

# “I Have A Tear Down There?”: Implementing and Evaluating a Three-Dimensional Anatomical

## Education Resource in Post-partum Perineal Laceration Care

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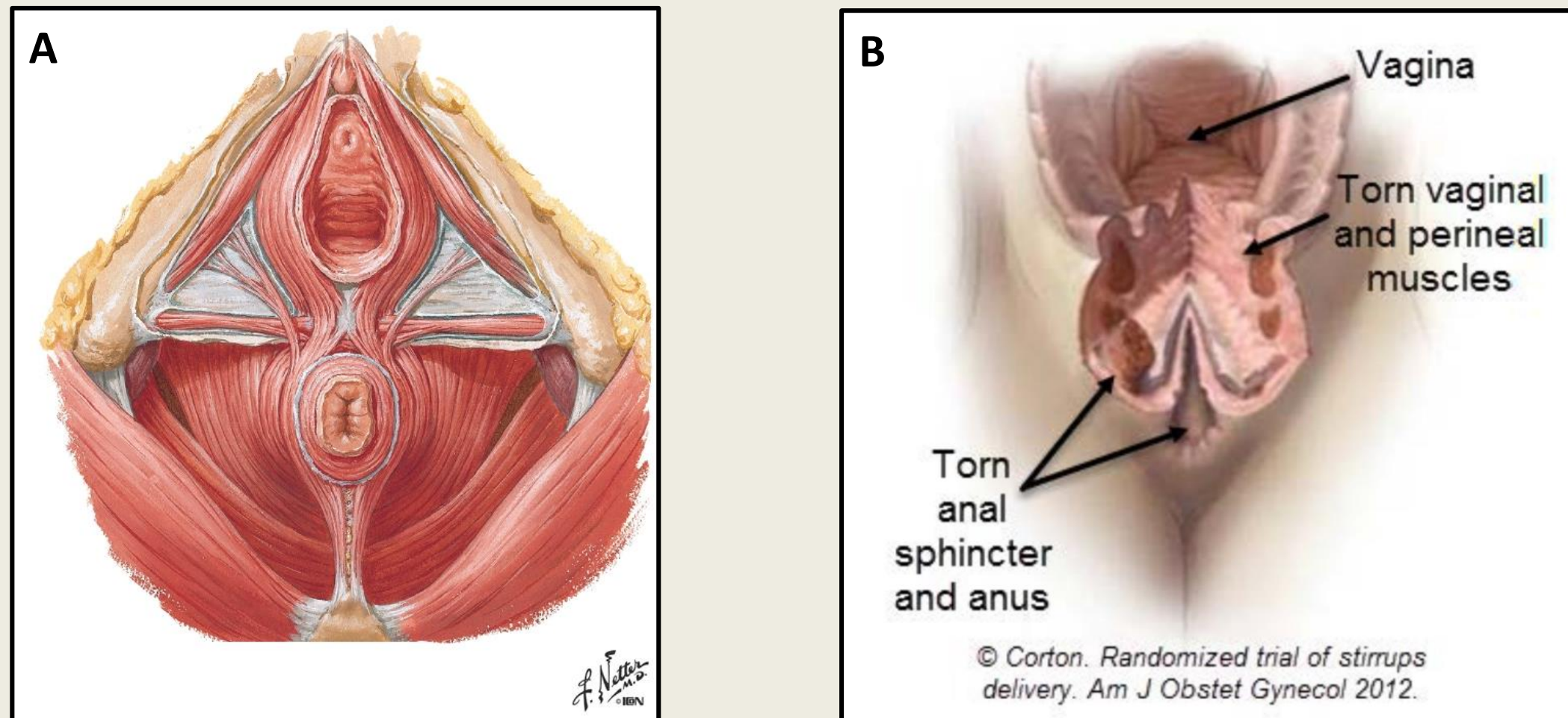
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### Introduction

- Fifty-three to 79% of women will obtain some degree of laceration during vaginal delivery
- Many mothers feel underprepared to care for new physical health concerns that appear after discharge
- Time restraints of modern post-partum hospital stays and follow up appointments creates difficulty to provide quality education and address the mothers needs
- Women are unknowledgeable or hold inaccurate perceptions of basic female reproductive anatomy
- Perineal anatomy is complicated and difficult to conceptualize in 2D images (Figure 1)

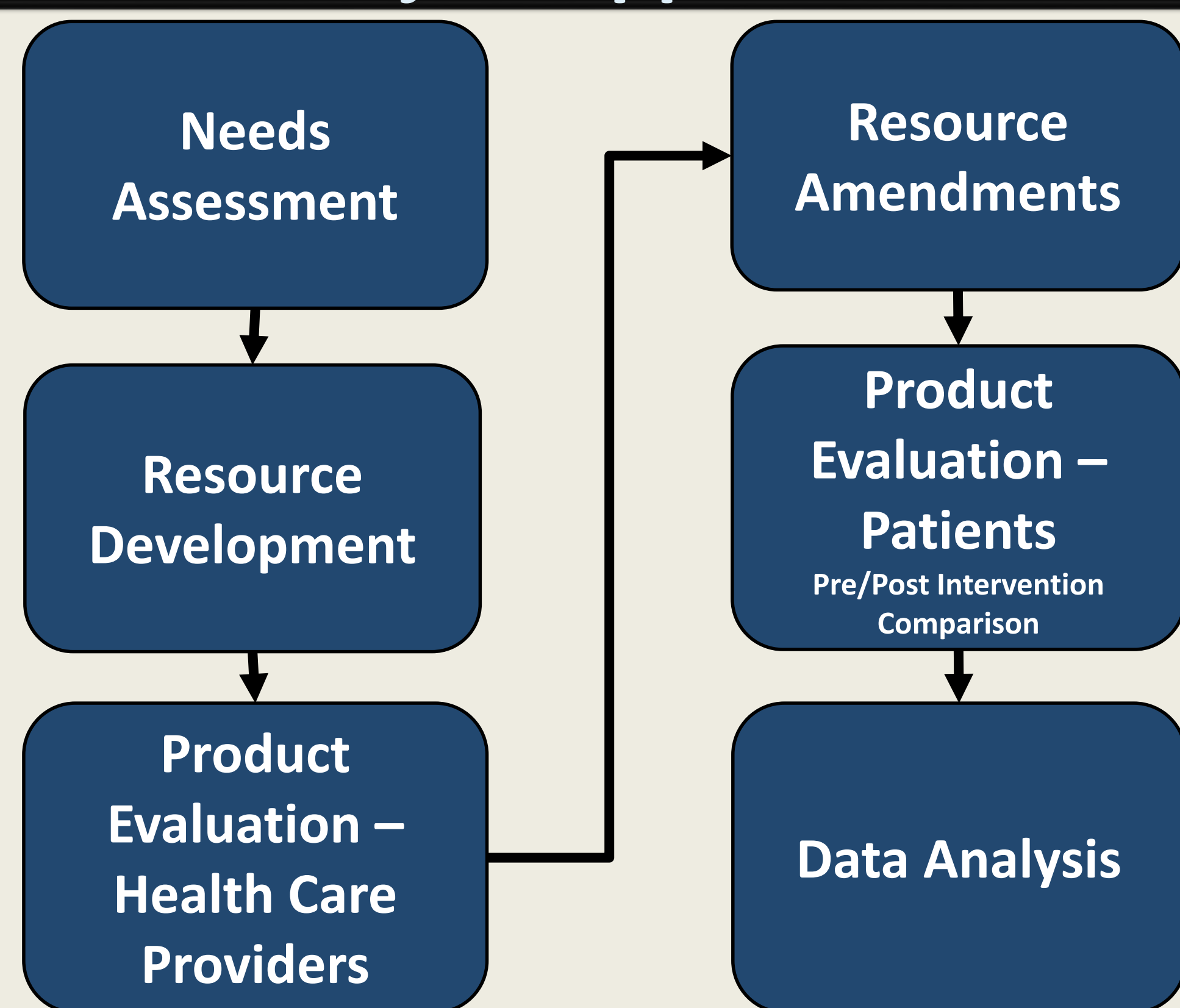


**Figure 1. A)** Anatomical illustration of the female perineum **B)** Diagram of a 4<sup>th</sup> degree laceration shown in a patient education printout

**Aim 1:** Create and implement an interactive three-dimensional (3D) anatomy-based resource into post-partum care for perineal laceration patients.

**Aim 2:** Assess the usability of the resource amongst healthcare provider's and evaluate the efficacy of the resource to increase patient knowledge and confidence and decrease patient anxiety.

### Project Approach

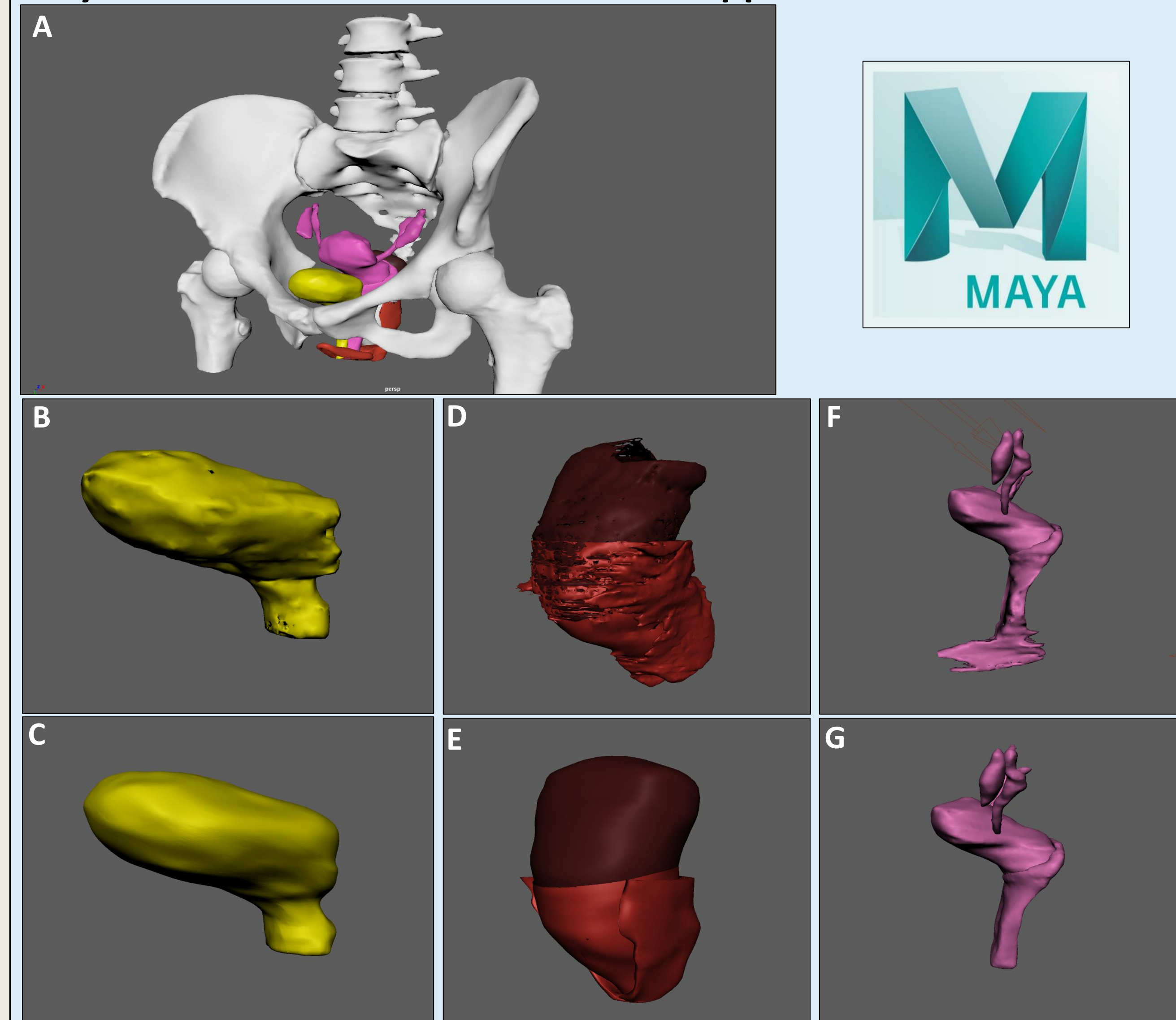


### Methods and Materials

- Model Acquisition:** 3D models were obtained from Touch of Life Technologies (Aurora, CO).
- Population:** Health care providers at Denver Health OBGYN departments (Labor and Delivery, Post-partum recovery, OB Screening, Women's Health Clinic) and perineal laceration patients
- Resource Evaluation**
  - ✓ **Health care providers:** survey on resource need, usability, value, accuracy
  - ✓ **Patients:** pre/post intervention surveys on anxiety, perineal knowledge, confidence in self care
- Analysis:** Two-tailed t-test



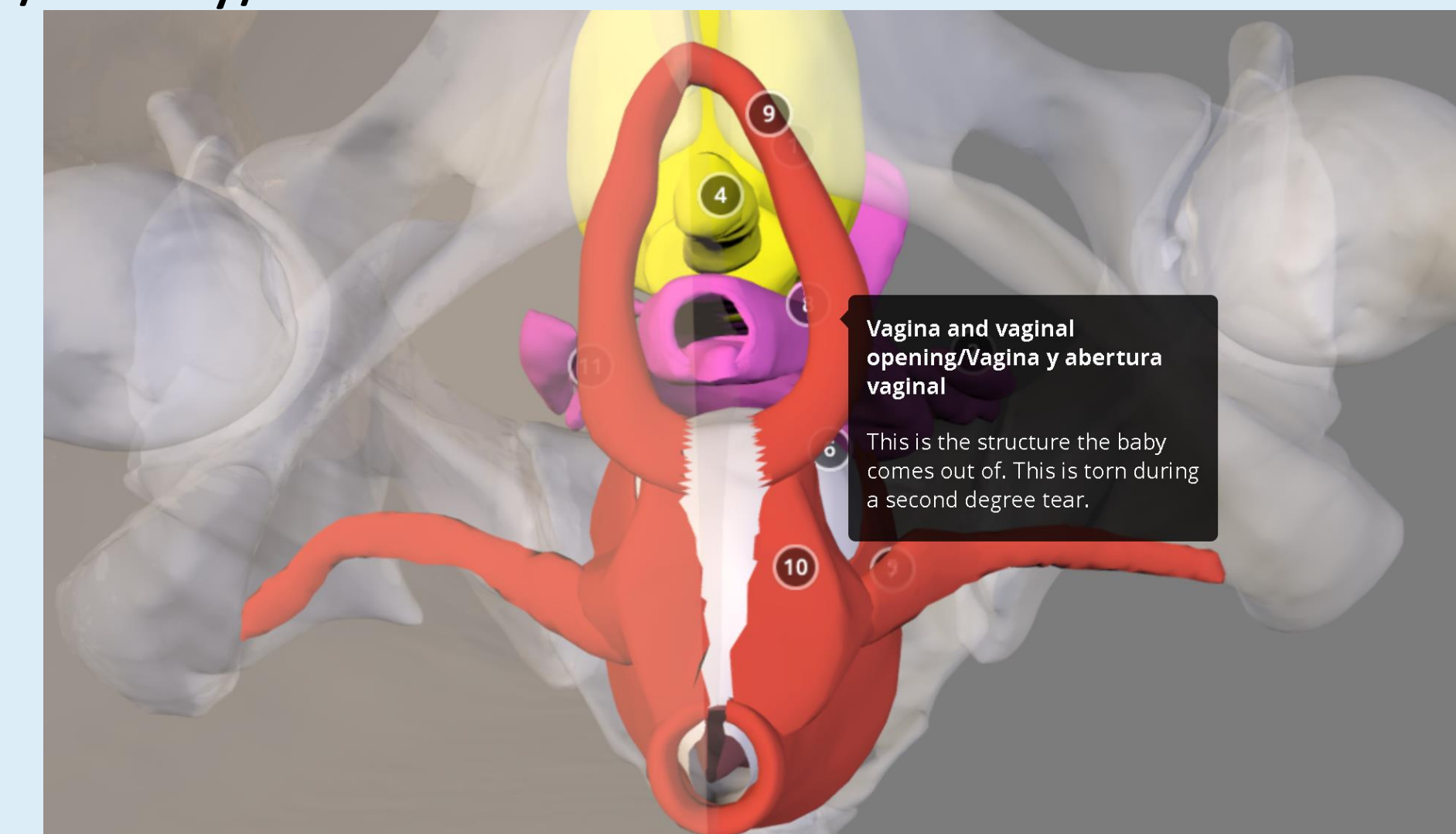
#### Maya and Mudbox: smooth and color application



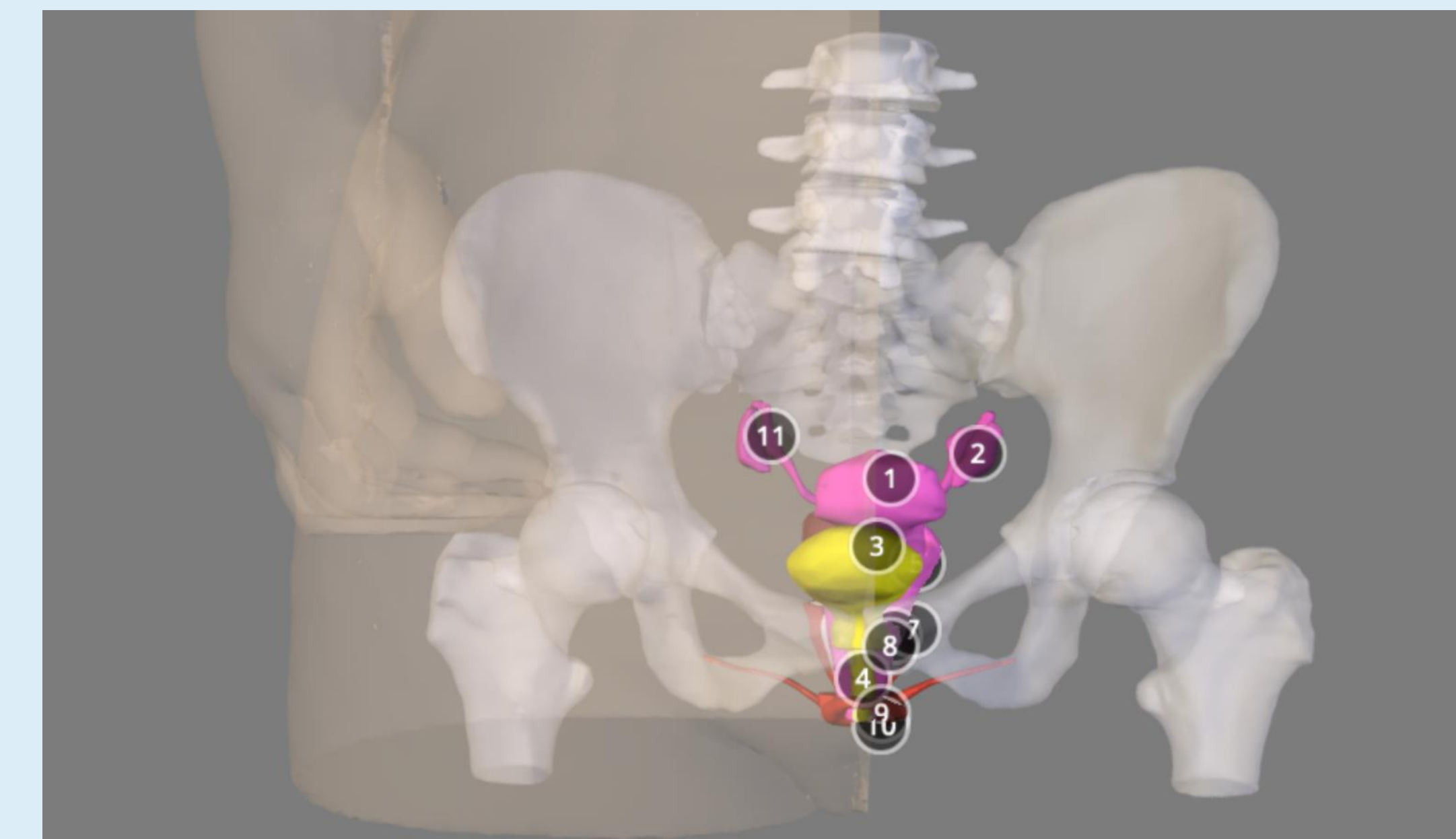
**Figure 2. A)** Complete view of models in Maya (Autodesk, San Rafael, CA) **B)** Original model of the bladder **C)** Recreated bladder model **D)** Original model of anal sphincter complex **E)** Recreated anal sphincter complex **F)** Original model of the vaginal canal **G)** Recreated vaginal canal

#### Sketchfab: annotations and host interface

Link: <https://skfb.ly/6wDSK>



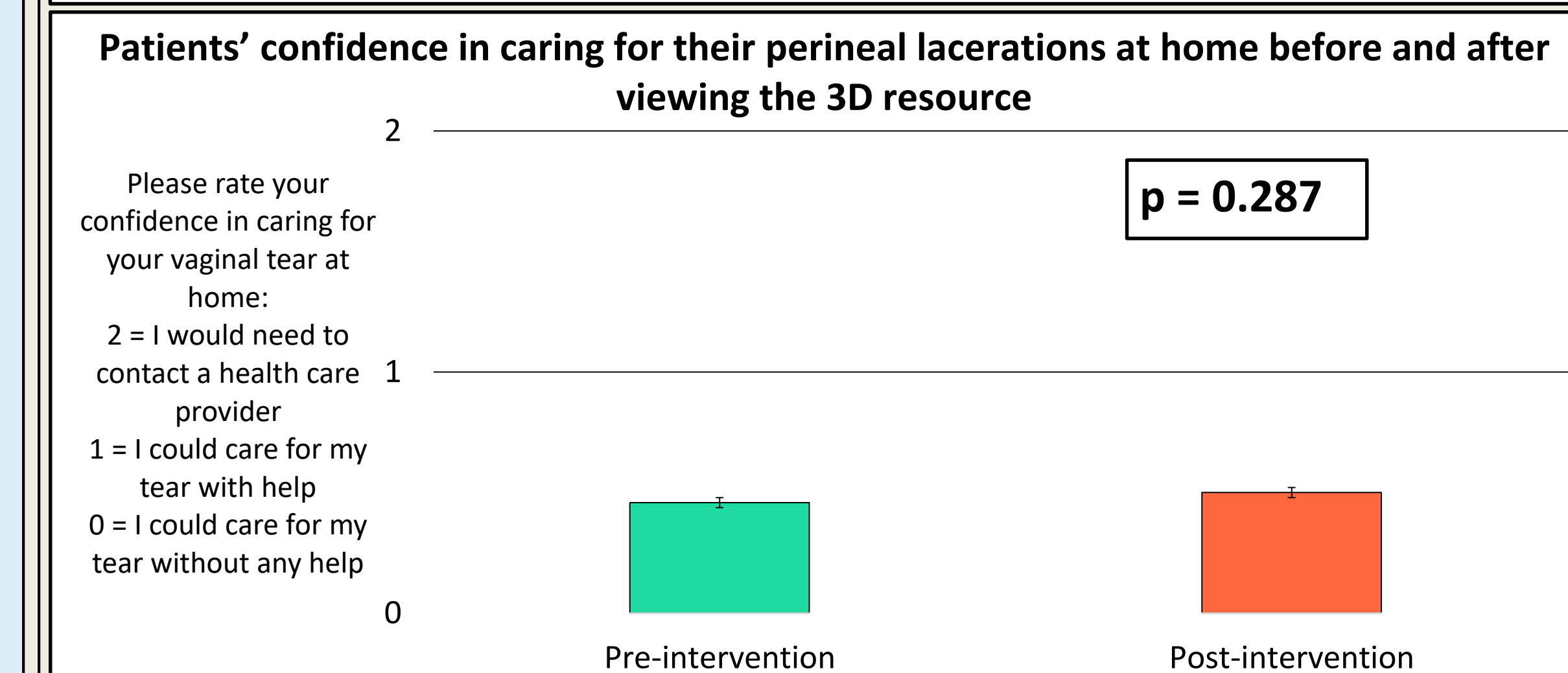
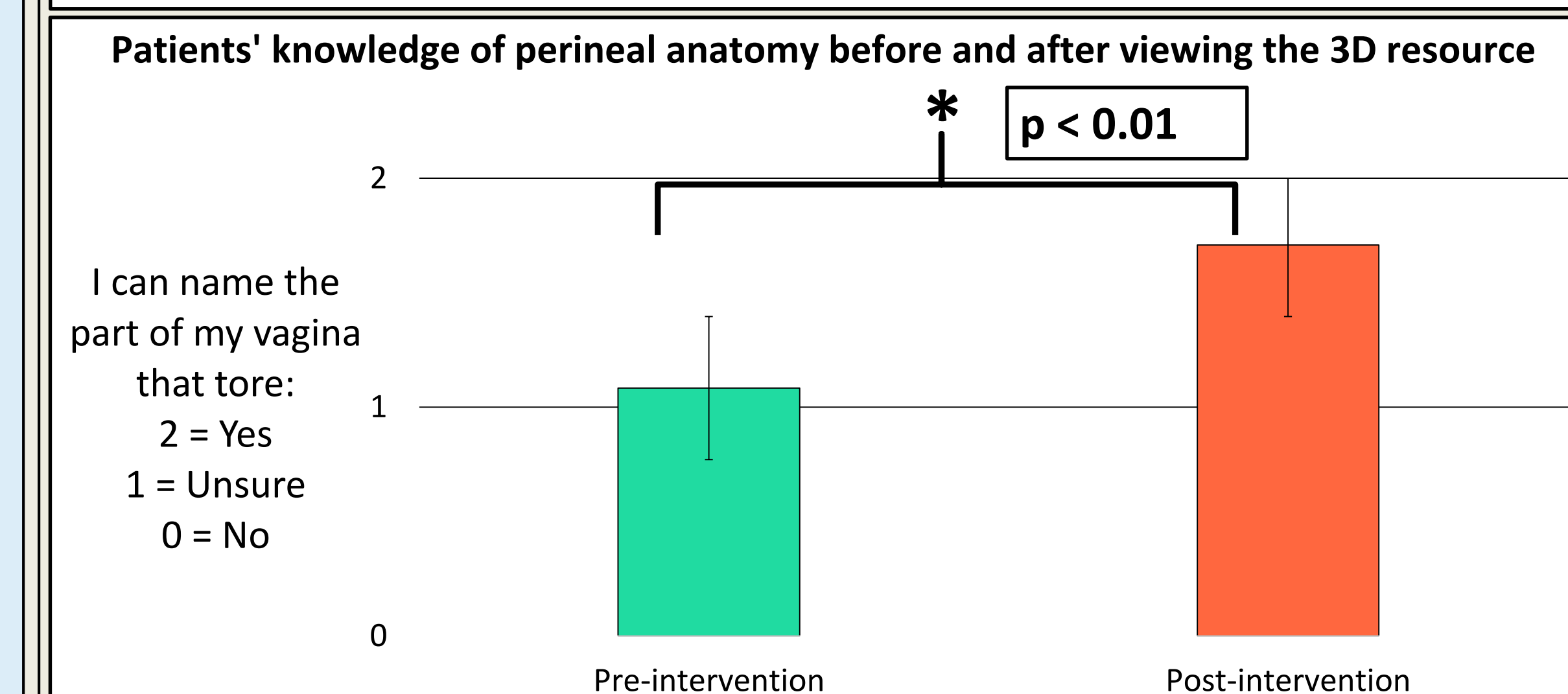
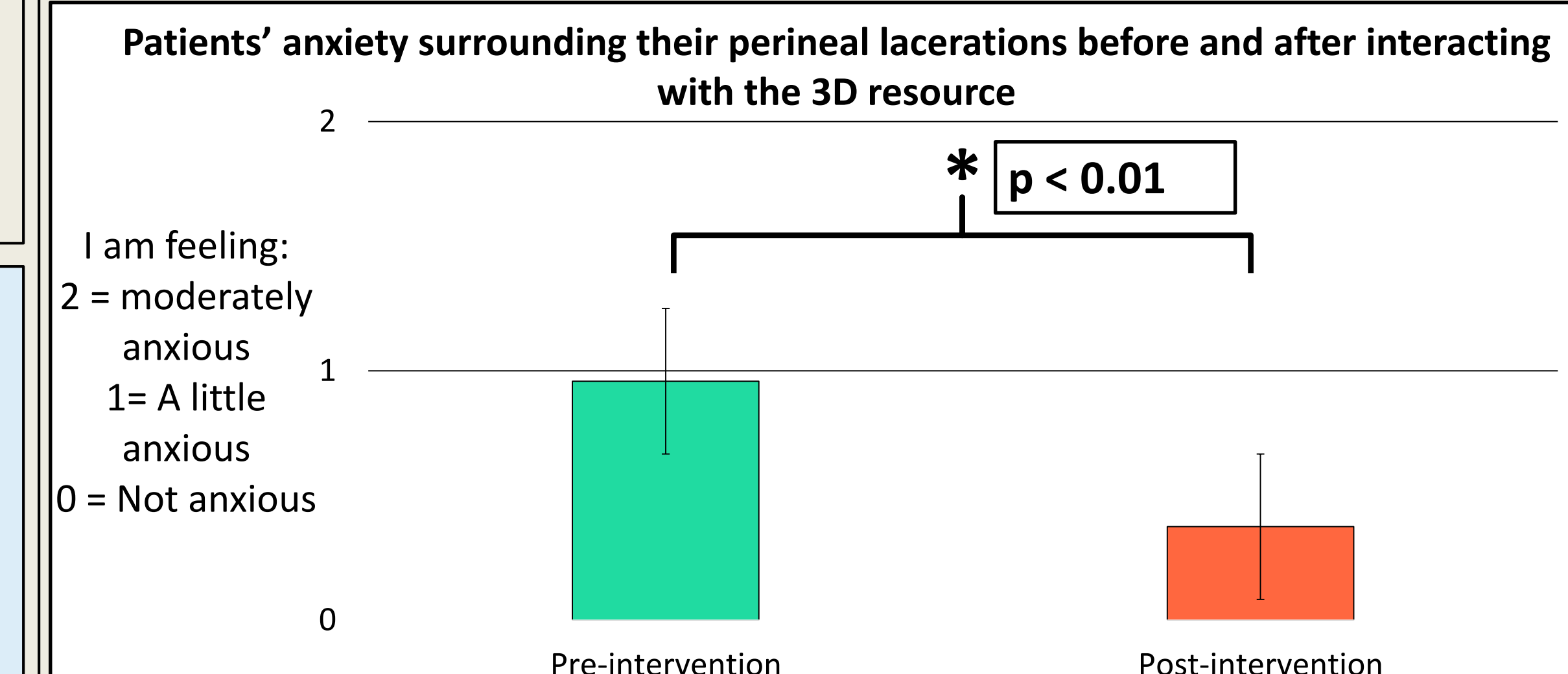
**Figure 3.** Example of an annotation in the Sketchfab host interface.



**Figure 4.** Final resource hosted in Sketchfab.

### Patient Results

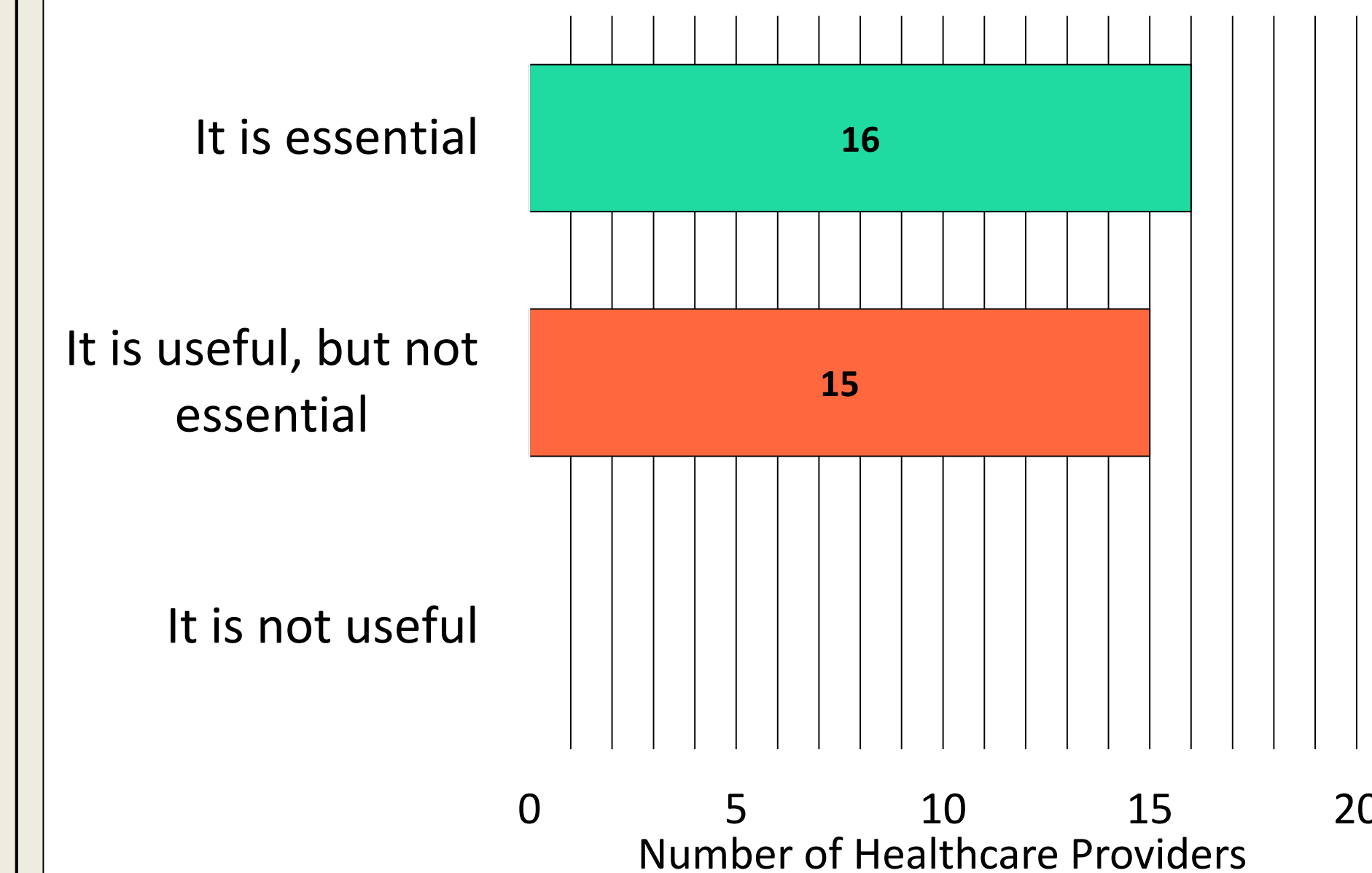
**Final population:** 24 patients; median age of 29 [IQR 31, 21.25] and parity 1 [IQR 3, 1]  
**Patient anxiety significantly decreased while knowledge in perineal anatomy significantly increased after viewing the resource. Confidence in ability to care for lacerations did not significantly change.**



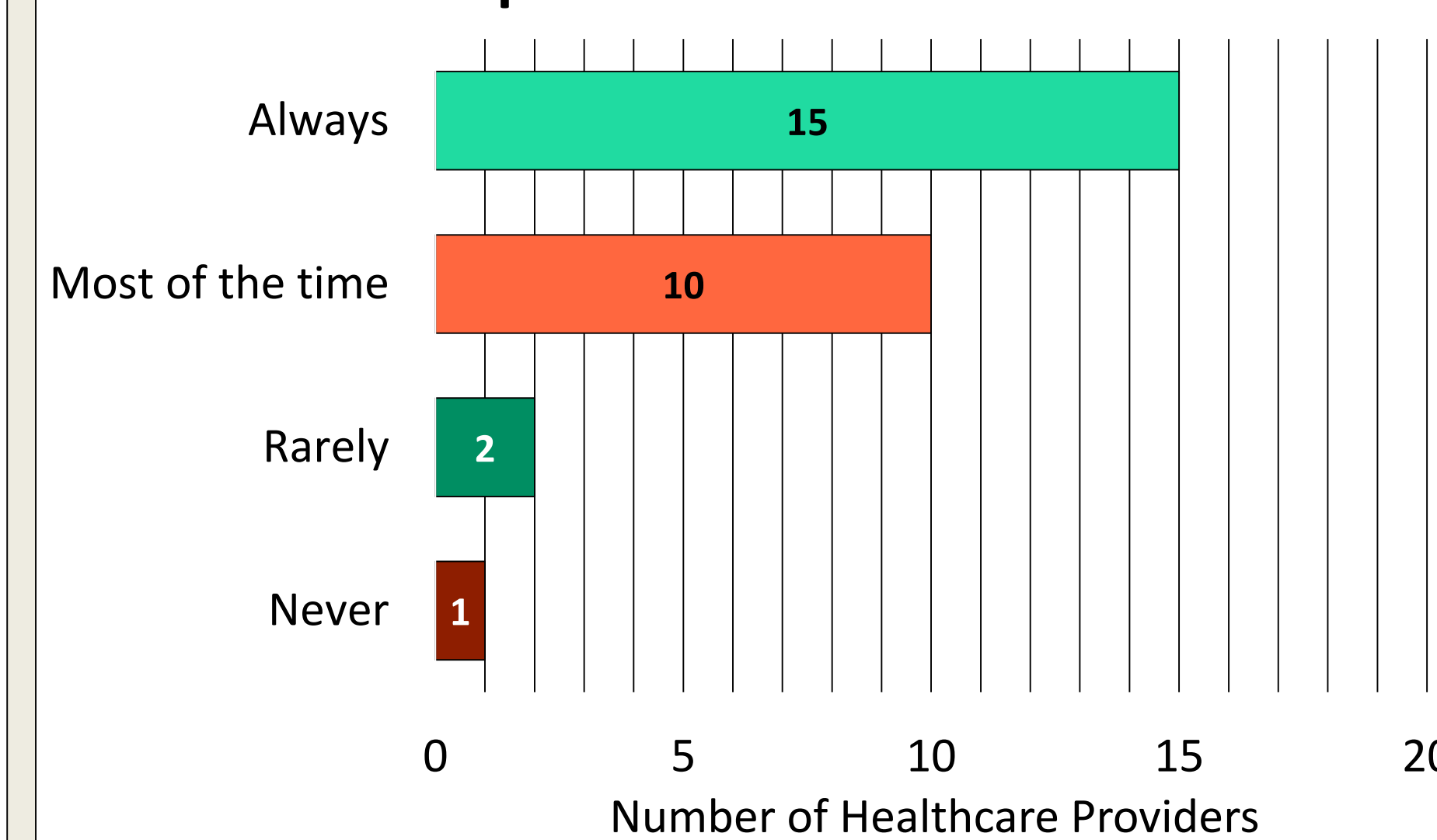
### Health Care Providers

**Population:** 31 health care providers

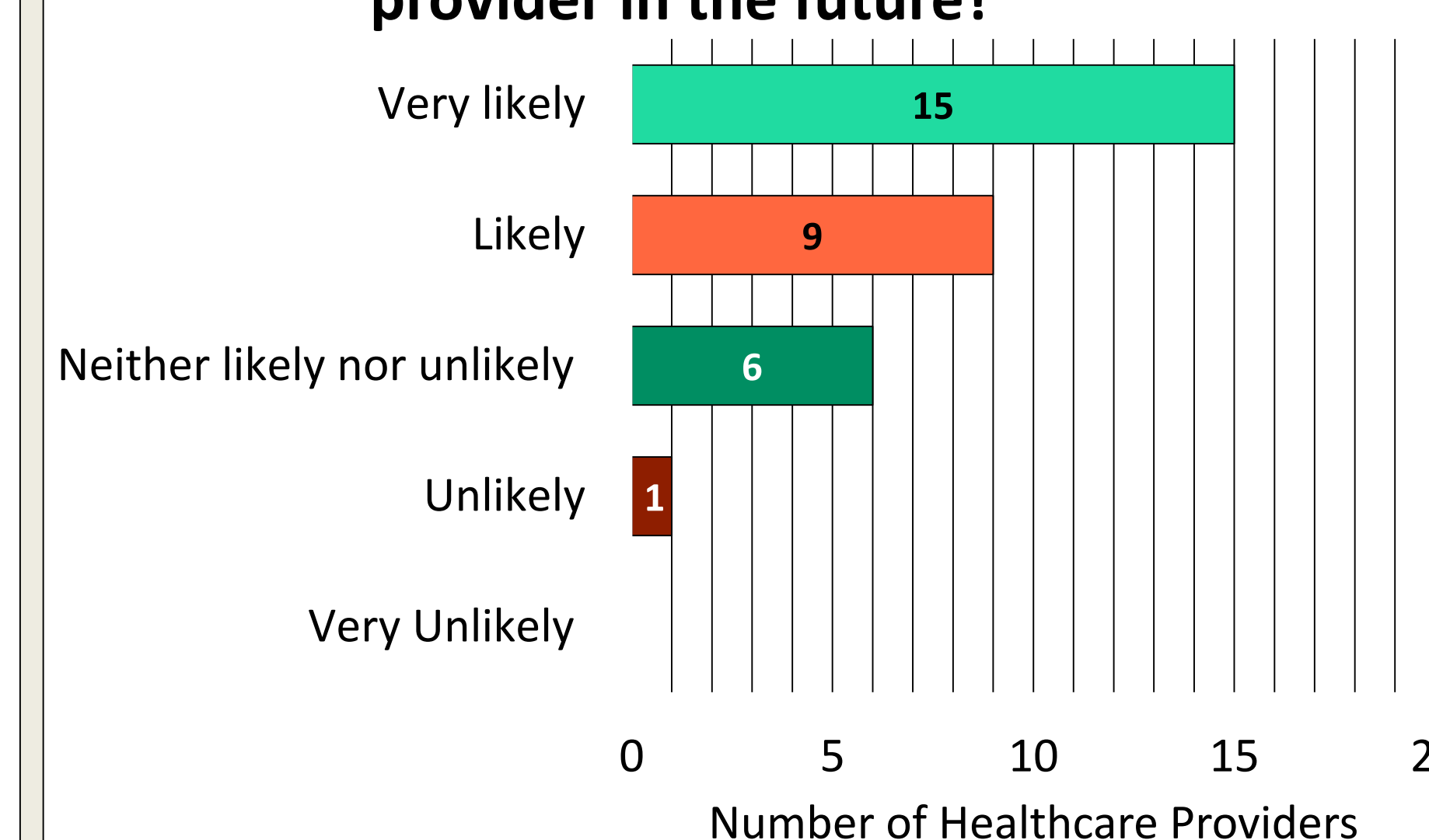
**Q1: The resource is needed for patient education.**



**Q3: How often would you use the resource in clinic to help explain perineal lacerations to patients?**



**Q6: How likely are you to recommend the resource to another healthcare provider in the future?**



### Conclusion

- The resource decreased patient anxiety while increasing patient knowledge, and had no impact on patient confidence in caring for tears after hospital discharge
- The resource could be a valuable education tool for healthcare providers to use at bedside during post-partum recovery
- Further data collection will investigate other obstetric complications mothers find most intimidating
- Future iterations of the resource will include other common obstetric complications
- In addition to patients, this resource could be used to provide immediate education to healthcare providers in clinics

### Acknowledgements

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