

# Midwives' Perceptions, Experience and Reasons for Routine Episiotomy in Maternity Teaching Hospitals - Khartoum State-Sudan

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## Abstract

**Background:** Midwives have a crucial role in caring for women with normal labor. Routine episiotomy has no benefit and its use is not scientifically supported. Understanding midwives' perception and experiences would target the situation. This study aimed to explore midwives' perceptions, experience and reasons for routine episiotomy.

**Methods:** A cross-sectional exploratory study was conducted in three maternity teaching hospitals in Khartoum state on 85 midwives recruited randomly and consented to take part in the study. A questionnaire was constructed for the purpose of the study, and data were collected by interview with midwives, on reasons for and rate of episiotomy and perceptions of midwives were recorded on a Likert scale. Suitable statistical methods were used.

**Results:** A high percentage of the study participants 64(75.4%) were nurse midwives had a midwifery certificate. With long years of experience more than ten years 54 (63.5%). The rate of episiotomies was high 73(85.9%). The midwives reported nine clinical reasons, mainly prevent complications, Prevents the perineum tears and helping birth (93%, 90%, 84.7%) respectively. Midwives perceived that; episiotomy "speeds up the second stage of labor", "prevent perineal tears and urinary and fecal incontinence", "Reduces fetal and maternal distress", shoulder dystocia complications, bleeding, labor pain, instrument-assisted delivery and allow for easier suturing". There was a significant correlation between Midwives practice and their education with, P value = .001.

**Conclusion:** The rate of routine episiotomy was high with Midwives misleading perspectives and views

**Keywords:** *Episiotomy, Midwives, Perception, Primigravida.*

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## Introduction

Midwives have a crucial role in caring for women with normal labor. Routine episiotomy has no benefit and its use is not scientifically supported.

Episiotomy is a surgical incision of the perineum performed in the second stage of labor.<sup>1</sup> Until recently, the procedure was performed routinely on almost all primigravida women who delivered in hospitals.

Now, many recognize that episiotomies are usually unnecessary, and its rates are dropping, though not as quickly as they probably should be.<sup>2</sup>

Traditionally, midwives have used episiotomies with the opinion that it will lessen perineal trauma, minimize postpartum pelvic dysfunction by reducing anal sphincter muscle damage, reduce the loss of blood during delivery and protect against neonatal trauma. While all these are advantages ascribed to the use of episiotomy over the years, studies however have shown that episiotomy itself can cause all these problems.<sup>3</sup> Other complications of episiotomy can include infection, swelling, wound closure complications, localised pain and the possibility of short-term sexual dysfunction.<sup>4</sup>

In developing countries, routine episiotomy remains midwives' common procedure during child birth. The midwives indicated that episiotomy was performed routinely to primigravida to prevent third degree laceration. Also, it appears that many episiotomies are still being performed because people who were trained in the past when routine episiotomy was standard have not changed their practices and then pass to younger midwives.<sup>5</sup>

Routine episiotomies are very common; both in under-resourced settings and in some developed countries.<sup>6</sup> Episiotomies have been associated with an increased risk of severe perineal trauma and can also significantly increase the risk of anal sphincter tears rather than reducing this complication.<sup>7</sup> The incidence of anal sphincter injuries was shown to be higher in patients undergoing a routine episiotomy, compared to patients who underwent a selective episiotomy according to certain criteria, including the state of the perineum (normal or tight), the size of the baby and the length of the second stage of labor. Selective episiotomy is more useful intervention than routine episiotomy in protecting the anal sphincter when

delivering a primiparous lady.<sup>8</sup> Cochrane Review article regarding episiotomies for vaginal birth showed that, compared with routine use, restrictive use of episiotomies resulted in less severe perineal trauma and suturing as well as fewer healing complications.<sup>9</sup>

Episiotomy contributes to postnatal morbidity in terms of higher rates of perineal pain, depression and abnormal sexual functioning after childbirth, compared with women without episiotomy.<sup>10</sup> Researchers reported that; routine use of episiotomy leads to increased risk of anterior perineal trauma.<sup>11</sup>

The evidence does not support maternal benefits traditionally ascribed to routine episiotomy. Outcomes with episiotomy can be considered worse since some proportion of women who would have had lesser injury instead had a surgical incision. The evidence is clear: Routine use of episiotomy is not supported by research and should stop.<sup>12</sup>

World Health Organization (WHO) has taken a clear stand against the routine use of episiotomies<sup>5</sup>. Clinical guidelines regarding intra partum care recommend that episiotomies should only be performed if there is a clinical need, such as during an instrumental vaginal birth or in cases of suspected fetal compromise.<sup>13</sup> Routine use of episiotomy is not recommended for women undergoing spontaneous vaginal birth.<sup>14</sup>

Episiotomy rates around the world is differed, and considerable variations in percentages of the use of routine episiotomy exist between countries, within countries, and even within the same professional provider group, its routine use have been contested for more than two decades and studies have shown that there is a steady decline in the routine use of episiotomy among midwives.<sup>15</sup>

In some developed countries such as the US, episiotomy rates have significantly declined in the

last three decades—from 60.9% in 1979s to 24.5% in 2004.<sup>16</sup>

In the Middle East episiotomy rates remain high despite the dearth of literature and data. Some descriptive studies reported high rates of routine episiotomy in Jordan (60%), Lebanon (62%), and the UAE (64%). Changing the clinical practice from liberal to restrictive episiotomy, decrease the prevalence from 64% in 2006 to 52.2% in 2007, which further declined to 22.4% in 2008.<sup>17</sup>

Episiotomy at the first vaginal delivery significantly and independently increased the risk of repeated episiotomy and spontaneous perineal tears in a subsequent delivery: 23.9% of the women, who experienced routine episiotomy at a previous pregnancy, have had an episiotomy at the subsequent delivery and a 23% increased risk of perineal tears at the subsequent delivery.<sup>18</sup>

According to the International Confederation of Midwives, midwives should hold the responsibility of determining and performing episiotomies.<sup>19</sup>

Research evidence shows that; routine episiotomy is widely used, and a lot of women especially the primigravida are afraid of delivery in an established hospital due to fear of routine use of it.<sup>20</sup> A study conducted in Kurdistan reveal that: majority of midwives (88.7%) thought that the rate of episiotomy was high in their hospitals that were attributed to five factors.<sup>21</sup>

A study conducted in Oman stated that, 26% do routine episiotomy and 68 % perform it within seven days, and one of the reasons to do it to prevent tears 69% study.<sup>22</sup>

Other study illustrates the main clinical reasons reported by midwives for performing an episiotomy were: macrosomia/large fetus (38, 71.7%), breech

delivery (31, 58.5%), shoulder dystocia (29, 54.7%), anticipated perineal tear (27, 50.9%) and fetal distress (27, 50.92%).<sup>23</sup>

Evidence not support routine episiotomy as seen in a study in Iran, which compared a restrictive episiotomy group with a routine group, the rate of maternal short-term complications such as perineum laceration and pain severity was reported to be less in the restrictive group than the routine group.<sup>24</sup>

In another study most common midwife-reported reason for episiotomy among women was primiparity (55.1 %) All women with episiotomy sustained at least a second-degree perineal tear versus 27.1 % among women without episiotomy.<sup>25</sup>

In Cambodia a study reveals that; episiotomy performed with high rate (94.5%), due to various reasons include, fear of perineal tears and lack of time in overcrowded delivery rooms.<sup>26</sup>

The same reason was cited in a study about quality of maternity care practices among skilled birth attendance that performed an episiotomy in order to accelerate the delivery, given the high number of women in the labor ward.<sup>27</sup>

Another study reveals that episiotomy rates range from 20.8% to 54.9%.<sup>28</sup>

Midwives-reported reason for episiotomy among women was primiparity and all women with episiotomy sustained at least a second-degree perineal tear versus 27.1 % among women without episiotomy.<sup>29</sup>

In Sudan episiotomy rate was high among primigravida with FGM or not were (96% and 94% respectively).<sup>30</sup>

The rate of episiotomy remains high in the developing countries. Although the evidences not support the benefit of it and the WHO recommended

the restriction of the use of routine episiotomy.

Sustainable developmental goal focus on the reduction of maternal mortality and enhance the quality of life. An important step in the reduction of episiotomy rates is analysis of the reasons behind the use of an episiotomy.<sup>31</sup>

In Sudan dearth of literature and data exist, sound understanding midwives' perception and experiences would target the situation.

This study was conducted in order to identify perceptions, reasons and experiences of routine episiotomy on primigravida among midwives.

### Material and Methods

A descriptive cross-sectional study was conducted between July and September 2018 in three governmental maternity teaching hospitals. Midwives who had worked in the delivery rooms of these hospitals for at least one year were recruited in the study (n = 85). Data were collected through interviews with midwives as well as via a questionnaire constructed for the purpose of the study after informed consent was obtained and purpose of the study was explained to each midwife during personal interview. The questionnaire sought to determine: midwives' demographic characteristics; perception and experience for performing episiotomies questions on practice, and respondents' perceptions of episiotomy. A relationship with midwives' demographic characteristics; these included the midwives' number of years of experiences in the delivery room and their level of education. Data were analysed and suitable descriptive and inferential Statistic was used, with  $P$  value  $<0.05$  was considered

statistically significant.

### Results

The socio-demographic results. More than half of the respondents their age more than 40 years (57.7 %). The vast majority of the respondents were nurse midwives (had certificate of midwifery) 64(75.3%) .More than two third of the respondents had long experiences more than 10 years 54(63.5%). Seventy three midwives (85.9%) performed episiotomy routinely for primigravida. Episiotomy was conducted in the last week by 58 midwives (68.0%). Table 1.

The routine practice of episiotomy was believed by 67(78.8%), However, the most common reason stated by them, for performing routine episiotomy to prevent complications" (93%). Table 2

Perception of the midwives towards routine episiotomy among primigravid women. Illustrate that, Majority of the respondents (87 %) agree that, routine episiotomy to primigravid mothers speeds up the second stage of labor. Most of them agreed with the perception that routine episiotomy will prevent perineal tear (84.6 %), prevents urinary and fecal incontinence (88.2%) , fetal distress (88%), reduces maternal distress (88.2%) , helps in the reduction of complications encountered during shoulder dystocia (90.7%) and reduces the bleeding (88.2%). Table 3.

There is significant Correlation between Midwives practice Routine episiotomy to primi gravidas and their education with  $P$  value = .001.

But there is no significant Correlation between Midwives practice Routine episiotomy to primi gravidas and duration of their work in labor room or midwives age with  $P$  value  $>0.05$ .

**Table 1. Socio-demographic characteristics and routine episiotomy practice among participants.**

N = 85	Freq	%
Age < 30	21	24.7
30-39	15	17.6
40-49	26	30.6
>50	23	27.1
Education Certificate	64	75.3
Bachelor	21	24.7
Years of experience <5	21	24.7
5-10	10	11.8
>10	54	63.5
Performed episiotomy as routine on primigravidae	73	85.9
Performed episiotomy as routine on primigravidae in the last 7days	58	68

**Table 2. Reasons provided by participants about routine episiotomy on primigravidae n=85**

N = 85	frequency	%
prevent complications	79	93
As routine for primi gravida	67	78.8
Prevent delaying and keeping time.	57	67.1
Helps in suture and repair properly	53	62.4
Helping birth	72	84.7
Prevents the perineum tears	77	90.6
Prevent bleeding	25	29.4
Prevent fistula	13	15.3
Prevent fetal injury	4	4.7

**Table 3. Perception of the midwives towards routine episiotomy among primigravid women n=85**

Items (Routine episiotomy in primi gravidae)	Strongly agree %	Agree %	Neutral %	Disagree%	Strongly Disagree%
Speeds up the second stage of labor.	52.9	34.1	1.2	7	4.8
Reduces the risk of spontaneous perineal tearing of 2nd and 3rd degree	61.1	23.5	10.6	2.4	2.4
Prevents subsequent pelvic floor dysfunction	30.6	18.8	14.1	30.6	5.9
Prevents urinary and fecal incontinence	67	21.2	2.4	7	2.4
Helps to prevent fetal distress	69.4	17.6	7	4.8	1.2
Helps to prevent maternal distress.	64.7	23.5	2.4	8.2	1.2
Reduce the complications encountered during shoulder dystocia	67.1	23.6	2.3	4.7	2.3
Reduces labor pain	42.4	21.2	8.2	18.8	9.4
Reduces the bleeding rather tearing	60	28.2	2.4	8.2	1.2
Help in easy suturing rather tear.	43.5	25.9	5.9	22.4	2.3
Prevent the mother to go for instrumental delivery	42.4	29.3	3.5	18.8	7
Average	78.8		5.5	15.7	

### Discussion

In this study, the rate of routine episiotomy on primigravida was high as stated by (85.9%) of midwives, although a little decrease found when compared to the study conducted in Sudan before, among primigravida who had FGM or not were (96% and 94%) respectively.<sup>30</sup>

Also goes with the thought of (88.7%) midwives in similar study<sup>21</sup>. And what stated by the study in Cambodia that episiotomy was performed with high rate (94.5%).<sup>26</sup>

But the rate of routine episiotomy in this study, higher when compared to the study conducted in Oman, only 26% do routine episiotomy.<sup>22</sup> This may be due to variation in level of education of midwives. But in this study, routine episiotomies performed on primigravida in last 7 days, was 68 %, this result is consistent with 66.0% involved episiotomies in other study.<sup>22</sup> This clearly indicate, a lack of awareness among care providers. A high rate of episiotomy prone women to unnecessary harms and suffering, in the current study, the midwives reported different numbers of not supported reasons for performing episiotomy as, Prevent delaying and keeping time

reported by (67.1%) which agree with what reported by midwives in Jordan, that insufficient time to wait for the perineum to stretch (56.6%) as a reason for doing it.<sup>25</sup> In Cambodia a study reveals that; lack of time in overcrowded delivery rooms, a reason for doing it.<sup>26</sup> The same reason was cited in a study about quality of maternity care practices among skilled birth attendants, that mention, episiotomy was performed in order to accelerate the delivery, given the high number of women in the labor ward.<sup>27</sup>

Another reason stated by the majority of participants in this study was preventing the perineum tears (90.6 %) which agree with the study that, stated midwives performed it when anticipated perineal tear (50.9%).<sup>23</sup>

Also, in another study that reveals; episiotomy performed because of fear of perineal tears.<sup>26</sup> And other did agree with the reduction of risk in spontaneous perineal tearing 69% in Oman study.<sup>22</sup>

Other reasons stated by midwives in this study were (Prevent complications 93 %, as routine for primi gravida 78.8 % and Helping birth 84%) which were more than what mentioned by midwives of Oman study regarding (Prevent complications 80.3 %, as routine for primi gravida 29.6 % and Helping birth 49.3%) respectively.<sup>22</sup>

Helps in the suture and repair properly stated by 62.4 % in this study, which was more than what mentioned by midwives in Oman (46.5%).<sup>22</sup>

Also, other common midwives-reported reason for episiotomy among primiparous women was primiparity (55.1) which agree with the study that stated, midwives-reported reason for episiotomy among primiparous women was primiparity.<sup>29</sup>

In this study correlation between Midwives practice routine episiotomy to primi gravidas and

their education was found, which agree with other study.<sup>24</sup> Also supported with the study of Midwives' Clinical Reasons for Performing Episiotomies in the Kurdistan, which mention that the midwives' education, experience and knowledge influence their decisions on episiotomy practice.<sup>20</sup>

In this study, majority of midwives had wrong beliefs towards episiotomy, which illustrated by their perception statements "episiotomy is a routine procedure"; "routine episiotomy will prevent perineal tear"; and "helps in easy suturing than suturing a tear". The extent of agreement with these perceptions demonstrates that, there is a lack of awareness on episiotomy and evidence practice, which consistent with the study in Oman.<sup>22</sup>

## Conclusion

Rate of routine episiotomy was high. Most midwives -reported reasons that are not supported by evidences and a large number of them had a misleading perception towards episiotomy. The study strongly **recommended** the implementation of episiotomy protocols and educational programs to change episiotomy practice. Parallel with health educating the pregnant women about birthing practices through antenatal classes this should be implemented to guarantee the practice among the community.

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**Ethical Clearance:** The research was submitted after permission was taken from the faculty of nursing sciences University of Khartoum. Official permission was obtained from authorities in the study setting to carry out the study. The study purpose was discussed to all participants then obtaining their consent, they were free to withdraw at any time without any retribution, and confidentiality of the participants and their data was kept.

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