## **Our Mission**

Our mission is to raise awareness of severe obstetric lacerations, promote prevention through maternal education and research, drive change toward a standard of care, and provide women with comprehensive support through their healing journeys.

## **Our Vision**

We envision a world where women's birth experiences are improved through awareness and informed decision-making, as we strive to dispel the misconception that severe obstetric lacerations are rare occurrences. With a prevalence affecting 6 percent of women annually, our mission is to foster positive, empowering experiences that minimize preventable obstetric injuries.

Our aim is to provide comprehensive education on personalized birth plans, including the preventative benefits of prenatal pelvic floor physical therapy and the identification of obstetric-laceration risk factors. SOLACE seeks to establish an evidence-based standard of care to prevent severe injuries and improve outcomes with a special emphasis on obstetric anal sphincter injuries (OASIs) and LAM (levator ani muscle) injuries.

Our mission extends to educating providers about the physical and emotional ramifications of obstetric lacerations and the adverse functional outcomes. SOLACE hopes to equip providers with the tools for effective prevention and management of severe obstetric injuries. We aim to ensure that every woman who endures a severe obstetric injury has access to vital physical and mental health resources, promoting resilience and healing.

## The Problem We Are Here to Solve

Currently, many women are uninformed about the possibility of sustaining a severe obstetric laceration during childbirth. If women are informed of these lacerations, they are often told that these are guite rare. However, the reality is that 6 percent of women experience severe tears such as third or fourth degree tears resulting in OASIs (obstetric anal sphincter injuries) which can lead to fecal incontinence and sexual dysfunction. In addition, 13 to 36 percent of women will sustain levator ani muscle (LAM) injuries that can potentially contribute to pelvic organ prolapse as well as urinary and fecal incontinence. Women who undergo instrumentation through forceps have a 66 percent chance of LAM injury and up to a 24 percent chance of OASI. These injuries can be devastating and the impact can result in long term physical, psychological, social, and economic consequences. We believe that by empowering women through awareness and education, the incidence of these catastrophic injuries can be minimized. Our goal is to provide women with resources such as: prenatal pelvic floor physical therapy, research literature on risk factors for severe lacerations and ways to mitigate these, and the importance of discussing the risks and benefits of different birth plans with their healthcare provider.

Regrettably, the United States leads developed nations in maternal morbidity and mortality rates. Per the 2021 data reported by the CDC, the United States has up to a 10 fold lead in maternal morbidity compared to other developed nations. Women are entitled to better care. Standards of care employed by countries such as the UK and Australia are mitigating the risks of severe obstetric lacerations. This resulted in improved standards of care for the management of OASIs through prompt recognition of these injuries, repairs by appropriate providers, and close/specialized follow up. Our intention is to develop an evidence-based standard of care for the prevention and management of these injuries in the United States. In the meantime, we would like to encourage women to discuss a birth plan with their healthcare provider as well as request an evaluation of their risk factors for severe tearing.

Severe obstetric lacerations, especially OASIs and LAM injuries, can cause lasting physical and psychological effects for the women who sustain them. Many healthcare providers are not fully aware of complex ramifications of these injuries to their patients. We seek to educate providers on the implication of these injuries

and how they can aid their patients navigate the healing process. Ultimately, we would also like to establish standards of care for the physical and mental health management of these injuries. In the meantime, we will strive to ensure that women have easy access to resources such as educational materials on injury management, pelvic floor therapy, urogynecologists, colorectal surgeons, and mental health experts, to support their recovery.