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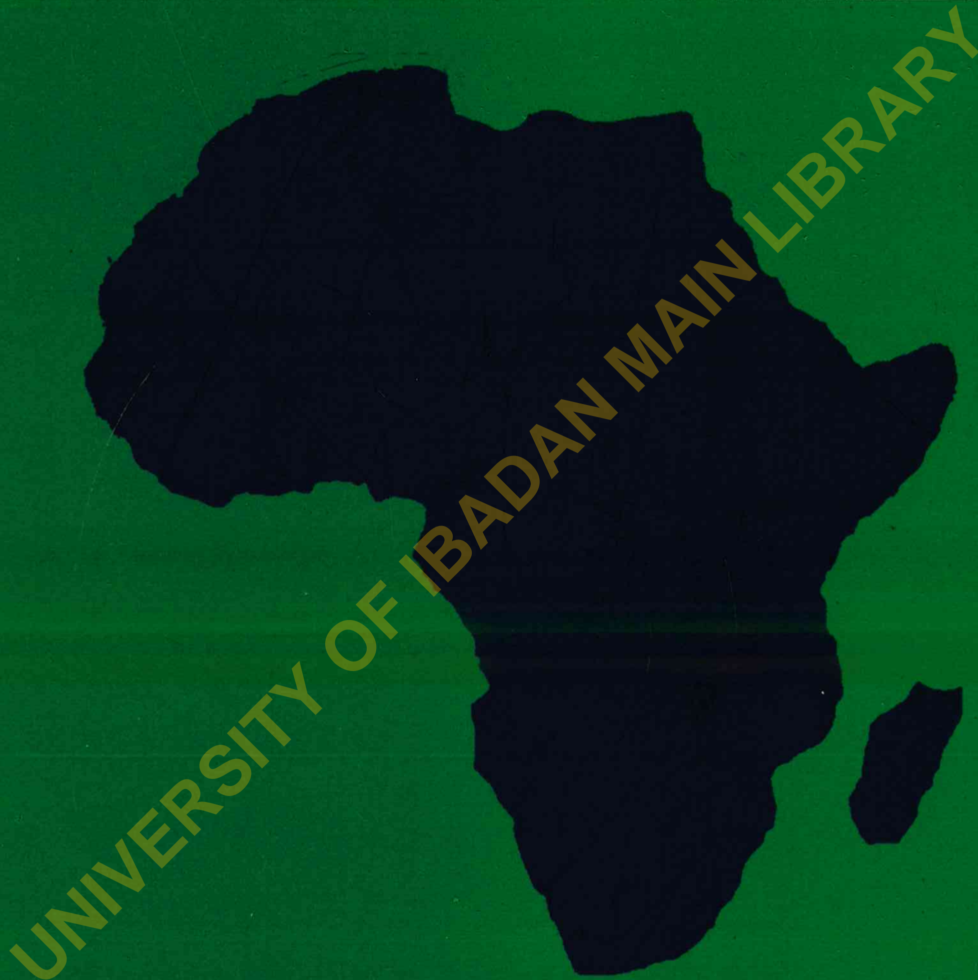

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Perception, experience and care of episiotomy among post natal women attending selected health facilities in Ibadan, Nigeria

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Abstract

Background: Episiotomy is a deliberate cut given on the perineum to widen the vaginal opening for the delivery of an infant but it is sometimes misused. The study aimed at determining the perception, experience and care of episiotomy among postnatal women.
Methods: This descriptive study was carried out in one selected tertiary, secondary and primary health care facility respectively in Ibadan. Purposive sampling techniques was used to select 219 participants. Data was collected using a self-structured questionnaire with reliability of 0.81 after obtaining ethical approval and informed consent. Two hundred (200) questionnaires were suitable for data analysis. Data were analysed using descriptive statistics and hypotheses were tested using chi-square at $p<0.05$.
Results: One hundred and seventeen (58.5%) of the respondents were between ages 28-37 years with a mean age of 29.7 years. A total of 108(54.0%) of the respondents had experienced episiotomy. Informed consents were not obtained from most of the respondents before episiotomies were performed on them. Also, 78(72.2%) affirmed that they experienced pain and discomfort from episiotomy with 31 (28.7%) admitting that the pain affected their ability to care for their babies while 16 (14.8%) affirmed that the experience also resulted in discomfort during sexual intercourse. Furthermore, 92(85.2%) out of the 108 claimed that they were given information on the care of episiotomy after the procedure and thus, were able to use the various methods of episiotomy care effectively without any complications.
Conclusion: Episiotomy rate in this study was higher than the recommended evidenced-based rate for optimum care. Therefore, efforts should be made to reduce the rate at which episiotomies are performed by health workers on parturient mothers. In addition, women should be given appropriate information on episiotomy.

Keywords: *Episiotomy care, experience, perception, postnatal women*

Résumé

Contexte : L'épisiotomie est une coupure délibérée sur le périnée destiné à élargir l'ouverture vaginale lors de l'accouchement, mais elle est parfois mal utilisée. L'étude visait à déterminer la perception, l'expérience et les soins de l'épisiotomie chez les femmes postnatales.
Méthodes : Cette étude descriptive a été réalisée dans un établissement de soins de santé tertiaire, secondaire et primaire sélectionné à Ibadan, respectivement. Des techniques d'échantillonnage par choix ont été utilisées pour sélectionner 219 participantes. Les données ont été collectées à l'aide d'un questionnaire auto-structuré avec une fiabilité de 0,81 après avoir obtenu l'approbation éthique et le consentement éclairé. Deux cents (200) questionnaires étaient appropriés pour l'analyse des données. Les données ont été analysées à l'aide de statistiques descriptives et les hypothèses testées à l'aide du chi-carré à p <0,05.
Résultats : Cent dix-sept (58,5%) des répondantes étaient âgés de 28 à 37 ans et avaient un âge moyen de 29,7 ans. Un total de 108 (54,0%) des répondantes avaient eu une épisiotomie. Les consentements éclairés n'ont pas été obtenus de la plupart des répondants avant l'épisiotomie. De plus, 78 (72,2%) ont déclaré souffrir de douleur et déconfort à cause de l'épisiotomie et 31 (28,7%) ont admis que la douleur affectait leur capacité à prendre soin de leur bébé, tandis que 16 (14,8%) ont affirmé que l'expérience avait également provoqué une gêne pendant les rapports sexuels. En outre, 92 (85,2%) des 108 ont déclaré avoir reçu des informations sur les soins de l'épisiotomie après la procédure et pouvaient ainsi utiliser efficacement les différentes méthodes de traitement de l'épisiotomie sans complications.
*Conclusion :*Le taux d'épisiotomie dans cette étude était supérieur au taux recommandé basé sur la preuve pour des soins optimaux. Par conséquent, des efforts devraient être faits pour réduire le taux d'épisiotomies par les agents de santé sur les mères parturientes. De plus, les femmes devraient recevoir des informations appropriées sur l'épisiotomie.

Mots-clés: *Episiotomie, expérience, perception, femmes postnatales*

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Introduction

The use of episiotomy at vaginal birth has long been part of the traditional procedure of midwives and obstetricians as introduced by Joseph DeLee in 18th century [1]. However, recent evidences shows that routine episiotomy did not improve maternal and neonatal outcomes, rather, it is a perineal trauma associated with short and long term morbidity for women with vaginal delivery which impact her quality of life and make her birth experience more traumatic [2].

Episiotomy is a surgical incision of the perineum performed to widen the vaginal opening for the delivery of an infant [3]. It is also described as a surgical incision through the perineal tissue that is designed to enlarge the vulva outlet during delivery and to minimize the risk of severe spontaneous, maternal trauma as well as expedite the birth when there is evidence of foetal compromise [4]. Although episiotomy has become one of the most commonly performed surgical procedures in the world, it was introduced without strong scientific evidence for its effectiveness [5, 6] and had since be adopted as a standard practice worldwide. However, over the last several decades, there has been a growing body of evidence that episiotomy does not provide these purported benefits, rather, it is associated with pain and discomfort which often interferes with basic daily activities for the woman such as walking, sitting and passing urine and also negatively impacts on motherhood experiences [7] and may contribute to more severe perineal lacerations and future pelvic floor dysfunction [3, 8].

The incidence of the procedure varies greatly throughout the world, in different hospitals and around the country, but in overall, about 70% to 80% undergo episiotomy during first vaginal delivery [9, 10]. Approximately 70% of women who have a vaginal birth will experience some degree of damage to the perineum, due to a tear or cut (episiotomy), and will need stitches [11]. This damage may result in perineal pain during the first few weeks after the birth, and some women experience long-term pain and discomfort during sexual intercourse. However, the prevalence of episiotomy is not the same in different countries; Asian race are presumed to have smaller and tighter perineum, so the routine episiotomy may reduce the risk of perineal tearing during delivery [12]. Episiotomy was performed in approximately 63% of all deliveries in the USA, with higher rates among women experiencing their first childbirth [13]. The incidence of episiotomies has been on the decline, from nearly 2 out of 3 vaginal births in 1979 to less than 1 in 5 in 2004 [14].

Despite this decline, obstetricians and midwives continue to over use this procedure ten times more often than is called for [3,15], and the practice of routine or selective episiotomy is still rampant in some countries and mostly in developing nations such as Nigeria [9].

Studies have shown that episiotomies were more common among women who had delivery for the first time than women who have delivered twice or more before (55% vs 12%) [14, 15]. Two types of episiotomy have been described, median and mediolateral. The mediolateral episiotomies are rarely associated with anal-sphincter lacerations. Therefore, it is more commonly practiced in the developing parts of the world [16].

The practice of routine episiotomy during hospital deliveries has been shown to be the principal risk factors for severe tearing during delivery, infection, loss of sexual pleasure and incontinence, all of which can be prevented [17]. In addition, women who had been subjected to episiotomies have pain experience and wound healing problems which was approximately two times higher than those who do not receive episiotomy [18, 19].

In recent times, there has been a great opposition to the routine use of episiotomy and it has become unacceptable in modern obstetric or midwifery practice [3, 20]. Even the World Health Organization has taken a stand against routine episiotomy especially among primiparae. In addition, the idea that episiotomy prevents third and fourth degree tears of the perineum or protects the pelvic floor has been repeatedly disapproved [21].

Although, episiotomy reduces duration of the second stage of labour which may be important for maternal reasons (e.g., hypertensive state) or foetal reasons (e.g., persistent foetal bradycardia), but the pain and discomfort associated with its use can interfere with mother-infant interactions and the reestablishment of parental sexual intercourse.

The risks associated with episiotomy have been identified. They are: increased maternal blood loss, increased postpartum pain and increased dyspareunia and opined that most women do not understand the indication for the relevance of episiotomy and even how to care for the incision during the postpartum period. Although, it is vital to give episiotomy in some situations, most women are not well informed and prepared for the procedure; hence, they may be generally dissatisfied with the birth experience. It is important to ensure that, before

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any surgical procedure is performed, the client must be duly informed about the reason for the intervention and her informed consent gained. This study sought to determine the perception, experience and care of episiotomy among post-natal women attending selected health facilities in Ibadan.

Materials and methods

The study adopted a cross-sectional descriptive design to determine the perception, experience and care of episiotomy among postnatal women. The study was conducted across the three levels of health care system, namely: University College Hospital (UCH), Adeoyo Maternity Teaching Hospital and Primary Health Centre, Ojoo. One facility was chosen at each level of health care based on client flow. Respondents were selected also using purposive sampling, thus, only mothers who had previous delivery and were attending the postnatal/ infant welfare clinic were recruited to participate in the study. The total of 219 respondents were recruited for the study while the exclusion criteria are women who never had a vaginal delivery.

A 50-item validated structured questionnaire was used for data collection. The instrument has four sections: Section A elicited data on socio demographic characteristics of the respondents. Section B contained items on their obstetric history. Section C was made up of items on perception of episiotomy, while section D sought information about the experience and care of episiotomy among the women. The validity of the questionnaire was established through face and content validity criteria. Test-retest reliability was used to determine the reliability of the instrument. The instrument was administered on 10 mothers at State Hospital, Ring road, Ibadan Oyo State twice within 3 weeks interval.

The result was correlated using Spearman rho correlations with coefficient of 0.81. Ethical clearance for the study was obtained from UI/UCH Ethical Review Committee with assigned number UI/ EC/13/0286. The study complied with the ethical requirements of the various institutions used. Only mothers who consented to participate in the study were recruited. Participation was made voluntary and the right of any participant to withdraw from the study at any stage without any adverse consequences on the care they receive in the clinic was stressed to them. A total of 200 questionnaires were retrieved out of 219 distributed, giving a response rate of 92.2%.

Data generated were analyzed using descriptive and inferential statistics. Descriptive statistics include frequency tables, percentages and charts.

Results

Socio-demographic characteristic

Out of the 200 respondents that were studied, 117 (58.5%) were between 28 and 37years while 18 (9.0%) are 37years and above. Majority of the participants are married 197 (98.5%). A total of 163 (81.5%) of the respondents were from Yoruba ethnic group, while 76 (38.0%) of the respondents had Polytechnic education. Seventy (35.0%) were self-employed while 62 (31.0%) were unemployed.

The obstetric history reveals that 90 (45.0%) of the respondents have just had a child. Up to 64 (32.0%) had two children, 31 (15.5%) had 3 children, while just 15 (7.5%) had four or more children. The mode of first delivery for 164 (82.0%) of the respondents was spontaneous vaginal delivery.

Table 1: Socio-Demographic Characteristics of Respondents

Variables age in years	Frequency (n= 200)	Percentage (100%)
18-27	65	32.5%
28-37	117	58.5%
>37	18	9.0%
Marital Status		
Married	197	98.5%
Single	3	1.5%
Occupation		
Civil Servants	68	34.0%
Self Employed	70	35.0%
Unemployed	62	31.0%
Ethnic Groups		
Yoruba	163	81.5%
Ibo	29	14.5%
Hausa	8	4.0%
Educational Status		
No formal education	3	1.50%
Primary Education	9	4.50%
Secondary Education	56	28.00%
Polytechnic Education	76	38.00%
University Education	56	28.00%
Number of child/children		
1	90	45.0
2	64	32.0
3	31	15.5
>4	15	7.5
Mode of first delivery		
Spontaneous vaginal	164	82.0
Assisted	11	5.5
Caesarean section	19	9.5
No response	6	3.0

Perception of respondents about episiotomy

The perceptions of respondents concerning episiotomy as stated in table 2 show that 109 (54.5%)

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of the respondents agreed that not all episiotomies given to a woman during delivery are necessary. Similarly, 170 (85.0%) affirmed that most women would have had safe delivery even without episiotomy. Feelings of pains and discomforts after episiotomy affect women's activities of daily living as claimed by 125 (62.5%). Up to 186 (93.0%) of respondents attested that self-perineal care instruction should be given to women by midwives during antenatal visits. Up to 190 (95.0%) respondents stated that if proper perineal care is done, it will aid effective healing and decision to perform episiotomy during child birth should be based only on attending midwives' discretion 141 (70.5%).

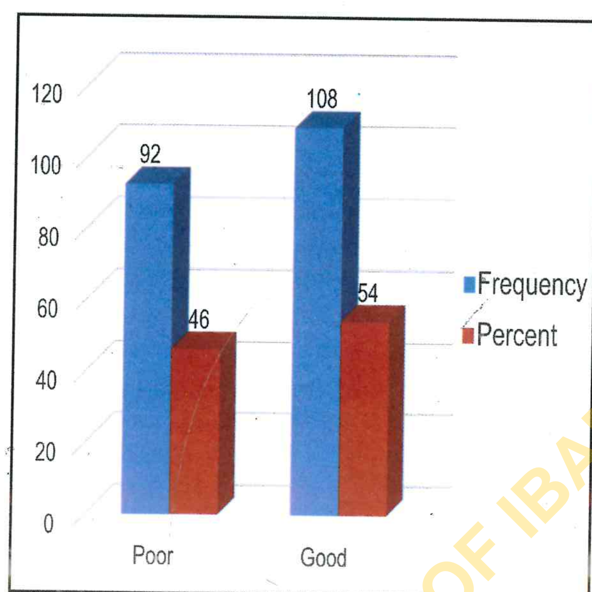

Fig. 1: Respondents' Level of Perception

Figure 1 shows that 108 (54.0%) of the respondents had a good perception of episiotomy whereas 92 (46.0%) had a poor perception towards episiotomy.

Respondents' episiotomy experience

Table 3 reveals respondents episiotomy experience. Out of the 200 respondents studied, 108(54.0%) had experienced episiotomy, while 92 (46.0%) had never experienced the procedure. Of those who had experienced episiotomy, 50 (46.3%) indicated that the reason for their experience of episiotomy was due to big nature of their babies. Other reasons mentioned were risk of perineal tear/rigid perineum 37(34.3%) among others. Fifty-nine (54.6%) of the respondents said informed consent was not obtained from them before they were subjecting them to episiotomy procedure but 47(43.5%) said their consent was sought.

Furthermore, table 4 shows that 78 (72.2%) of the respondents positively affirmed that they experienced pain and discomfort related to episiotomies they undergone. In the same vein, 69 (63.9%) of the respondents did not agree that their experience of pain and discomfort from episiotomy interfered with caring for their babies. Similarly, 63.9% also disagreed that the pain and discomfort from episiotomy interfered with sexual pleasure during intercourse.

Care of Episiotomy by Respondents

Episiotomy care methods utilized by respondents presented on table 5 shows that most 92 (85.2%) of

Table 2: Perception of respondents regarding episiotomy

Perception	Agree (%)	Disagree (%)	Undecided (%)
Episiotomy is sometimes given to a woman when it is not needed	109(54.5)	60(30.0)	31(15.5)
Many women would have had a safe delivery without episiotomy	170(85.0)	11(5.5)	19(9.5)
Episiotomy is very necessary for first time mothers	58(29.0)	123(61.5)	19 (9.5)
If a woman is to be given episiotomy she should be duly informed	110(55.0)	76 (38.0)	14(7)
Episiotomy distorts a woman's self esteem	84(42.0)	86(43.0)	30(15.0)
Feelings of pains and discomforts from episiotomy affects a woman's activities of daily living	125(62.5)	53(26.5)	22(11)
Most women do not enjoy sex after episiotomy	41(20.5)	106(53.0)	53(20.5)
It is better to have a natural tear than episiotomy	53(26.5)	110(55.0)	37(18.5)
Episiotomy doesn't heal on time compared to natural tear	35(17.5)	101(50.5)	64(32.0)
Self-perineal care instructions should be given to women by midwives	186(93.0)	4(2.0)	10(5)
If proper care is done, it will aid effective healing	190(95.0)	5(2.5)	5(2.5)
Pain relief measures should be given to women after episiotomy	185(92.5)	8(4.0)	7(3.5)
Decision to perform episiotomy during child birth should be based only on attending midwives discretion	141(70.5)	41(20.5)	18(9)

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Table 3: Respondents' respondents' experience of episiotomy and reasons for episiotomy

Experience of episiotomy	Frequency N=200	Percentage (%)
Ever had episiotomy		
Yes	108	54.0
No	92	46.0
Reasons for Episiotomy	*Frequency N=108*	*Percentage (%)*
Big baby	50	46.3
Fetal distress	7	6.5
Assisted/instrumental baby	10	9.3
Risk of perineal tear/Rigid Perineum	37	34.3
Breech delivery/Face Presentation	3	2.7
Maternal exhaustion	1	0.9

Table 4: Episiotomy and Childbirth Experience

Episiotomy experience	Frequency	Percent (%)
Episiotomy made child birth experience	*n=108*	
Better	66	61.1
Worse	8	7.4
Not pleasurable	25	23.1
Faster	1	0.9
Had epidural	1	0.9
No response	7	6.6
Ways in which episiotomy made childbirth worse/unpleasant	*n=33*	
Sitting	16	48.5
Walking	3	9.1
Defecating	4	12.1
Urinating	9	27.3
No response	1	3.0
Experienced pain and discomfort from episiotomy	*n=108*	
Yes	78	72.2
No	25	23.1
Don't know	5	4.7
Pain and discomfort interfered with caring for baby	*n=108*	
Yes	31	28.7
No	69	63.9
Don't know	8	7.4
Pain and discomfort interfered with sexual intercourse with partner	*n=108*	
Yes	16	14.8
No	69	63.9
Don't know	23	21.3
Was informed and consent taken before episiotomy was performed	*n=108*	
Yes	47	43.5
No	59	54.6
Don't know	2	1.9

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respondents were informed about episiotomy care by health workers. Up to 98 (58.3%) of those that received information used sitz bath while 62 (36.9%) practiced regular changing of pad and keeping vagina clean and dry. Eighty two (89.1%) out of the 96 that received information said the measures were effective in the care of episiotomy.

Test of Hypotheses

Ho1: There is no significant association between respondents' age and their experience of episiotomy X^2=0.167 p= 0.920, therefore, the null hypothesis is not rejected at p >0.05

Ho2: There is no significant association between respondents' perception and their experience of

Table 5: Respondents' care of episiotomy

Care of episiotomy	Frequency	Percentage
Received information on episiotomy care	*n=108*	
Yes	92	85.2
No	16	14.8
*Methods used for episiotomy care**		
Sitz bath	98	58.3
Regular changing of pad and keeping of vagina clean	62	36.9
Drugs	2	1.2
No Response	6	3.6
The method was effective		
Yes	82	89.1
No	3	3.3
Don't know	1	1.1
No response	6	6.5

*Note: * indicates multiple responses*

Table 6: Association between Variables

Ho1: Association between respondents' age and their experience of episiotomy				
	Experience of episiotomy			
Age	Yes	No	X^2	p-Value
18-27	36(18.0)	29(31.5)	0.167	0.920
28-37	63(58.3)	54(58.7)		
>37	9(8.3)	9(9.8)		
Ho2: Association between respondents' perception and their experience of episiotomy				
	Experience episiotomy			
Perception	Yes	No	X^2	p-value
Poor (<7)	46(42.6)	46(50.0)	1.097	0.295
Good (≥7)	62(57.4)	46(50.0)		

episiotomy X^2= 1.097, p=0.295. Therefore, the null hypothesis is not rejected at p >0.05

Table 6 on test of Hypotheses showed no significant association between age and episiotomy experience X2 0.167 p=0.920, also there is no significant association between perception and experience of episiotomy. Both hypotheses were not rejected.

Discussion of findings

This study showed that the mode of delivery of the respondents was through spontaneous vaginal delivery and the duration of labour for their first vaginal delivery is between 6-15 hours which is acceptable in midwifery practice though it varies in individuals and subsequent babies [22]. Over 50% of the women in this study had episiotomy which is still higher than 10% recommended by World Health Organization which calls for continuous retraining of labour ward staff especially the midwives and other health professionals who usually conduct most of the deliveries [8]. The major reasons adduced for the procedure were big babies, risk of perineal tear and assisted/instrumental delivery. Other reasons mentioned were fetal distress, first vaginal birth/rigid perineum and abnormal presentations. All these reasons highlighted by participants corroborate with the indications stated for episiotomy in literatures reviewed.

It is noteworthy to say that the affirmation by Thacker and Banta [13] that most women do not understand the indication nor the relevance of episiotomy is negated by the results of these findings as majority of the respondents are aware of the indications of episiotomy performed on them during childbirth as stated above.

Although the methods of episiotomy care used by respondents' were effective, a greater proportion positively affirmed that they experienced

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pain and discomfort from episiotomy, though the pain did not interfere with the care of their baby for most of them. Only a few agreed that the pain affected their ability to care for their baby, a few others said the pain affected their sexual pleasure. This is in line with the views of Kettle *et al* [11] that some women experienced long-term pain and discomfort during sexual intercourse as a result of episiotomy.

In general, the ways in which episiotomy made childbirth experience unpleasant as mentioned by respondents include sitting, walking, defecating and urinating. This is in conformity with Inyang-Etoh & Umioiyoh's [7] view that pains from episiotomy often interfere with basic daily activities of the women such as walking, sitting and passing urine and also negatively impacts on motherhood experiences.

According to the findings, 108 (54.0%) a little above average of respondents claimed they have had the intervention performed on them showing that the rate of the procedure in our environment is still higher than expected. This does not correspond with the report that the incidence of episiotomies is on the decline, from nearly 2 out of 3 vaginal births in 1979 to less than 1 in 5 in 2004 [14]. However, there is some agreement between these findings and the statement by American College of Obstetricians-Gynaecologists [10] which states that approximately 70% of women who have a vaginal birth will experience some degree of damage to the perineum, due to a tear or cut (episiotomy).

Among the respondents that had episiotomy, (92.0%) indicated that it was during their first vaginal delivery as compared to (7.1%) women who had delivered before. This finding is in congruence with that of Sule and Shittu, Sari *et al* [15,23] in their study titled Need for and consequences of episiotomy in vaginal birth which revealed that episiotomies were more common among women who are having delivery for the first time than women who has delivered before (55% vs 12%). The experience of episiotomy was not associated significantly with the women's age.

Conclusion

The findings revealed that the number of respondents that had episiotomy in this study is one hundred and eight (54.0%) which is still far higher than 10% recommended by World Health Organization as episiotomy procedure is becoming obsolete. Hence, skilled birth attendants should be abreast of the current management of second stage of labour especially for women having first childbirth vaginal delivery and reduced the routine use of episiotomy in order to avert the unpleasant consequences.

To achieve evidence-based recommendations for optimal care, trainings and retraining should be organized for midwives and other health professionals that are directly concerned with deliveries. Expectant mothers should be well educated during antenatal visits on measures to avoid need of episiotomy.

Recommendations

In light of the study findings, it is recommended that self-perineal care instruction can be introduced to the women during antenatal and then it can be used postnatal.

- Midwives should be knowledgeable about when to give episiotomy to further reduce its routine use and risks associated with the procedure
- Midwives should obtain informed consent before giving episiotomy so that the women can have a sense of self-esteem.
- Local anaesthesia should be administered before the procedure and analgesics given after delivery to alleviate the feelings of pain and discomforts
- The importance of relieving episiotomy pain and enhancing wound healing in postnatal mothers must be emphasized in all birth centres to promote satisfactory birth experience among childbearing age women.

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