

Description

Episiotomy in Labour, Should I Have One?

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Introduction

The OASI care bundle, was first piloted in 2016 with the aim of reducing rates of severe perineal trauma. The recommendation ‘perform an episiotomy when required’ is one of the four elements in the bundle. Midwives are the primary health care professional for straightforward births in the UK and there is very little published data related to their practise in this area.


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A team of researchers from the Universities of Oxford and Brighton conducted a qualitative study which aimed to capture midwives' experience of episiotomy. The findings indicated that consent for the procedure is problematic, because obtaining fully-informed consent during birth can be challenging.

This information leaflet was developed in response to the findings and aims to provide accessible information for use in antenatal appointments and/or classes. It is hoped that the leaflet will contribute to improving informed consent for episiotomy when it is indicated during birth.

A team of Midwife researchers from the Universities of Oxford and Brighton recently undertook a qualitative study examining midwifery experience in assessment for episiotomy during birth. The study was prompted by the RCOG OASI Care Bundle project.[1] The care bundle was initially a pilot project which aimed to examine whether a package of small interventions could reduce the rate of severe perineal tears – third and fourth degree – sustained during birth. There is much debate surrounding the evidence base for this intervention.[2] The linked paper is helpful for anyone wishing to read a detailed critique of the care bundle. Subsequent to the initial pilot project, the care bundle and several variations have now been implemented across UK maternity services.

The rationale for our study came from the OASI Care Bundle Recommendation 'Consider Episiotomy'. Our earlier study,[3] which examined midwifery experience of perineal assessment and repair more generally, found that midwifery education in university and in placement was lacking in relation to assessing and performing episiotomy.

Many midwives in the study reported feeling poorly educated and/or de-skilled in performing episiotomy.

This finding, if widespread amongst midwives, clearly made the OASI recommendation to 'consider episiotomy' problematic. We therefore decided to investigate how midwives experienced in performing episiotomies made their assessments and undertook the procedure. We recruited a total of 43 midwives from eight NHS maternity units across England and Wales.

Red flags

The main findings of the study related to the indications, or 'red flags' for performing episiotomy and how consent for the procedure is gained.[4] The consent findings highlighted that women are not consented appropriately for the procedure. Participants identified that it is almost impossible to gain true informed consent for the procedure at the time it is performed because it is often undertaken in an emergency.

Secondary analysis of the findings with a group of midwives linked to the participating NHS sites identified that episiotomy was poorly understood by women and that they need to have much better access to information regarding

this during pregnancy. By providing this information antenatally, women would hopefully have a better understanding of the procedure, improving the process of informed consent when episiotomy is indicated during birth.

The NHS document 'Personalised care and support planning guidance'[5] (section 4) sets out the conditions required for informed decision-making and consent in detail. When undertaking consent for episiotomy, the midwife needs to be sure that the person they are caring for:

- Understands the care, management, and support options available AND
- Understands the risks, benefits and consequences of those options

These conversations should reflect the clinician's expertise and the woman's own circumstances, values and beliefs.

With this in mind, the research team drafted an information leaflet designed to be used to inform relevant discussions related to labour and birth from the 28-week antenatal appointment onwards.

Drafting the leaflet

An illustrator specialised in transforming research information into easily-understood images was recruited to design the leaflet in collaboration with the research team. The initial draft of the leaflet was presented to a PPI panel of three women, re-drafted and presented to six other women reflecting different ethnicity, socio-economic status and learning differences across the participants, re-drafted and finalised.

It was quite surprising to realise how little women knew about their bodies in general and about the procedure of episiotomy specifically. The PPI feedback was utilised to develop the leaflet into a user-friendly document, written in plain English with simple anatomical images.

A digital version includes an embedded animation of the episiotomy wound being brought back to normal.

This was very important to many of the service-users who took part in the PPI discussions. They felt that it was important for women to not only understand the procedure, but to be reassured that the midwife looking after them would repair the wound so that their vulva and vagina would return to normal following the procedure.

The leaflet is currently available in English and Arabic and further translations will be available in the near future. Please feel free to download, print and share the leaflet widely with midwives, student midwives and maternity service users to prompt discussions during pregnancy which will hopefully improve understanding and consent when episiotomy is indicated during birth.

You may download the leaflet here.

For further information related to the study or the leaflet, please contact Jo Gould on email: j.*****@*********ac.uk.

References

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