

**Gaps in Knowledge and Diagnostic Practice for Obstetric Anal Sphincter Injuries:
A Multicountry Cross-Sectional Survey of Maternity Care Providers.**

Supplementary file 1

English-language questionnaire used in the study

Section 1. Demographics and Hospital Information

1. In which country is your hospital/clinic located?

2. What is the type of your hospital/clinic?

- Government
- Private
- University
- Other (please specify): _____

3. How many births, on average, does your hospital handle per year?

4. What is your role?

- Obstetrician and Gynaecologist
- Urogynecologist
- Resident/Trainee
- Midwife
- Other (please specify): _____

5. How many years have you been independently conducting/supervising vaginal delivery?

6. How many years have you been attending patients with pelvic floor dysfunction, including women with OASIs and/or anal incontinence?

Section 2. General Obstetric Practice

7. What was the approximate frequency (%) of OASIs among total vaginal births in the last year in your institution?

8. What is the approximate episiotomy rate in your institution?

- <10%
- 10–20%
- 21–30%
- 31–40%
- 41–50%
- 51–60%
- >60% (specify)

9. Are OASIs risk factors assessed as standard for every woman giving vaginal birth in your hospital/clinic?

- Yes
- No

If yes, is there a special protocol/questionnaire? ☐ Yes ☐ No

10. Does your hospital have a protocol for perineal protection during delivery?

- Yes
- No

Section 3. Detection and Management of OASIs

11. How is OASIs typically screened intrapartum in your practice?

- No screening; examination only when OASIs is suspected
- Screening with digital rectal examination
- Other

12. How is OASIs typically assessed postpartum in your practice?

- Digital rectal examination
- Endoanal ultrasound
- MRI
- Other

13. Do you consider digital rectal examination a sufficient diagnostic tool for intrapartum OASIs detection?

- Yes
- No

14. Is digital rectal examination performed on every woman giving birth vaginally?

- Yes
- No

If no, what is the indication? _____

15. How frequently is endoanal ultrasound used during postpartum follow-up?

- Never
- Rarely
- Sometimes
- Often
- Always

16. What training do practitioners receive for detecting OASIs via digital rectal examination? (Multiple responses permitted)

- Formal training for residents
- Formal training for specialists
- On-the-job training
- No specific training
- Other

17. How confident are you in the accuracy of digital rectal examination for detecting OASIs?

- 5-point Likert scale (1=Not at all confident to 5=Extremely confident)

18. What types of surgical repairs are offered for OASIs in your hospital? (Multiple responses permitted)

- Primary repair (<24 h)
- Primary repair (≤ 72 h)
- Late repair
- Secondary repair/sphincteroplasty

- Referral to specialised centre
- Other

* Please note that the following definitions were adopted in the questionnaire: Primary repair – sphincter repair performed immediately after delivery / no later than 72 hours after delivery; Late repair - first sphincter operation carried out, however, more than 72 hours after delivery even 3-6 months later. Secondary repair as a second operation to suture the sphincter after primary repair has failed; and an operation carried out more than 6 months after the perinatal injury, when healing is complete and a scar has formed, as Sphincteroplasty (or reconstructive surgery).

19. How and when are patients informed about OASIs?

- Immediate verbal explanation by delivering clinician
- Immediate verbal explanation by senior obstetrician
- Verbal explanation before discharge
- Written information
- Referral to specialist
- Other

20. What immediate postpartum care measures are provided? (Multiple responses permitted)

- Application of ice packs to the perineum
- Pain management options (e.g., medication, local anesthesia)
- Perineal care instructions (e.g., hygiene practices, wound care)
- Counseling on potential complications (e.g., infection, pelvic floor dysfunction)
- Administration of laxatives
- Dietary recommendations
- Referral to pelvic floor physiotherapy

21. How do you follow up patients after OASIs repair? (Multiple responses permitted)

- In-person visits with endoanal ultrasound monitoring and functional test
- In-person visits without endoanal ultrasound monitoring
- Symptoms assessment by Telemedicine
- No follow-up

22. Do you believe patients commonly perceive OASIs as a result of a doctor's/midwife's action or inaction?

- Yes
- No

Section 4. Training and Education

23. Are you aware of the Sultan classification of OASIs?

- Yes
- No

24. Do you know about occult OASIs after vaginal delivery?

- Yes
- No
- If yes, define the term (≤ 25 words).

25. Who repairs OASIs in your institution? (Multiple responses permitted)

- Any obstetrician
- Consultant obstetrician only
- Colorectal surgeon

26. Does your institution provide specific training on OASIs management?

- Yes
- No

27. How adequate is current training for managing OASIs?

- 5-point Likert scale (1=Very inadequate to 5=Very adequate)

Section 5. Challenges and Improvements

28. What are the biggest challenges in managing OASIs in your practice? (Open-ended)

29. Is there adequate interdisciplinary collaboration between Obstetrics and Colorectal Surgery?

- Yes
- No

Section 6. Policy and Protocols

30. Are there national or institutional guidelines for OASIs management in your country?

- Yes
- No

If yes, how well are these guidelines followed? (5-point Likert scale: Not at all to Completely)