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# ΤΟ ΒΗΜΑ ΤΟΥ ΑΣΚΛΗΠΙΟΥ

# VEMA OF ASKLIPIOS

JULY-SEPTEMBER 2002 VOLUME 1 No 3

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Εκτίμηση και φροντίδα ακτινικών δερματικών αντιδράσεων

Μεταβαλλόμενο περιβάλλον - Δομή και ρόλος του ΕΣΥ

Περινεοτομή. Ρουτίνα ή επιλογή

Ο κορεσμός της αιμοσφαιρίνης στο σφαγιτιδικό βολβό

Προεγχειρητική ανησυχία - Μετεγχειρητική πορεία

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Review

# Episiotomy
## A Routine or a Choice

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*Abstract* **The benefits and risks of routine procedures within medicine over the last twenty years have become increasing questioned. For some years now episiotomy has been a subject of much debate. In more recent years the scope of interest relating to episiotomy has developed more widely from the obstetrician to women who have experienced an apisiotomy. In some ocuntries virtually all the women having an episiotomy. Recent national estimates for proportions of vaginal births assompanied by episiotomy are 28 percent in England and Wales, 50 percent in United States and 38 perxent in Canada. The procedure is not routinely recommended in the United Kingdom and there is a controversy about how many should be performed. Many studies relating to episiotomy have primarily been concerned with when and how to perform the procedure. A number of different influences have affected the way women view episiotomy. There is evidence from the literature, with the increasing trend towards medicalization, that episiotomy has been viewed as an agent of social control. Recently the House of Committee Second Report on Maternity Services (1992) concluded that until such time as there will be more detailed and accurate research about such intervention as episiotomy, women need to be given a choice on the basis of existing information rather than having to undergo such interventions as routine. Obstetricians in Greece continue to instruct health staff to apply a policy of "avoid tears-do episitomies" routinely. They may be acting in good faith, but the evidence shows that they are wrong. The World Health Organisation has taken a clear stand against routine episiotomy, in the with the best available evidence. Taking these points into consideration it is evident that there is a need to answer the following questions: (a) Are women made to feel they have a choice as far the use of episitomy is concerded? (b) What effects doew episiotomy have on them? Episiotomy is a commonly performed surgical procedure of childbirth but globally the rates vary considerably. Health professionals have always sough to base their decision on the best possible evidence. Researchers indicate that routine performance of episiotomy during an uncomplicated labour presents greater risks than benefits to the childbearing woman. In the United Kingdom, public concern and studies undertaken have seen the decline of episiotomy use. The decline in the use of episiotomy is however not the case in Greece.**

***Key words:*** *Perinium, episiotomy, perineal tears, vaginal delivery*

*Περίληψη* **Περινεοτομή. Ρουτίνα ή επιλογή.** Α. Στάμου. *Μαία MSc, Γενικό Νοσοκομείο «Αλεξάνδρα», Αθήνα. Το Βήμα του Ασκληπιού 2002, 1(3):126–130.* **Τα πλεονεκτήματα και οι κίνδυνοι που αφορούν διαδικασίες ρουτίνας στην Ιατρική επιστήμη έχουν κατά κόρον αμφισβητηθεί κατά τη διάρκεια των τελευταίων είκοσι ετών. Εδώ και αρκετά χρόνια, η περινεοτομή έχει αποτελέσει αντικείμενο μεγάλης διαμάχης. Κατά τα πιο πρόσφατα χρόνια, το ενδιαφέρον πάνω στο ζήτημα της περινεοτομής έχει αναπτυχθεί ευρύτερα απασχολώντας τόσο τους μαιευτήρες όσο και γυναίκες που έχουν ζήσει την εμπειρία της περινεοτομής. Σε μερικές χώρες, σχεδόν όλες οι γυναίκες που αποκτούν μωρά σε νοσοκομείο έχουν «κοπεί» χειρουργικά. Εάν δεν κάνουν καισαρική τομή, τότε θα κάνουν περινεοτομή. Πρόσφατες εκτιμήσεις σε εθνικό επίπεδο που σχετίζονται με την αναλογία κολπικών γεννήσεων συνοδευόμενων από περινεοτομή, υποδεικνύουν ποσοστό 28% στον Καναδά. Η εν λόγω διαδικασία δεν προτείνεται ως διαδικασία ρουτίνας στο Ηνωμένο Βασίλειο και έχει δημιουργήσει διαμάχη σχετικά με το πόσο συχνή θα πρέπει να είναι μια τέτοια διαδικασία. Πολλές μελέτες σχετικές με την περινεοτομή έχουν πρωτίστως ασχοληθεί με το πότε και με ποιον τρόπο θα πρέπει να πραγματοποιείται η εν λόγω διαδικασία. Ένα σύνολο διαφορετικών παραγόντων έχουν επηρρεάσει τον τρόπο με τον οποίο βλέπουν οι γυναίκες την περινεοτομή. Υπάρχουν στοιχεία στην βιβλιογρα-**

***Λέξεις κλειδιά:*** *Περίνεο, περινεοτομή, ρήξεις περινέου, κολπικός τοκετός*

Αλληλογραφία: *Α. Στάμου, Ελαιώνων 4 και Παλλάδος Αθηνάς, 153 51 Παλλήνη Αττικής*

**φία που αποδεικνύουν ότι, με την αυξανόμενη τάση προς medicalization, η περινεοτομή έχει θεωρηθεί παράγοντας κοινωνικού ελέγχου. Πρόσφατα, το House of Committee Second Report on Maternity Services (1992) συμπέρανε ότι, μέχρις ότου υπάρξει λεπτομερής και επακριβής έρευνα γύρω από τέτοιου τύπου επεμβάσεις όπως είναι η περινεοτομή, θα πρέπει να δίνεται στις γυναίκες το δικαίωμα επιλογής βάσει των ήδη υπαρχουσών πληροφοριών, αντί να πρέπει να υποβάλλονται σε τέτοιου είδους επεμβάσεις ως αυτές να αποτελούσαν επεμβάσεις ρουτίνας. Στην Ελλάδα, οι μαιευτήρες συνηθίζουν να δίνουν οδηγίες για εφαρμογή της τακτικής «αποφύγετε τα δάκρυα, κάντε περινεοτομή» ως υπόθεση ρουτίνας. Πιθανόν να ενεργούν καλή τη πίστη, ωστόσο τα στοιχεία αποδεικνύουν ότι κάνουν λάθος. Ο Παγκόσμιος Οργανισμός Υγείας έχει λάβει μία ξεκάθαρη θέση ενάντια στην ρουτίνα της περινεοτομής, παρέχοντας τις καλύτερες αποδείξεις που έχουν διαθέσιμες. Λαμβάνοντας υπόψη τα παραπάνω σημεία, είναι φανερή η ανάγκη για παροχή απαντήσεων στα ακόλουθα ερωτήματα: (α) δίνουν στις γυναίκες να αισθανθούν ότι έχουν επιλογή όσον αφορά στην εφαρμογή της περινεοτομής; (β) ποιες είναι οι επιδράσεις της περινεοτομής στις γυναίκες; η περινεοτομή είναι μία συχνά πραγματοποιήσιμη χειρουργική επέμβαση κατά τη γέννα, ωστόσο, σε παγκόσμιο επίπεδο τα ποσοστά ποικίλλουν σημαντικά. Οι επαγγελματίες στον τομέα της υγείας έδειχναν πάντοτε να στηρίζουν την απόφασή τους με όσο το δυνατόν καλύτερες αποδείξεις. Οι ερευνητές υποδεικνύουν ότι η πραγματοποίηση της περινεοτομής ως υπόθεση ρουτίνας κατά τη διάρκεια μίας μη ολοκληρωμένης γέννας παρουσιάζει μεγαλύτερους κινδύνους από ό,τι οφέλη στη λεχώνα γυναίκα. Στο Ηνωμένο Βασίλειο, τόσο η πίεση της κοινής γνώμης όσο και οι μελέτες που έχουν πραγματοποιηθεί έχουν οδηγήσει στον περιορισμό της χρήσης της περινεοτομής. Στην Ελλάδα όμως δεν παρατηρείται ανάλογος περιορισμός.**

Most women in the world are having their babies delivered in hospitals. In some countries virtually all the women having babies in hospital will be surgicall cut. If they miss out on a caesarea section they will have an episiotomy. The benefits and the risks of routine procedures within medicine over the last twenty years, have become increasingly questioned.[2]

Episiotomy has been regarded as one of the most commonly performed midwifery and obstetric operations in the West and is often a source of controversy between professionals and the lay public. The debate repeatedly focuses around the indications for and episiotomy, the most appropriate technique and how to suture it afterwards. In recent years a number of disciplines besides medicine or midwifery have become interested in episiotomy, involving such dimensions as psychological and emotional factors related to episiotomy as well as long-term morbidity.[18]

While reading various midwifery and obstetric textbooks, the writer became aware that the definition given for episiotomy was perhaps not appropriate for all persons who have an interest in the subject. Episiotomy was once a procedure performed solely by the obstetrician and consequently the definition originated in a medical perspective.[3] In more recent years the scope of interest relating to episiotomy has developed more widely from the obstetrician to women who have experienced an episiotomy.

Questions were raised as to how women themselves would view the medical definition of episiotomy, such as its simplicity and perhaps triviality, for example, "an incision through the perineum and vaginal orifice"[16] p. 235 or "a clean incision in the perineum"[6] p.31. If a woman who had experience of an episiotomy were asked to define it, it could be debated whether her definition would be similar to those offered in textbooks or whether it would perhaps reflect a more personal view such as a "cut which caused a lot of pain".

## Literature review

Perieal injury, including episiotomy, has been long accepted as a standard outcome of vaginal delivery. Kitzinger and Walters[9] suggest that episiotomy has become a normal and almost expected part of childbirth for all women having their first babies and the majority of those having second and subsequent babies.

Episiotomy is an incision through the perineal tissues, which is designed to enlarge the vulval outlet during delivery.[1] The operation is performed with a pair of scissors or a scalpel. There are two main directions of incision: the mediolateral and the median. Midline or median episiotomies are favoured in USA and Canada while mediolateral ones are more commonly performed in the UK.

Episiotomy dates back to 1742, when a perineal incision was first used to facilitate difficult deliveries. Pe-

rineotomy, one of the most common surgical procedures, was introduced in clinical practice in the eighteenth century without having strong scientific evidence of its benefits. The popularity of episiotomy among midwifery and obstetric continued to grow with the introduction of local anesthetic and suture material and as a result of advocacy for its performance by two obstetricians, DeLee and Pomeroy. Its use was justified by prevention of severe perineal tears, better future sexual function, and a reduction of urine and fecal incontinence.[12]

A study by Buchan and Nicholls (1980) reported that the incidence of episiotomy had increased from 21% in 1958 to 91% in 1978 in the United Kingdom.[20] The study does not however reveal if those were all normal deliveries or not. Figures from England and Wales demonstrate that the episiotomy rate for all deliveries doubled from 25% in 1967 to 53% in 1978; overall 70% of primiparae received this intervention in 1978.[11]

Recent national estimates for proportions of vaginal births accompanied by episiotomy are 28 percent in England and Wales, 50 percent in United States and 38 percent in Canada. Some textbooks of obstetrics commend that episiotomy will be necessary in almost all primigraviae. The procedure is not routinely recommended in the United Kingdom and there is a controversy about how many should be performed.[13]

The continuing prevailing view among obstetricians is that routine episiotomy is justified. Until recently, obstetric texts recommended that an episiotomy be performed during every vaginal birth to avoid damage to the perineum.

## Suggested advantages and disadvantages of episiotomy

As with any surgery, episiotomy carries risks and benefits but researchers have shown that episiotomy does not offer any of the benefits cited as indicators for its use.[4] Five suggested advantages are associated with the routine episiotomy. These include an increased risk of third and fourth-degree lacerations, delayed wound healing, an increased loss of blood, a higher infection rare, scars, perineal cysts, postoperative pain, dyspareunia, psychologic trauma, and increased health care costs.[20]

No evidence shows that liberal or routine episiotomy prevents perineal trauma or pelvic floor relaxation. It was suggested that liberal use of the procedure should be abandoned and that it should only be performed for specific fetal indications, such as evidence that birth must be expedited for reasons of fetal distress, or for clear maternal indications, such as the woman's inability to give birth without an instrumental intervention.[7]

For some years now episiotomy has been a subject of debate. Consumers have been complaining of short and long term suffering as a result and professionals have been questioning the need for such a high episiotomy rate.[9] It is part of the perceived wisdom of midwifery that to allow the perineum to tear is a sign of poor practice and it would appear that since midwives have been permitted to perform episiotomies this has become a respectable method of avoiding a tear, resulting in increased rate of episiotomy. To use Wilkerson's[19] words "It is difficult to escape the conclusion that episiotomy, which was a surgeon's invention, rapidly became absorbed into normal midwifery when the management of childbirth came increasingly under the management of ostetricians in hospitals" (p. 106).

Of clinical practices to reduce trauma to the genital tract at delivery, restricting the use of episiotomy has by far the clearest scientific support. It has been studied in a variety of locations, with diverse populations, large samples, and differing methods, and the study results from a strong and cohesive message. No grounds exist for continuing to use episiotomy as an intervention at birth without clear indications. Although current statistics indicate that episiotomy continues to be used liberally in many settings.[14]

However, the recent downward trend in the rate of this procedure is encouraging, and it is in the direction of evidence based recommendations advocating its restricted use.[7] The various methods of performing the operation and of managing the side effects have been well documented but it must be stressed that there is an almost complete lack of scientific evidence that the operation has any of the beneficial effects claimed for it. The reasons for episiotomy have been related to anatomic factors and medical conditions during labour. However the large variations in use indicate that other factors such national or personal attitudes might play an important role in the decision about whether or not to perform an episiotomy.

Many studies relating to episiotomy have primarily been concerded with when and how to perform the procedure. However, in more recent years different dimensions have become included from disciplines other than medicine, such as psychological and emotional factors as well as the long-term sequelae of episiotomy.[15] Kitzinger,[10] a social anthropologist, voices concerns regarding the routine use of episiotomy in Western obstetrics and the possible long-term psychosexual problems that may develop. From a sociological perspective, Oakley[13] has shown interest in the power strug-

gle between women and obstetricians over the increasing use of medical intervetion in childbirth. Lay opinions are becoming increasingly heard as their voice is given a forum through pressure groups such as the National Childbirth Trust (NCT) and the Association for the Improvement of Maternity Services (AIMS). With this broad interest, it appears that the definition of episiotopy requires greater understanding, and that it means more than just a cut in the perineum, but should include other factors such as perceptions and outcomes of the procedure.

## Discussion

A number of different influences have affected the way women view episiotomy. There is evidence from the literature, with the inreasing trend towards medicalization, that episiotomy has been viewed as an agent of social control. The human body came to be viewed as being made up of parts which could be repaired or replaced from outside. Emotions were also seen as something separate from the body.

Childbirth was seen as a condition for which the advice of doctors was needed and hospitals were the proper place. Women have become more and more dissatisfied with the care they receive during childbirth and the control of the birth process leading to such interventions as episiotomy. Recently the House of Committee Second Report on Maternity Services (1992) concluded that until such time as there will be more detailed and accurate research about such interventions as episiotomy, women need to be given a choice on the basis of existing information rather than having to undergo such interventions as routine.[17]

Dissatisfaction is especially evident among those women who have not been involved in the decision-making process. Research findings support that women want more explanation from staff during childbirth and more information about episiotomy. During postpartum interviews, it was found that 64% of women viewed episiotomy as stressful and that their satisfaction with childbirth increased when they had more control during labour and delivery.[12]

Another perception, which also influences the meaning women give to their episiotomy, is the experience of being sutured. According to Kitzinger[10] the position used for suturing may be the same as that for sexual intercourse, which could cause anxiety, anger and revulsion in relation to intercourse.

The most bothersome adverse effect of episiotomy, yet the most overlooked and underestimated, is pain from the incision. Two consequences are that women have felt inadequately prepared for the pain they would experience in the early postpartum period and that health professionals have experienced disbelief at the degree of pain the woman had, along with its debilitating effect.[18]

For some women episiotomy may have and effect on their self-image and relationship with their partners. Having and episiotomy may distort these and make the woman feel disappointed and unfulfilled because she has not been unable to deliver her baby under her own control and this may give rise to loss of libido.[10] Feelings of resentment and hate could result, with the consequence that the baby and possibly partner are blamed for these feelings.

Having spoken with some women in Greece before this essay, the writer learn that some had lost their self-esteem. The felt multilated especially if the episiotomy was not discussed prior to deliver.

Obstetricians in Greece continue to instruct health staff to apply a policy of "Avoid tears. Do episiotomies" routinely. The may be acting in good faith, but the evidence shows that they are wrong. The World Organization has taken a clear stand against routine episiotomy, in line with the best available evidence. Convincing obstetricians may be more problematic. In most countries in Europe the procedure is usually discussed with women at antenataly clinics. In our experience in Greece this does not happen. When the procedure is routine.

Obstetricians in Greece continue to instruct health staff to apply a policy of "Avoid tears. Do episiotomies" routinely. The may be acting in good faith, but the evidence shows that they are wrong. The World Organization has taken a clear stand against routine episiotomy, in line with the best available evidence. Convincing obstetricians may be more problematic. In most countries in Europe the procedure is usually discussed with women at antenatal clinics. In our experience in Greece this does not happen. When the procedure is routine it therefore becomes a premeditated surgical procedure carried out without consent from the woman. So far in Greece no literature has been documented in this context.

Midwives can help women reduce the likelihood of undergoing episiotomy and unnecessary perineal trauma. Whether involved in direct or indirect clinical practice, midwives can help promote a selective episiotomy policy. Midwives can educate women about advantages and disadvantages of episiotomy so they can make informed decisions.

## Conclusion

Episiotomy is a commonly performed surgical procedure of childbirth but globally the rates vary consider-

ably. Health professionals have always sough to base their decision on the best possible evidence. Researchers indicate that routine performance of episiotomy during an uncomplicated labour presents greater risks than benefits to the childbearing woman.

According to Kitzinger episiotomy is the most common surgical operation carried out on women.[8] This may be performed without the woman's consent, or knowledge. The high negative correlation between the rates for episiotomy and perineal tears suggests that hospitals follow a policy either to allow women to tear or to perform an episiotomy. If this is the case, then a woman should be informed about the operating policy at the time she completes her birth plan and made aware of the advantages and disadvantages of each procedure. Taking these points into consideration it is evident there is need to answer the following questions: (a) Are women made to feel they have a choice as far as the use of episiotomy is concerned? (b) What effects does episiotomy have on them?

In the United Kingdom, public concern and studies undertaken have seen the decline of episiotomy use.[5] The decline in the use of episiotomy is however not the case in Greee. It is with this concern that the writer wants to investigate women's views concerning the practice.

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