

Evidence Update

Summary of a Cochrane Review

Maternal Health Series

Is it better to use episiotomy as needed, or routinely?

Restrictive policies, where staff avoid using episiotomy, appear to have a number of benefits compared to policies based on routine episiotomy.

Background

Routine episiotomy is common globally. The rationale given is that in the mother it prevents severe perineal tears, reduces urinary incontinence, is easier to repair, heals better than a cut, and reduces perinatal asphyxia in the neonate. However, episiotomy can cause pain, bleeding, infection and delayed healing.

Inclusion criteria

Studies:

Randomized controlled trials.

Participants:

Pregnant women having a vaginal birth.

Intervention:

Use of episiotomy as needed (restrictive) versus routine use of episiotomy.

Outcomes:

Maternal outcomes: number of episiotomies, assisted delivery rate, perineal or vaginal trauma, need for suturing, blood loss, perineal pain, infections, incontinence.

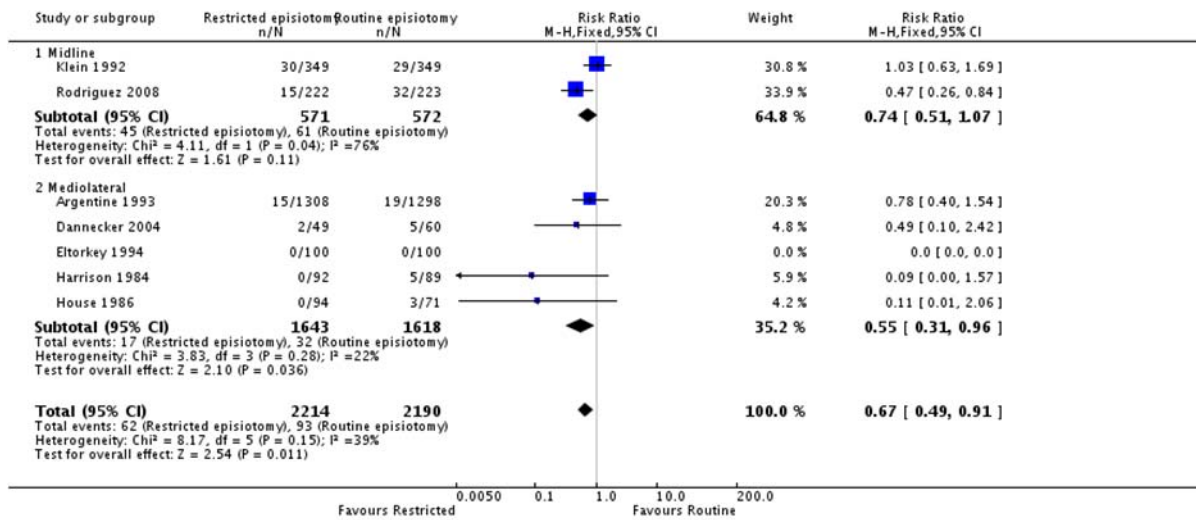
Neonatal outcomes: Apgar score less than 7 at one minute and need for admission to Special Care Baby Unit.

Results

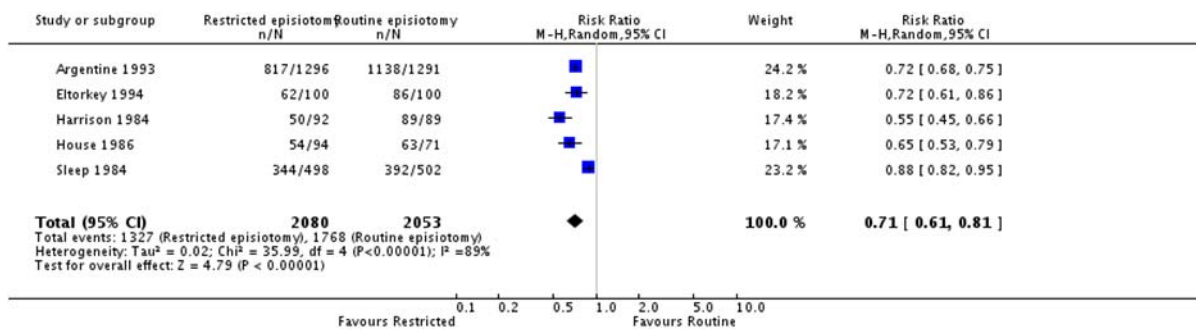
Eight studies involving 5541 participants were included; seven were adequately concealed.

- Compared with routine use, restrictive use of episiotomy resulted in fewer cases of severe perineal trauma (relative risk 0.67; 95% confidence interval 0.49 to 0.91, 4404 women, 7 trials), less need for suturing (RR 0.71; 95% CI 0.61 to 0.81, 4133 women, 5 trials) and fewer healing complications (RR 0.69; 95% CI 0.56 to 0.85; 1119 women, 1 trial).
- Restrictive episiotomy policy was associated with more anterior perineal trauma (RR 1.84; 95% CI 1.61 to 2.10; 4896 women, 6 trials).
- There was no significant difference between routine and restrictive episiotomy policies in severe vaginal or perineal trauma, dyspareunia, urinary incontinence or several pain measures.

Restrictive vs routine episiotomy: severe perineal trauma



Restrictive vs routine episiotomy: need for perineal suturing



Authors' conclusions

Implications for practice:

A policy of restrictive use of episiotomy shows several benefits over routine use.

Implications for research:

Further trials are needed to determine the indications for the restrictive use of episiotomy at an assisted delivery (forceps or vacuum), preterm delivery, breech delivery, predicted macrosomia and presumed imminent tears. There is a need to evaluate which episiotomy technique (mediolateral or midline) provides the best outcome.