



The proportion of perineal tear in the selective episiotomy in vaginal birth at Hung Vuong Hospital

Trang Hoang Thi Thuy¹, Hue Hoang Thi¹
1 Hung Vuong Hospital, Ho Chi Minh City, Vietnam

P193

INTRODUCTION

Vaginal birth can be caused of tears in the vaginal and its surrounding tissues, it usually happens when the baby's head is gone through the vaginal. In some cases the tears can extend to the rectum and take a long time for recovery.

To avoid deep lacerations, clinicians had recommended keeping the vaginal before and during giving birth (selective episiotomy) to avoid severe lacerations and facilitate for successful vaginal birth.

AIM

1. Determine the proportion of the perineal tears in the selective episiotomy
2. Determine risk factors related to the perineal tear in the selective episiotomy
3. Determine the outcomes of women and fetal

METHOD

A cross-sectional study was conducted on 367 medical records of post-partum women who were applied the selective episiotomy in vaginal birth at Hung Vuong Hospital from April to June 2021

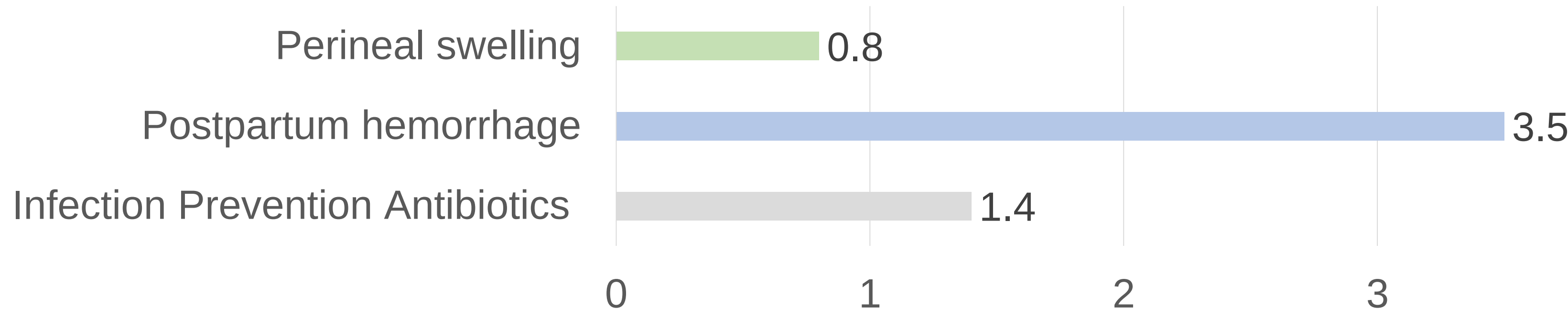
CONCLUSIONS

The selective episiotomy brought great benefits to mothers during vaginal birth, decreased the 2nd degree tear, especially minimized 3rd and 4th degree tear, and has no negative effects to infant after birth

ACKNOWLEDGEMENT

I would like to thank all the data collectors and administrative staff of the Delivery Department for their valuable contributions to this study. My special thank to Midwife Hue Hoang Thi for her effort in this study.

RESULTS



Only 0.8% described to perineal swelling, 3.5% of pregnant women was reported to have postpartum hemorrhage. Infection prevention antibiotics remained at about 1,4%

Variable	Frequency	Ratio (%)
Perineal Tear		
Yes	286	77,9
No	81	22,1
Perineal injuries Degree		
First Degree	268	93,7
Second Degree	18	6,3
Third/Fourth Degree	00	00

Our study showed that 77.9% women had perineal injury, 93.7% explained for first degree, no case with third or fourth degree

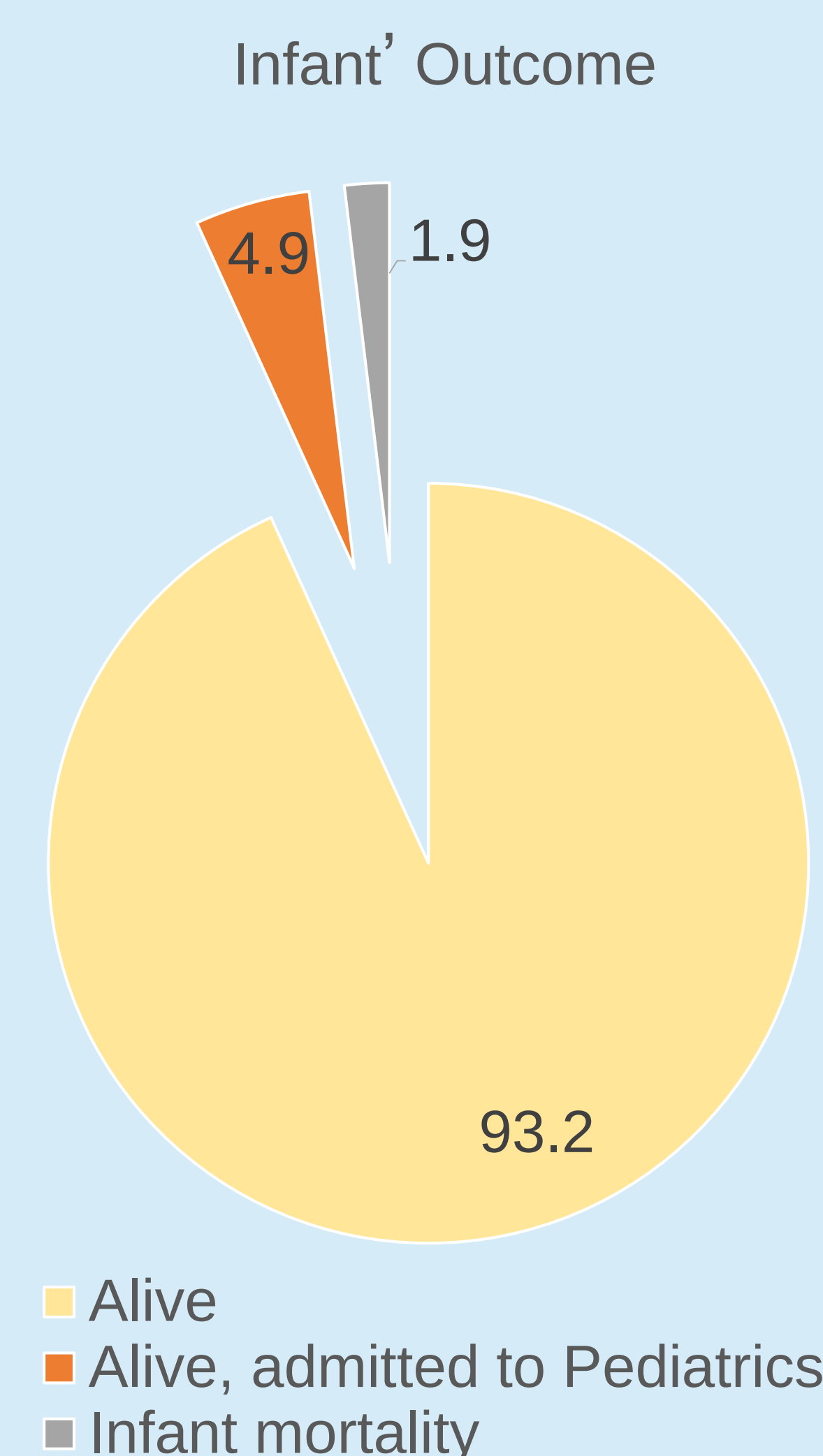
	Perineal Tear		OR (KTC 95%)	p
	No (%)	Yes (%)		
Gestational Age				
< 37 weeks	20 (42,5)	27 (57,5)	2,61(1,55 – 4,41)	<0,01
≥ 37 weeks	61 (19,1)	259 (80,9)		
BMI				
< 30	79 (23,7)	254 (76,3)	1,1 (1,04 – 1,15)	0,017
≥ 30	2 (8,9)	32 (94,1)		
Infant's weight				
< 3000 gr	44 (27,0)	119 (73,0)	1,3 (1,02-1,66)	0,042
≥ 3000 gr	37 (18,1)	167 (81,9)		

Our research reveal that the perineal tears was associated with gestational age, maternal BMI, Infant's weight with p<0.05

We found that no relation between the perineal tear and 2nd stage of labor and CTG and controlled pushing during labor with p>0.05

Variable	Frequency	Ratio (%)
Infant's weight	2,972 + 518,8 (670 – 4070)	
Apgar 1 minute	6 (5-8)	
Apgar 5 minutes	7 (6-9)	

As can be seen, the selective episiotomy brought good results to the infant's outcome. The infant's weight was recorded around 670 – 4070 gram



Majority of Infants were alive and got skin to skin contact after the birth. 1.9% infant mortality due to extremely preterm birth under 22 weeks and still birth.

REFERENCES

1. Ahmad Talebian Masoumeh Abedzadeh-Kalahroudi, Zohreh Sadat &Elaheh Mesdaghinia, "Perineal trauma: incidence and its risk factors".*Journal of Obstetrics and Gynaecology*;2019;39(2):206-211.
2. Katz L Melo I, Coutinho I, Amorim MM, (2014) "Selective episiotomy vs. implementation of a non episiotomy protocol: a randomized clinical trial". *Reproductive Health* 2014;11(1):66.
3. Xu Qian 1 Hong Jiang, Guillermo Carroli, Paul Garner "Selective versus routine use of episiotomy for vaginal birth". *Cochrane Library*; 2016.

CONTACT INFORMATION

Corresponding author : Trang Hoang Thi Thuy.
Email: hoangthithuytrang201190@gmail.com

HUNG VUONG HOSPITAL, 128 Hong Bang Street,
Ward 12, District 5, Ho Chi Minh City, Vietnam