

The PErineal Assessment and Repair Longitudinal Study (PEARLS): a national quality improvement initiative to improve the assessment and immediate, short and long term management of perineal trauma

Submission date 20/08/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 26/03/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 27/09/2013	Condition category Pregnancy and Childbirth	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Study website

<http://www.rcm-pearls.org>

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

07/MRE12/2

Study information

Scientific Title

Acronym

PEARLS

Study objectives

That the provision of an evidence based training package and its delivery to practitioners will lead to better outcomes for women following perineal trauma.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Thames Valley Research Ethics Committee, University of Reading. Approved in February 2007.

Study design

Randomised controlled trial using a matched pair cluster design. Maternity units are the unit of randomisation.

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Diagnostic

Participant information sheet

Not available in web format, please use the contact details provided in the Interventions field to request a patient information sheet.

Health condition(s) or problem(s) studied

Perineal trauma

Interventions

A paired cluster design trial investigating the intervention of an evidence based, standardised training package delivered to midwives and obstetricians, in the assessment and management of perineal trauma. Twenty-four maternity units have been recruited and matched into 12 pairs. The training intervention will initially commence in one unit in each 'pair' (Group A) with it's matched partner continuing to provide usual care (Group B).

All women in participating units will receive written information antenatally, at around 36 weeks. Following birth, further information about the study will be provided, and informed consent obtained on the Labour Ward, or prior to discharge. Women who participate will receive a pack to take home including a covering letter, 10-12 day questionnaire and a Self Addressed Envelope (SAE). Following receipt of the first questionnaire, the second questionnaire will be sent with an SAE at 3 months.

Main study outcomes will be assessed at three months following cascading of the intervention in Group A units. The intervention will then be cascaded among Group B units.

Please use the following contact details to request a patient information sheet:

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Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

21/03/2013: The previous primary outcome measures were incorrect due to an error at the time of registration. The correct primary outcome measure is as follows:

Experience of perineal pain on daily activity at 10-12 days post birth.

Previous primary outcome measures until 21/03/2013:

Women's perspectives on what they consider important in the quality and experience of their care:

1. Infection and antibiotic treatment
2. Pain
3. Healing
4. Continence

Secondary outcome measures

21/03/2013: The previous secondary outcome measures were incorrect due to an error at the time of registration. The correct secondary outcome measures are as follows:

1. 10 - 12 days post birth:

- 1.1. severity of perineal pain
- 1.2. need for suture removal
- 1.3. use of pain relief during the previous 24 hours
- 1.4. uptake and duration of exclusive breastfeeding
- 1.5. perineal wound infection
2. Three months post birth:
 - 2.1. Edinburgh Postnatal Depression Scale (EPDS [14]) score of ≥ 13
 - 2.2 timing of resumption of intercourse
 - 2.3. satisfaction with the perineal repair.
 - 2.4. duration of exclusive breastfeeding

Previous secondary outcome measures until 21/03/2013:

1. Maternal physical and psychological well-being, assessed by the 10 day and 3 month questionnaires:
 - 1.1. Incidence of perineal pain
 - 1.2. Use of postpartum analgesia
 - 1.3. Perineal wound infection
 - 1.4. Uptake and duration of breastfeeding
2. Proportion of women who have an Edinburgh Postnatal Depression Scale (EPDS) score of greater than or equal to 13 at 3 months.

Overall study start date

01/12/2005

Completion date

01/02/2009

Eligibility

Key inclusion criteria

All women who sustain a second degree perineal tear or episiotomy in a participating unit during the study period will be eligible. To avoid problems with selection biases, overall outcomes for the centre will be ascertained using audit data from birth records. All births during a prespecified period will contribute to these analyses.

Participant type(s)

Patient

Age group

Adult

Sex

Female

Target number of participants

1,000

Key exclusion criteria

1. Women under 16 years of age
2. Non-English speakers
3. Those who have suffered pregnancy loss

Date of first enrolment

01/12/2005

Date of final enrolment

01/02/2009

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

15 Mansfield Street

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United Kingdom

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Sponsor information

Organisation

Royal College of Midwives (UK)

Sponsor details

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Sponsor type

University/education

Website

<http://www.rcm.org.uk>

ROR

<https://ror.org/01swa5m73>

Funder(s)

Funder type

Charity

Funder Name

Health Foundation - Quality Improvement Initiative (UK)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	25/02/2010		Yes	No
Results article	results	23/09/2013		Yes	No