Original Research Paper

Volume - 13 | Issue - 01 | January - 2023 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Obstetrics & Gynecology

PERINEOTOMY CARE AFTER CHILDBIRTH

Bushra Sardar.B*	Final Year M.Sc Nursing, Adichunchanagiri College of Nursing, Adichunchanagiri University, B.G. Nagara, Mandya, Karnataka, India*Corresponding Author
Victoria Sarvand	Professor & HOD, Department of Obstetrics & Gynecological Nursing, Adichunchanagiri College of Nursing, Adichunchanagiri University, B.G. Nagara, Mandya, Karnataka, India
Ashwini K M	Associate Professor, Department of Obstetrics & Gynecological Nursing, Adichunchanagiri College of Nursing, Adichunchanagiri University, B.G. Nagara, Mandya, Karnataka, India.
Ramya. R	Assistant Professor, Department of Obstetrics & Gynecological Nursing, Adichunchanagiri College of Nursing, Adichunchanagiri University, B.G. Nagara, Mandya, Karnataka, India.
Kavitha N K	Assistant Professor, Department of Obstetrics & Gynecological Nursing, Adichunchanagiri College of Nursing, Adichunchanagiri University, B.G. Nagara, Mandya, Karnataka, India.

ABSTRACT Every woman who became pregnant has to undergo the process of delivery. In normal process of delivery the baby is delivered per vagina, an episiotomy is performed by health care provider or midwife. Episiotomy is a surgically planned incision on the perineum and the posterior vaginal wall during the second stage of labour to enlarge the vaginal introits so as to facilitate easy and safe delivery of the fetus. Episiotomy may be advice in the situations such as inelastic perineum, fetal distress, and complicated birth, prolonged second stage of labor, instrumental vaginal delivery and previous perineal surgeries .There are four types of episiotomy: midline, mediolateral, lateral and J shaped. Care of episiotomy involves perineal care, sitz bath, infrared heat, perineal exercises, antiseptic ointments, cold and hot packs The REEDA scale is used for assessing the perineal healing. Complications of episiotomy include perineal discomfort, perineal pain, difficulty with breast feeding and walking, perineal bleeding, infection, wound dehiscence and dyspareunia.

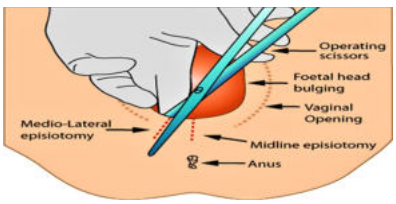
KEYWORDS : Episiotomy, primigravida, perineal, kegel's exercise, sitz bath

INTRODUCTION

The wonderful sensation of being a new mom has just begun to sink in, but now your body has to recover fully after the delivery. It is important to know the basics of proper wound care of an episiotomy wound. Episiotomy is the second commonest surgical procedure in obstetric practice after the cutting of the umbilical cord at delivery.[1] It can be defined as a surgical incision made at the perineum to widen the introitus and facilitate delivery.[2] The World Health Organization (WHO) recommends an episiotomy rate of 10% for normal deliveries.[3] Although, the frequency of performing an episiotomy is decreasing, 30% to 50% of women may still receive episiotomy.[4]

The rate of episiotomy was found to be 93.3% in primipara women and 30.2% in multipara women. Episiotomy is one of the most commonly used procedures for women. Deliveries are performed in tertiary care public hospitals in India with an overall episiotomy rate of around 70%. Perineal trauma during vaginal delivery is very common occurring in about 40% of primigravida and 20% of multiparous women.[5]

Episiotomy, a common procedure in obstetric care.[6] (Episiotomy, also known as perineotomy, is a surgical incision of the perineum and the posterior vaginal wall) Episiotomy is a surgically planned incision on the perineum and the posterior vaginal wall during the second stage of labour to enlarge the vaginal introits so as to facilitate easy and safe delivery of the fetus, to minimize the overstretching and rupture of perineal muscles and fascia and to reduce the stress and strain on the fetal head.[6] Episiotomy also helpful in reduction in duration of second stage of labor. The first performance of episiotomy was done in 1742, when perineal incisions were used to facilitate deliveries.[7]



Pritchard, Mac- Donald and Gant 1985, described that episiotomy reduces the incidence of cystocele, rectocele and stress incontinence. In cases where an episiotomy is indicated, a medio lateral incision may be preferable to a median (mid-line) incision as the latter is associated with a higher risk of injury to the anal sphincter and the rectum.[8]

NEED FOR PERINEOTOMY

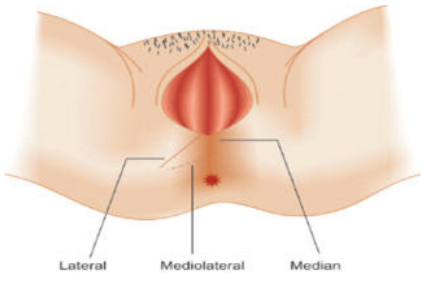
Not all the women need an episiotomy. Stretching the tissues naturally may help reduce your need for it. Without an episiotomy, your perineal tissues may tear. This can be harder to repair.

Episiotomy may be advise in these situations:

- The baby does not have enough oxygen (fetal distress)
- Complicated birth, such as when the baby is positioned bottom or feet first (breech) or when the baby's shoulders are trapped (shoulder dystocia)
- Long pushing stage of labor
- Forceps or vacuum delivery
- Large baby
- Preterm baby

Types of episiotomy

- Mid line episiotomy
- Mediolateral episiotomy
- J shaped episiotomy
- Lateral episiotomy.[9]



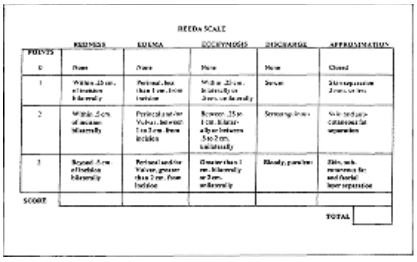
PERINEOTOMY CARE AND HEALING.

- Episiotomy wound care starts immediately after suturing the wound in order to reduce pain and faster the wound healing.
- There are some general treatments for perineal care such as cold packs and ice packs applied to perineum for the first 24 hours to decrease edema and pain.
- Kegal's exercise - Squeeze the perineal muscles as if you were trying to stop the flow of urine. Hold for 5 to 10 seconds and then relax. Do this exercise 10 times a day to regain muscle strength and it speeds up the wound healing process.
- Analgesic drugs[ibuprofen]may be given when required.
- Infrared heat is provided to relieve pain.
- Warm or cold shallow baths (sitz baths) may ease soreness and speed healing.
- The dressing is done by swabbing with cotton swabs soaked in antiseptic solution followed by application of antiseptic powder or ointment (Neosporin).
- Keep the incision clean and dry using the method your healthcare provider recommends. This is important after urination and bowel movements.
- Daily washing of perineum with warm water and mild soap to be encouraged.
- If bowel movements are painful, stool softeners may be helpful.
- Do not douche, use tampons, or have sex until your healthcare provider's advice.
- No strenuous activity or heavy lifting.
- The mother is allowed to move out of the bed after 24 hours. Prior to that, she is allowed to roll over on to her side or even to sit but only with thighs apposed.
- Mother should be taught to wipe the perineum from front to back to avoid contamination from the anal region.
- Explain/encourage practices such as changing the perineal pad after each voiding and bowel movement or at least four times a day,
- Removing the pad from front to back and hand washing to decrease the risk of infection and promote wound healing of episiotomy or repaired lacerations.[10]

Healing process assessment scale

REEDA SCALE

Secondary outcome measure used was REEDA scale for assessing the healing process .REEDA scale has a categorical score [0-3].That measure 5 components associated with the healing process .Each item is related on a scale of 0 - 3 and score may range from 0-15 . The lesser score indicate better healing. R- Redness E- Edema. E- Ecchymosis. D- Discharge. A- Approximation of wound edge.



A study was conducted on : Episiotomy related morbidity measured by redness, edema, ecchymosis, discharge and apposition scale and numerical pain scale among primiparous women in Mulago National Referral Hospital, Kampala, Uganda. A prospective cohort study was conducted by recruiting primiparous women systematically on their first postnatal day and categorizing them as an episiotomy and no episiotomy group. NPS and REEDA scale were taken at baseline and 2 weeks postpartum. The mean total REEDA score for primiparous women among the episiotomy group was significantly higher both on day 1 and day 14 with p-values <0.0001 and <0.0001 respectively as well as the day 14 mean NPS p-value 0.001.11

RISKS ASSOCIATED WITH PERINEOTOMY

Some possible risks of an episiotomy may include:

- Bleeding
- Tearing into the rectal tissues and anal sphincter muscle which controls the passing of stool
- Swelling
- Infection
- Collection of blood in the perineal tissues
- Dyspareunia.

CONCLUSION

Episiotomy is the second commonest surgical procedure in obstetric practice after the cutting of the umbilical cord at delivery. It can be defined as a surgical incision made at the perineum to widen the introitus and facilitate delivery. The rate of episiotomy was found to be 93.3% in primipara women and 30.2% in multipara women. So more research study is needed in the periniotomy care to enhance the awareness and knowledge among the postnatal mothers.

SOURCE OF FUNDING

Self (review article), No financial support was provided relevant to this article.

CONFLICT OF INTEREST

Have no conflict of interest relevant to this article.

ETHICAL CLEARENCE

Not required

REFERENCES

1. Inyang-Etoh EC, Umoiyoho AJ. The practice of episiotomy in a university teaching hospital in Nigeria: How satisfactory? Int J Med Biomed Res 2012;1:68-72.
2. Chigbu B, Onwere S, Aluka C, Kamanu C, Adibe E. Factors influencing the use of episiotomy during vaginal delivery in South-eastern Nigeria. East Afr Med J 2008;85:240-3.
3. Stuart C, Christoph L. Obstetrics by ten teachers, 18th ed. Arnold a member of the Hodder headline group, London; 2006: 220−254.
4. Pillitteri A. Maternal and Child health Nursing. 4th ed. Lippincott publishers, Philadelphia; 2003: 512−514.
5. Ali MR. Oleiwi S. Effectiveness of instruction-oriented intervention for primipara women upon episiotomy and self-perineal Care. Iraqi Science Journal of Nursing. 2010;23(2):8−17.
6. Dutta DC. Textbook of Obstetrics. 7th ed. Calcutta New Central Book Agency (P) LTD; 2007: 568
7. American College of obstetricians and gynaecologists. Episiotomy. Practice Bulletin No: 71. obstet Gynecol. 2006;107(4):956−962
8. Dutta DC. Textbook of Obstetrics. 7th ed. Calcutta New Central Book Agency (P) LTD; 2007:
9. [https://www.slideshare.net/JoisyJoy/epi-ppt-85729394]
10. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7664137/
11. Saxena RK, Singh SG, Babu KM, Bandol H, Sharma GV. Restricted use of episiotomy. J Obstet Gynecol India. 2010;60:408–12.