The use of episiotomy in obstetrical care: a systematic review

Record Status
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Citation

Authors' objectives
This study addresses five key questions (KQs): 1. Does the practice of liberal or routine episiotomy, compared to more selective use of episiotomy, influence maternal postpartum outcomes? 2. Does episiotomy incision type (i.e., midline or mediolateral), influence maternal postpartum outcomes? 3. Does the repair of the perineal defect (i.e., suture type and repair approach) influence maternal postpartum outcomes? 4. Does episiotomy have a long-term influence on urinary incontinence, fecal incontinence, or pelvic floor defects? 5. Does episiotomy or incision type, or both, influence future sexual function?

Authors' conclusions
Fair to good evidence suggests immediate maternal outcomes from routine episiotomy are not better than those from restrictive use; instead, outcomes are worse because some proportion of women who would have had lesser injury instead had a surgical incision. Evidence is insufficient to provide guidance on choice of midline or mediolateral episiotomy when indicated. For perineal injury requiring suturing, fair to good evidence suggests leaving superficial vaginal and perineal skin unsutured is potentially preferable. If used for skin approximation, a continuous, subcuticular repair is superior to an interrupted, transcutaneous method. Evidence is consistent and clear that absorbable suture is preferred and that polyglycolic acid suture is associated with less morbidity than gut and chromic gut suture. Evidence is insufficient to determine whether novel materials, such as tissue adhesive, offer benefits. Evidence regarding long-term sequelae is fair to poor; assessment of pelvic floor dysfunction was not conducted in the age groups of greatest relevance. Limited data show that episiotomy does not prevent fecal and urinary incontinence, pelvic floor relaxation, or impaired sexual function, within months to years from childbirth.

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