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Episiotomy: The Incidence Can Be Reduced

Dr.Swati Patel Assistant Professor, Dept Of O&G, , GMERS Medical college Sola, Ahmedabad

ABSTRACT

Objective: *To verify if episiotomy rate could be reduced without compromising materno-fetal well-being.* **Material And Method:** *Prospective study was conducted between Jan 2014-15. All cases of singleton pregnancies in cephalic presentation with episiotomies were recruited. The Fisher's exact taste was used for comparision* **Result***: 163 cases were observed main indication were rigid perineum, fetal wieght > 3.5 kg, prolong second stage of labor and instrumental deliveries.82.2% were nullipara .Among fetuses mean fifth minute apgar score was 9.2 and no neonatal death was recorded*

KEYWORDS : Episiotomy

Introduction

Episiotomy is the surgical enlargement of the vaginal orifice by an incision of the perineum during second stage of labor just before the delivery of the fetus. Episiotomies continues to be frequently used in obstetrics despite little scientific support for its routine use [3]. Episiotomies carry long term risks of superficial dyspareunia and perineal pain [4,5]. Although episiotomy is easier to repair and can prevent 3rd and 4th degree perineal tears if it is well done [1]. The aim of this study was to verify if episiotomy rate can be reduced in singleton cephalic deliveries without compromising the fetal and maternal well being.

Materials and Methods

This propective study was conducted at GMERS Sola Hospital in period Jan2014-15. All cases of singleton cephalic deliveries with live fetus and where episiotomies were done recruited. For each case following data were recorded: maternal age , paritygestational age, rigidity of the perineum, fetal weight, Apgar score 1 and 5 minutes

Results

A total of 1,695 singleton cephalic vaginal deliveries were conducted with 163 episiotomies done . In patients in whom episiotomies were not done there were 176 first degree perineall tears (10.4%),51 second degree perineal tears (3%) amd 3rd degree perineal tear (0.2%). The age of patients ranged between 15-40 years with a mean of 24.4 . 82.2% patients were nullipara. Short term complication of episiotomy was perineal pain.

Table-1 Distribution of episiotomies by parity.

Parity	Number	%
0	134	82.2
1	20	12.3
2	8	0.6
3	8	4.9
>-4	0	0.0
Total	163	100

Table 2 Indications for episiotomy.

Indications	Number	%
Rigid perineum or imminent perineal tear	45	27.6
Large weight foetus (>3,500 g)	44	27.0
Prolonged second stage of labour	21	12.9
Instrumental deliveries	20	12.2
Null parity	13	08.0
Occipito-posterior position	9	05.5
Acute Foetal distress	7	4.3
Prematurity	4	2.4
Total	163	100

Discussion

The rate of episiotomy in our study (9.6%) is low compared to other studies which were 35.6 and 76.2% [3,7,8] In our study maternal indication were rigid perineum, prolong 2nd stage, instrumental delivery, occasionally in nullipara with poor compliance. Foetal indication was distress, overweight. Episiotomy rate in primipara was 82.2%, in other studies with a rate of 88 to 90% [3, 7]

Conclusion

It is possible to reduce use of episiotomy in singleton cephalic deliveries without compromising the foetal and maternal well-being

Reference

1. Sooklim R, Thinkhamrop J,Lumbiganon P et al. The outcome of midline versus medio-letaral episiotomy. Reprod health. 2007; 4:10.
2. Cohain JS. Episiotomy, hospital birth & caesarean section: technology gone haywire. What is the suture tear rate at first births suppose to be? Midwifery Today Int Midwife. 2008; 85:24-5.
3. Ola ER, Bello O, Abudu OO,et al. episiotomies in Nigeria: should there used be restricted? Niger post grade med J. 2002; 9(1):13-6.
4. Andrews V, Thakar R,Sulat AH,et al. evaluation of postpartum perineal pain & dysphereunia: a prospective study . Eur J obstet gynecol reprod boil. 2008; 137(2):152-6.
5. Ejegard H, ryding EL, Sjogren B. sexuality after delivery with episiotomy: a long term follow-up .gynecol obstet Invest. 2008;66(1):1-7.