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A Comparative Study of Perineal Morbidity in Labour Natural Versus Labour Natural with Episiotomy

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ABSTRACT

Perineal trauma is a common event in labours, affecting up to 90% of first time mothers, leading to increase in requisition for elective cesarean delivery. A prospective study was held at IOG over a period of 10 months (November 14 to august 14) to determine the occurrence of perineal morbidity in women who delivered vaginally with an episiotomy versus those who delivered without episiotomy .330 patients were enrolled and classified as study (labour natural without episiotomy) and control (labour natural with episiotomy) by randomization.perenial lacerations were sutured with chromic catgut. The results are explicated with gravid, birth weight, distribution of lacerations, and involvement of anal sphincter complex and follow up, which concluded that episiotomy, does not offer protection against perineal lacerations.

KEYWORDS casearen, episiotomy, catgut, lacerations, anal sphincter

INTRODUCTION:
Perineal trauma is a common event in labours, affecting up to 90% of first time mothers, leading to increase in requisition for elective cesarean delivery. Various etiological factors are associated with perineal trauma such as large fetus, prolonged 2nd stage, instrumental delivery, and ethnicity.

AIM:
To determine the occurrence of perineal morbidity in women who delivered vaginally with an episiotomy versus those who delivered without.

METHOD:
A prospective study was held at IOG over a period of 10 months (November 14 to august 15). Out of 330 parturient enrolled in the study on documentation of full dilatation of cervix, excluding those with intrauterine demise, 165 patients delivered vaginally without episiotomy (study), 165 delivered vaginally with episiotomy (control) by randomization. All labours were carefully monitored with intermittent auscultation of fetal heart rate and partograph is plotted for everyone. Labour was augmented with oxytocin infusion if required. Good perineal and para urethral support at the time of crowning of head and during the delivery of the baby was given for the patients of both the groups. A mediolateral episiotomy given for control group. Perineum was then examined and if any laceration was noted, it was sutured if necessary, as per protocol (chromic catgut in three layers) .patients were followed up through phone and postal questionnaire for morbidities such as persistent pain, urinary symptoms.

RESULTS:
the perineal lacerations are examined in relation with various factors such as gravid, baby weight, its distribution, anal sphincter complex and suturing difficulty.

CHART1: Gravida wise distribution in the study group 27.27% were primis

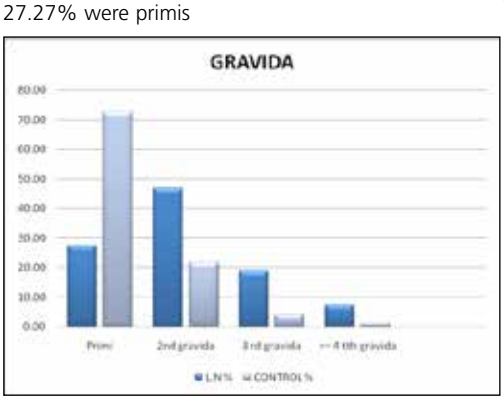
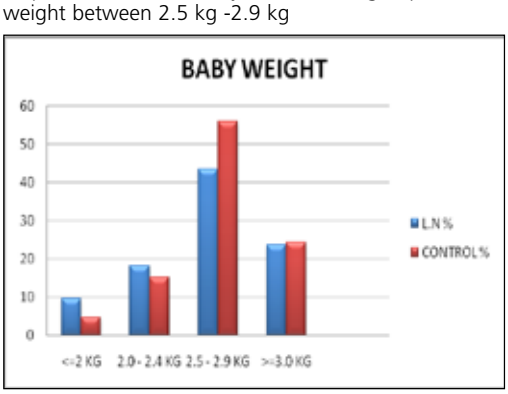


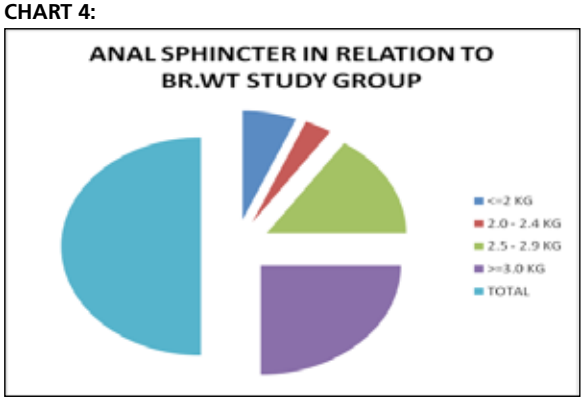
CHART 2: Birth weight wise distribution the majority of patients in both study and control groups had their baby weight between 2.5 kg -2.9 kg



In both study and control group there were no 4th degree perineal tears. In study group, 16.97% had no tears while 16.97% in control group had anterior and posterior tears in spite of episiotomy. In additions 30% in study group did not require suturing.4.24% in control developed anal sphincter tear. In the study group majority of patients with anal sphincter had their baby weight ≥3 kg (chart 3 &4).

CHART 3:

CHART 4:



In the study group 3 patients had no perineal support during their delivery (chart 5 &6).

CHART 5

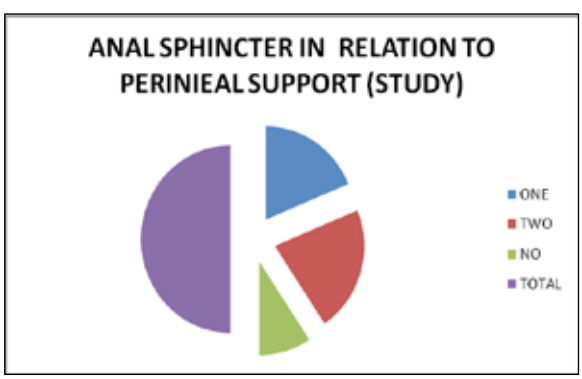
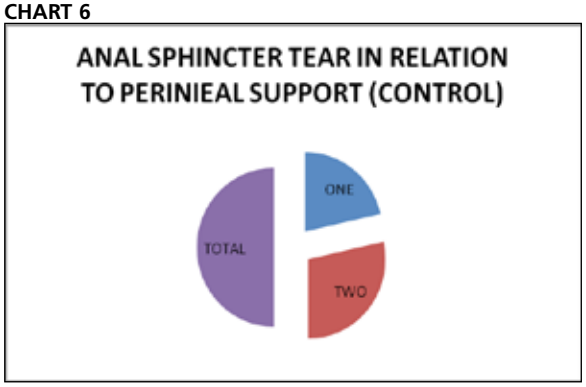
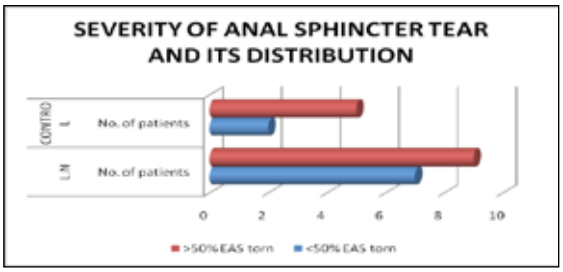


CHART 6



In this study 14 patients on the whole had > 50% of external anal sphincter torn during labour (chart 7)

CHART 7:



Out of 330 patients, 225 could be follwedup.the incidence of perineal pain after 1 week postpartum in this study was 14.56 %(study) Vs 69.67 %(control) (p=<0.05).this is statistically significant. Severe perineal lacerations in my study is 9.7 %(study) Vs 4.24% (control). Severe lacerations in multi is 5.45(study) Vs no tear (control).most of the patient with anal sphincter tear in control group had two support (chart 6 &7).

CONCLUSION:

The short term perineal morbidity in parturients who delivered without an episiotomy is definitely less than those who delivered with an episiotomy indicating that perineal pain is more and severe with increased perineal trauma. Episiotomy does not protect the anal sphincter complex .Prudent clinical judgment should dictate the necessity for an episiotomy. Severe perineal lacerations are associated with large babies, short 2nd stage of labour, lack of perineal support, rigid perineum and instrumental delivery. Diverse rate of episiotomy in different countries suggest that the practice of episiotomy is not always justified. Ideally a dedicated perineal dysfunction clinic should be set up for follow up.

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