

Comparative study of selective versus routine mediolateral episiotomy

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Objective is to determine the percentage of primigravidae delivering episiotomy 370 uncomplicated primigravidae with singleton pregnancy and cephalic presentation were randomly allocated in to two groups as selective and routine groups. Mediolateral episiotomy was performed only when it was necessary to women among selective group and it was given routinely to all women in the routine group. The principal outcome measure of the research was detection of episiotomy rate achieved among the selective group without any adverse effects to the mother and the foetus. In addition posterior and anterior perineal tears, immediate post partum pain, haematoma formation, wound infection, dyspareunia and urinary incontinence too were compared. Episiotomy rate in selective group was 31.9 percent (95 percent CI 25.2-38.6). There was significant tear rate (70.7 percent) in selective group than routine group (36 percent). However, there were 29.3 percent of women in selective group remained with intact perineum. Anterior and combined tears were significantly higher in routine group while posterior perineal tears were significantly higher in selective group. 1st degree tears were higher in routine group than selective group significantly. On the other hand 2nd degree tears were higher in selective group. 1st degree tears were commonest in both groups than other degree tears. There were 2 cases of 3rd degree tears in selective groups but they were not common in both groups. Immediate post partum pain was significantly higher among women in routine group. 50 percent of women in routine group had pain score more than six. There was no significant difference of dyspareunia and stress urinary incontinence in both groups. Introduction of a policy of selective episiotomy can safely reduce the episiotomy rate among primigravidae with spontaneous onset of labour during the period of gestation of 37 to 42 weeks as significant number of women remained with intact perineum without any injuries. Selective use of episiotomy would increase posterior perineal tears significantly. However, our research showed majority of them were 1st degree tears. Routine use of episiotomy prevents posterior tears significantly but it does not prevent anterior and combined (posterior and anterior) tears significantly. Selective use of episiotomy does not increase the 3rd and 4th degree perineal tears. Combined tears are common when birth weight of the foetus increases irrespective of the episiotomy. Selective use of episiotomy decreases the immediate post partum pain. Infections, haematoma formation, dyspareunia and stress urinary incontinence do not depend on routine and selective use of episiotomy.