING AND PERINEAL REPAIR

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OBJECTIVES

1. Describe how the use of suturing competencies can improve birth equity
2. Describe the continuum of skills needed for assessment, diagnosis, and approximation of birth-related lacerations
3. Identify how competencies guide skill acquisition and refinement over time
4. Generate competency-based learning plans for learning or teaching suturing

Consent, Respect, and Birth Equity

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Racism During Pregnancy and Birthing: Experiences from Asian and Pacific Islander Black, Latina, and Middle Eastern Women

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https://pmc.ncbi.nlm.nih.gov/articles/PMC9713108/pdf/40615_2022_Article_1475.pdf

Primary Themes

- Unequal power dynamics
- Effects of racism and discrimination
- Vulnerability in patient-provider relationships
- Variations in treatment based on
 - Skin tone
 - Immigration status
 - Religion
 - Cultural practices

Does Suturing Education Prepare Midwives for Equitable Practice?



Many midwives describe their learning experiences as brief

They describe wanting

- More support during initial skill development
- More time to learn foundational skills and gain confidence
- Skills and techniques for laceration prevention
- Consistency between suturing education and precepting
- Didactic education on all aspects of suturing and repairs

Does Suturing Education Prepare Midwives for Equitable Practice?

**Many midwives describe their learning experiences as brief
They describe wanting**

- Understanding of different suture/needle combinations
- Greater understanding of anatomy
- Structured skill development for wound assessment and diagnosis
- Understanding of different techniques for repairs
- To competently apply these skills with clients in the clinical setting
- To competently assess postpartum healing and pelvic health concerns

Often provided during a “skills day” with other essential skills

Combines teaching of technical skills with perineal repair simulation

Suturing and perineal repair-related clinical competencies are broad and ill defined

Clinical experience of suturing and perineal repair typically follows the apprenticeship model

Preceptors and clinical faculty often have different techniques than those learned during skills day

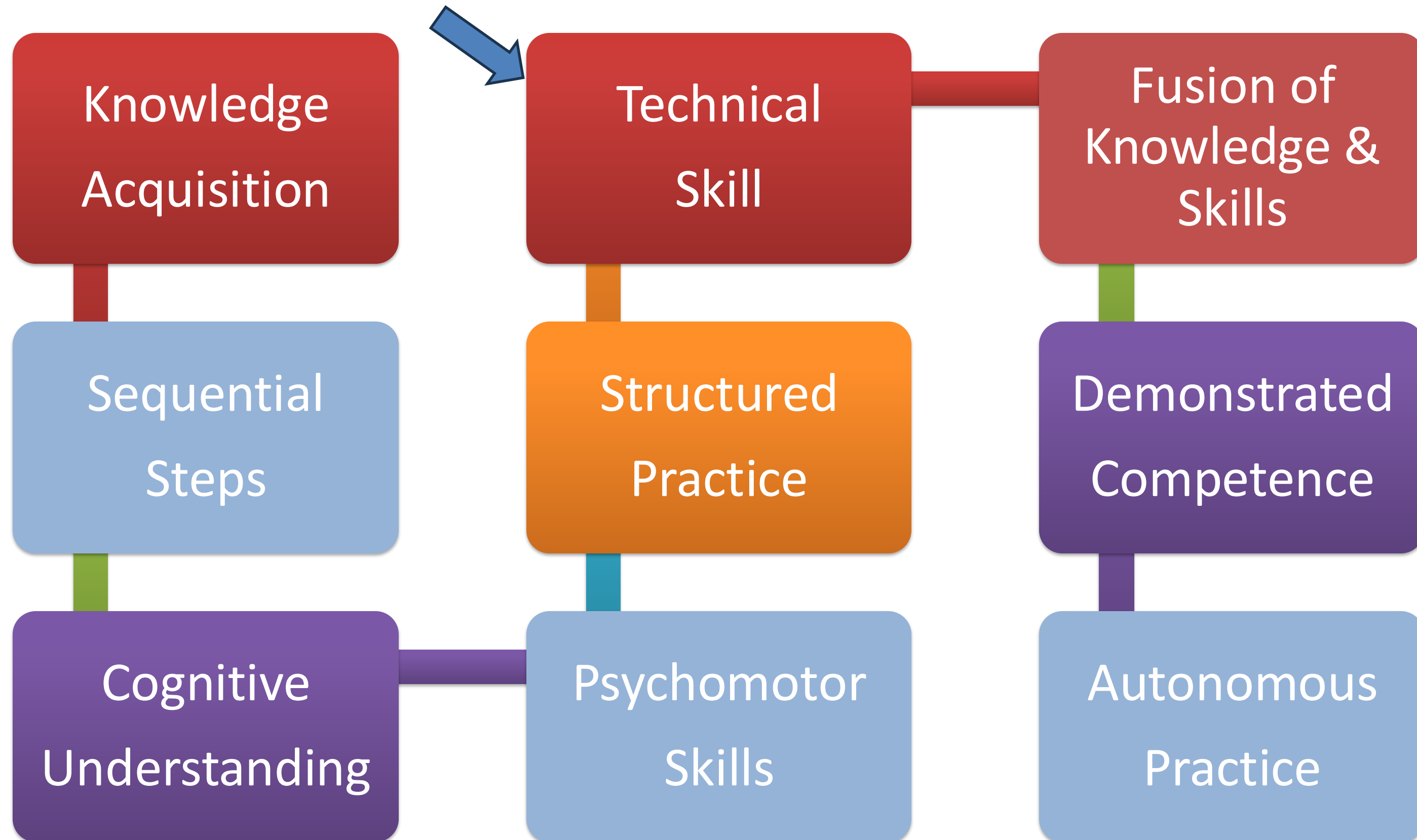
Current Model of Teaching Suturing and Perineal Repair

What's the Evidence Say?



- Up to 85% of birthing people have some sort of laceration
- Anal sphincter lacerations occur in up to 7% of vaginal births
- Non-suturing of second-degree lacerations delays healing and affects function and appearance
- Synthetic absorbable sutures are preferred over chromic
- Continuous non-locking repair is preferred over interrupted sutures in the perineal muscles
- Non-closure or surgical adhesive closure of the perineal skin reduces postpartum pain
- Structured education in suturing, wound assessment, and repair improves midwives' ability to perform repairs and client outcomes

The Clinical Skill Development Process



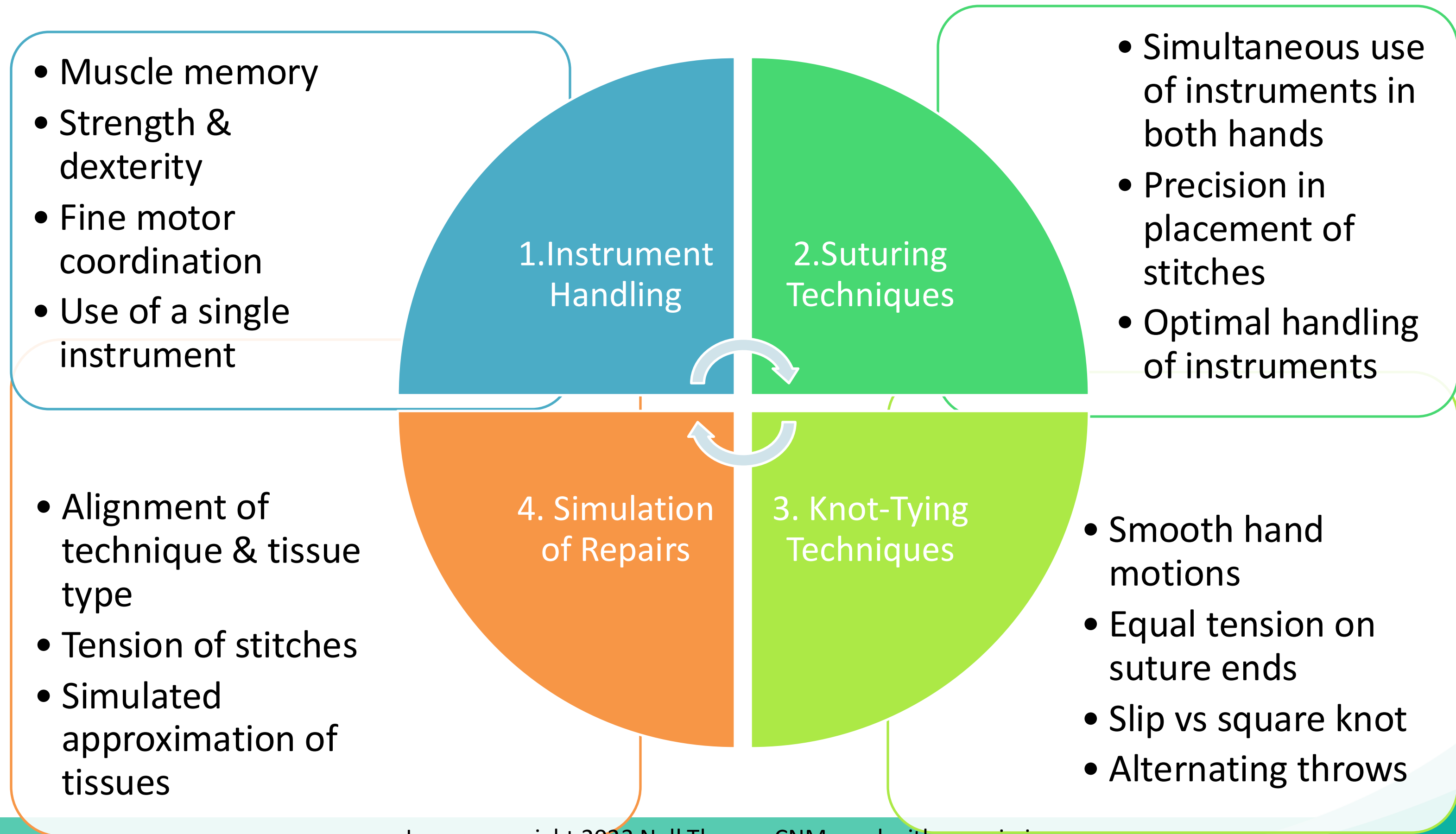
Midwifery Competency: “Repair of Epis, 1st and 2nd degree lac”



Behavioral Competencies as a Continuum

Foundational skills			Birth-Specific Skills			
Ability to handle instruments efficiently and effectively	Ability to manage suture while placing stitches	Ability to efficiently tie secure surgical knots	Ability to recognize vulvovaginal anatomy and key anatomical landmarks	Ability to methodically assess for and grade tissue trauma	Ability to approximate tissues for optimal healing, function, and cosmesis	Ability to assess healing and function in the postpartum year

Competencies for Suturing



Instrument Handling Competencies



Topic	Actions (Behaviors)	Desired Outcomes (Knowledge and Skills)
Instrument Handling	Identifies instruments by name and use	☐ Selects instrument(s) from kit
	Handles instruments using fine motor skills using accepted technique(s)	☐ Demonstrates use in dominant and non-dominant hand as appropriate
	Exhibits coordinated use of instruments during practice and simulation	☐ Demonstrates use of two instruments simultaneously
	Exhibits coordinated use of instruments during clinical application	☐ Demonstrates use of two instruments simultaneously while focus remains on the client and wound repair
	Maintains instruments in an orderly manner to facilitate efficient pick-up and use	☐ Demonstrates systematic selection, use, and arrangement of instruments on sterile work surface

Competency Title: Instrument Handling Competencies



Topic	Actions (Behaviors)	Desired Outcomes (Knowledge and Skills)
Tissue Forceps	Identifies instrument by name and use	☐ Selects instrument from kit
	Handles instrument as an extension of the pincer grip using fine motor skills	☐ Grasps instrument by ridges using a pincer grip ☐ Tips of thumb, index finger, and middle finger are on instrument ☐ Forceps extend beyond thumb and first finger ☐ Demonstrates use in left hand ☐ Demonstrates use in right hand ☐ Moves small objects without dropping them
	Demonstrates use of instrument to manipulate needle	Uses forceps to grasp needle without dropping needle during ☐ loading ☐ positioning ☐ protecting

- Competencies are
- Specific
 - Attainable
 - Able to be objectively assessed
 - Build skills over time
 - Prepare the clinician to teach

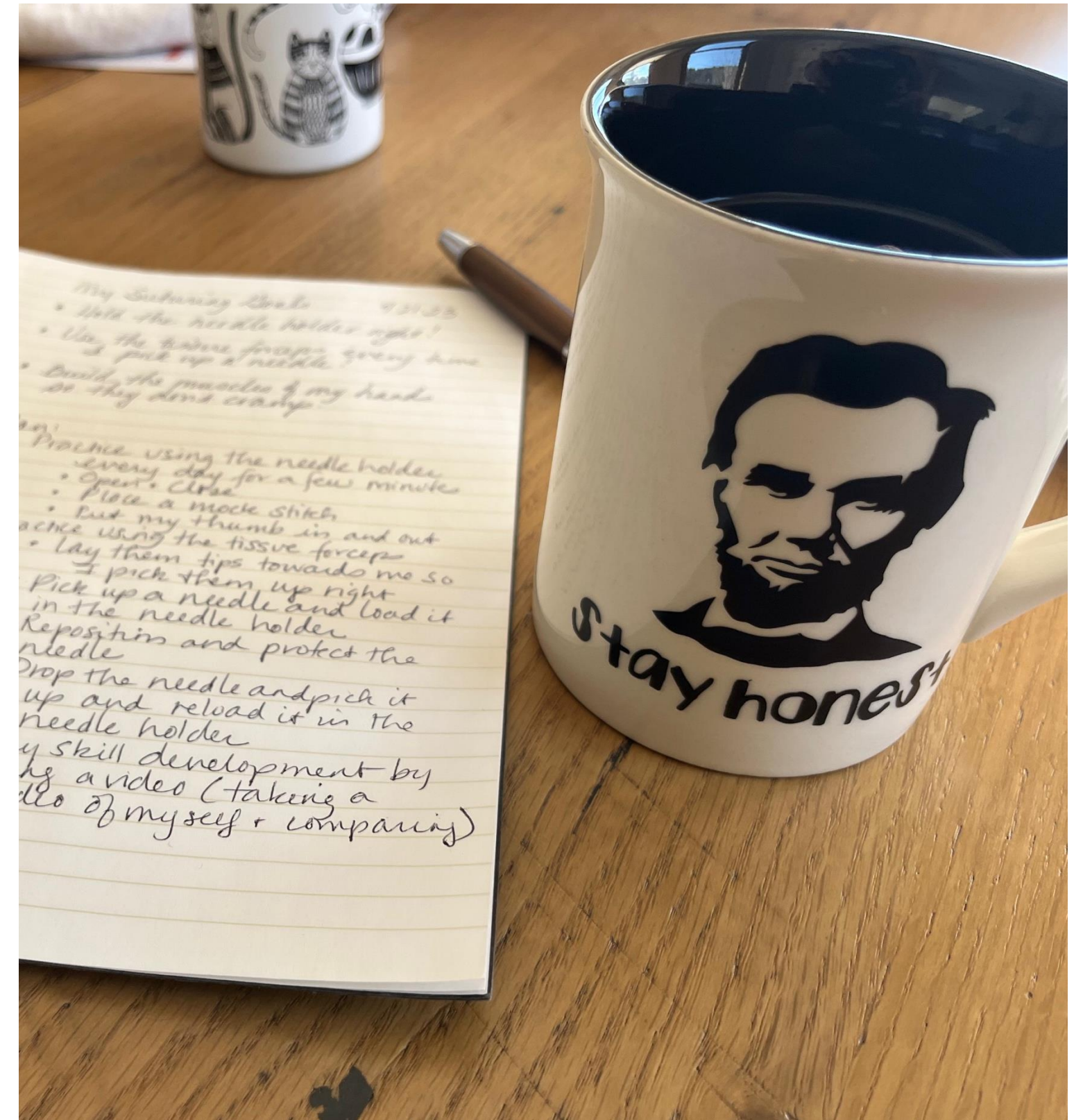
Crafting A Learning Plan

Self-assessment is key. Are you:

- Totally new to suturing?
- Building your skills?
- Refining your skills?

Create *Your* Learning Plan

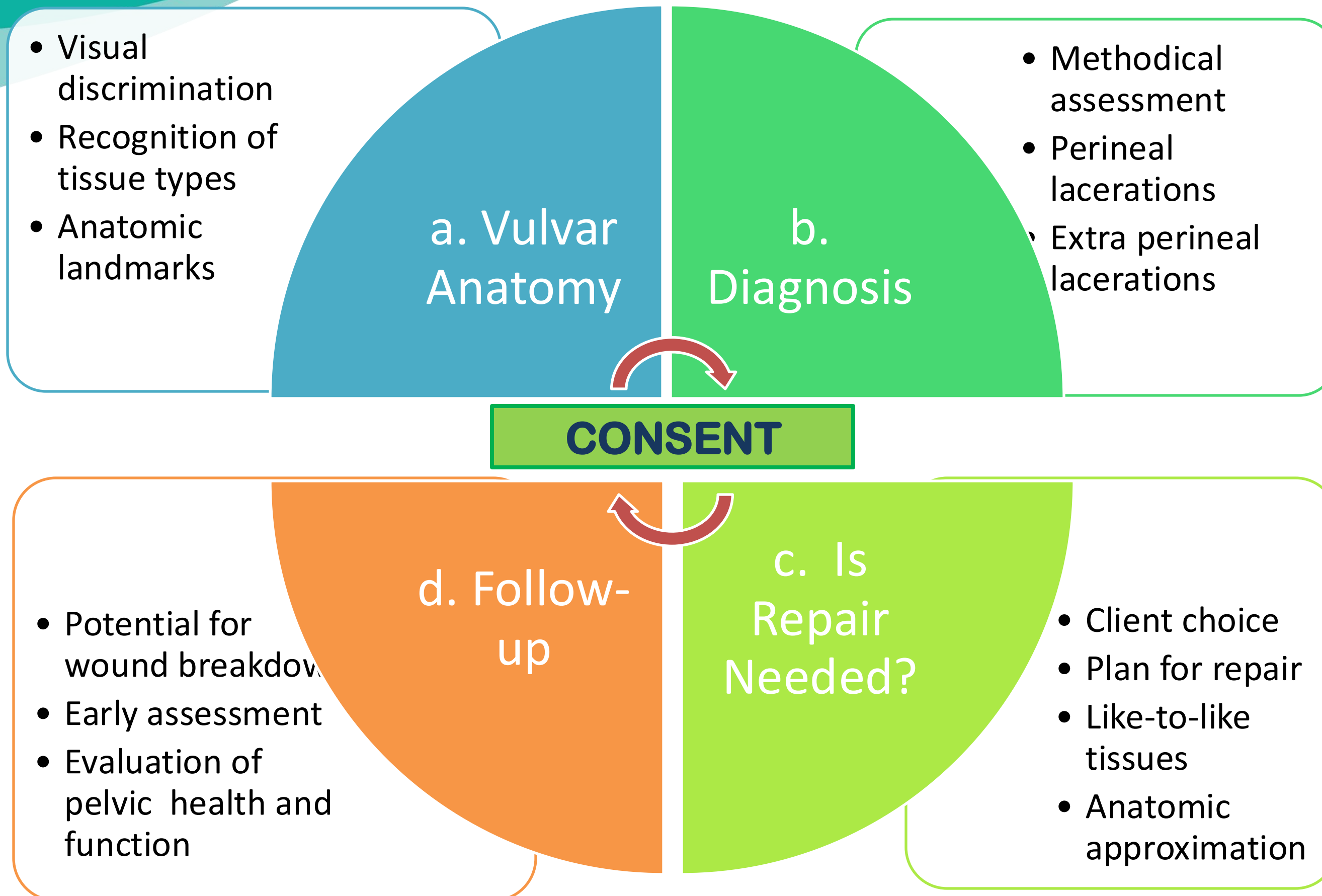
- What do you *want* to focus on?
- What do you *need* to focus on?
- List and prioritize 3-5 skills you want to learn
 - Make them small and attainable
 - Build your skills using "baby-steps"
 - What do **you** need to be successful?



Using Competency-Based Checklists

Activity	Didactic	Practice	Simulation	Clinical
Suturing skills				
Instrument handling				
Hands-free needle transfer				
Suture scissors				
Dominant hand cutting				
Non-dominant hand cutting				
Needle holder				
Ring finger grip				
Modified thenar grip				
Thumb forceps				
Grasping needle				
Grasping tissue				
Hemostats				
Application for <u>free-tie</u>				

Competencies for the Assessment and Repair of Vulvovaginal Trauma after Birth



Wound Approximation Competencies



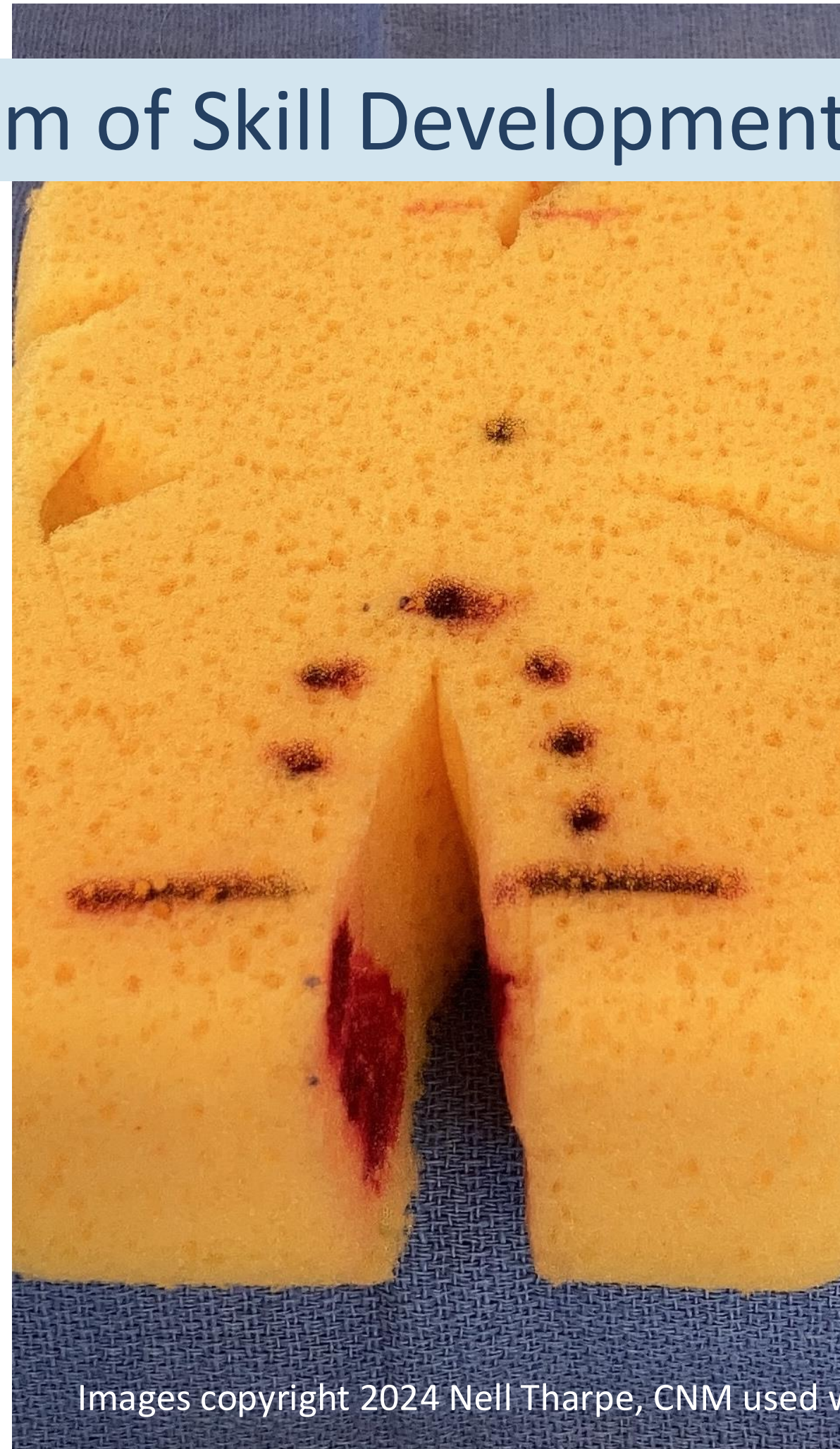
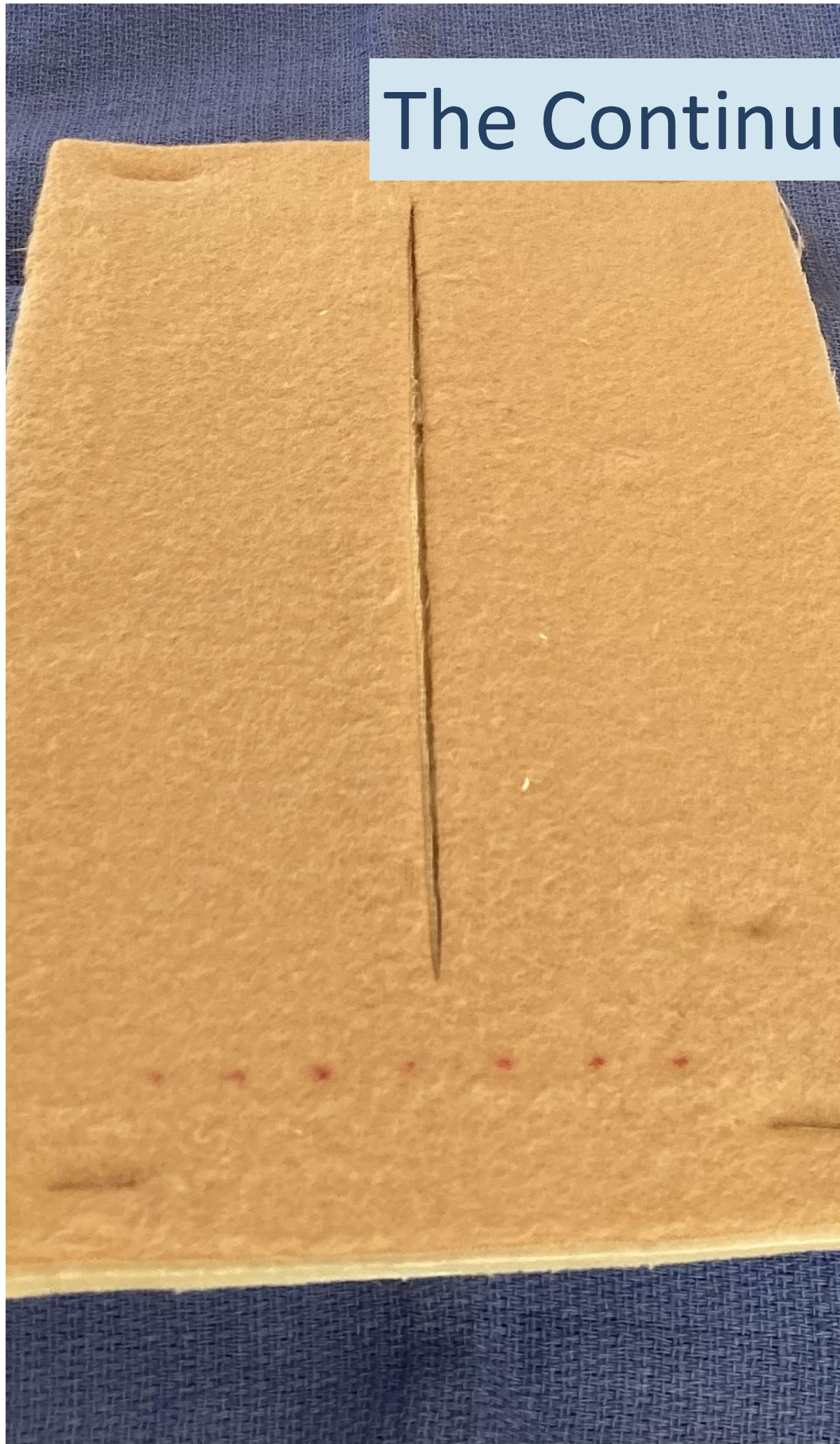
Topic	Actions (Behaviors)	Desired Outcomes (Knowledge and Skills)
Wound Approximation	Identifies optimal technique(s) for wound approximation	☐ Plans wound approximation based on clinical assessment and diagnosis ☐ Engages in shared decision-making regarding repair ☐ Selects suture-needle combinations based on tissues to be repaired
	Describes and demonstrates evidence-informed techniques of wound closure for 2 nd degree birth lacerations	☐ Performs continuous non-locking perineal repair ☐ Performs interrupted perineal repair ☐ Performs hybrid (interrupted/continuous) perineal repair
	Restores anatomic and functional alignment of tissue that is cosmetically sound	☐ Maintains focus on the client ☐ Performs frequent re-assessment as the repair progresses

Using Competencies for Teaching Suturing and Repair of Vulvovaginal Tissue Trauma

Suturing and repair of lacerations are *complex behavioral skills*

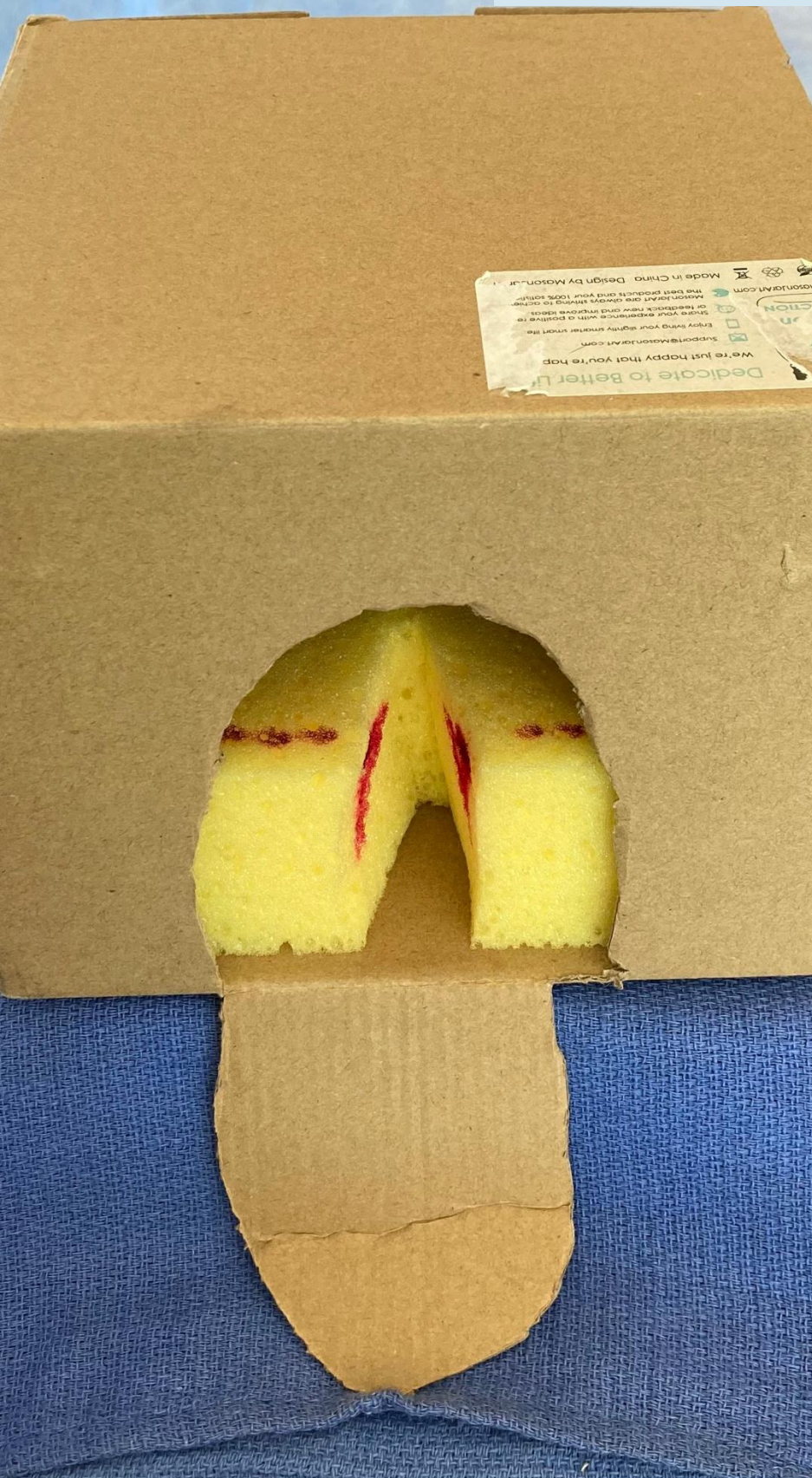
- **Identify the specific skill set that is being worked on and the associated competencies and sub-competencies**
 - Suturing and instrument handling
 - Knot-tying techniques
 - Identification and assessment of vulvar anatomy
 - Identification, classification, and repair of lacerations
 - Postpartum wound assessment and follow-up
- **These skills take time and practice to acquire**
 - Each skill is taught using smaller component parts
 - Success is based on creation of strong foundational skills and knowledge by using “baby steps”

The Continuum of Skill Development in Models



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The Continuum of Skill Development in Models



Suturing Competencies in a Nutshell

- Competencies are based on the *best available evidence*
 - Range from *simple to complex* behavioral skills
 - Can be divided into *subsets of skills*
- Competencies provide *clear guidance* on how to perform each skill
 - Provides guidance for *teaching and learning*
 - Methodically *build on existing knowledge and skill*
 - Provide *objective criteria* for evaluation
- Competencies guide the individual to *assess their own skills*
- Competencies act as a *map for skill development* over time



THANK YOU!

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