



Liberal versus conservative episiotomy practice in vaginal delivery

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Introduction:

Episiotomy, a surgical incision made in the perineum during vaginal delivery, has been a common practice in obstetrics for many years. However, recent evidence suggests that a more restrictive approach to episiotomy may be beneficial in terms of reducing maternal morbidity. In this retrospective comparative study, we aimed to assess our practices regarding episiotomy and evaluate the consequences of adopting a more restrictive policy.

Methods:

Retrospective comparative study carried out in a level IIb Tunisian maternity ward, over a period of 6 months (June 2022-December 2022). We enrolled all women who gave birth by vaginal route and divided them into 2 groups: Group 1: with episiotomy and Group 2: without episiotomy.

Results:

We enrolled 1122 vaginal deliveries, out of which 916 had episiotomy (81.6%) and 206 had no episiotomy (18.4%). The mean age of the patients was higher in group 2 (29+/-4.5 vs 33.26+/-4.67; p<0,001). Mean parity was also higher in group 2 (1.45+/-0.78 vs. 3.1+/-0.94; p<0.001). The 2 groups were comparable in terms of mean gestational age (39.14+/-1.21 vs 39.13+/-1.32; p=0.96). Instrumental extraction was significantly higher in group 1 (p=0.03). There was no significant difference in birth weight between the two groups (p=0.41). Postpartum hemorrhage rate was greater in group 1, however, the difference was not significant (p=0.15). We observed a significant difference between the two groups for simple (p=0.04) and anterior (p=0.033) perineal tears, pain in immediate post-partum period (p<0,001) and healing complications such as hematoma, infection, suture disunion (p<0,001). Late post-partum period adverse outcomes were more frequent in group 1 such as urinary incontinence (p=0.02) and dyspareunia (p<0,001). Sexual activity was resumed earlier in group 2, and the difference was statistically significant (p=0.004).

Discussion:

The findings of our study provide valuable insights into the impact of episiotomy on various maternal outcomes. We observed that the majority of vaginal deliveries in our sample (81.6%) involved episiotomy, indicating a liberal practice. However, when comparing two groups, one with episiotomy (Group 1) and one without episiotomy (Group 2), several notable differences were observed.

Firstly, we found that women in Group 2, who did not undergo episiotomy, had a higher mean age and parity compared to those in Group 1. This suggests that a more restrictive approach to episiotomy might be more suitable for women with greater obstetric experience.

In terms of delivery characteristics, instrumental extraction was significantly higher in Group 1, indicating that episiotomy may be associated with increased instrument-assisted deliveries. However, there was no significant difference in birth weight between the two groups.

When considering maternal morbidity, we found that Group 1 had a higher incidence of perineal tears, both simple and anterior, compared to Group 2. Additionally, women in Group 1 experienced more immediate post-partum pain and healing complications such as hematoma, infection, and suture disunion. Furthermore, the mid-term and long-term consequences of episiotomy were also assessed. In the late post-partum period, adverse outcomes such as urinary incontinence and dyspareunia were more frequent in Group 1. Interestingly, sexual activity was resumed earlier in Group 2, indicating a potential benefit of avoiding episiotomy in terms of postpartum recovery.

Overall, our findings support the notion that a more restrictive practice of episiotomy is associated with lower morbidity rates and improved maternal outcomes. However, it is important to note that this study was retrospective and conducted in a specific setting. Further investigation, including prospective studies with larger sample sizes, is warranted to evaluate the long-term consequences of episiotomy and its impact on maternal health.

Conclusions:

In conclusion, our study highlights the potential benefits of adopting a more restrictive policy regarding episiotomy. By reducing the liberal use of episiotomy, healthcare providers can potentially decrease immediate and mid-term morbidity associated with vaginal delivery. Further research is needed to explore the long-term consequences and provide more evidence-based recommendations for the practice of episiotomy.

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