

Episiotomy in labour should I have one?

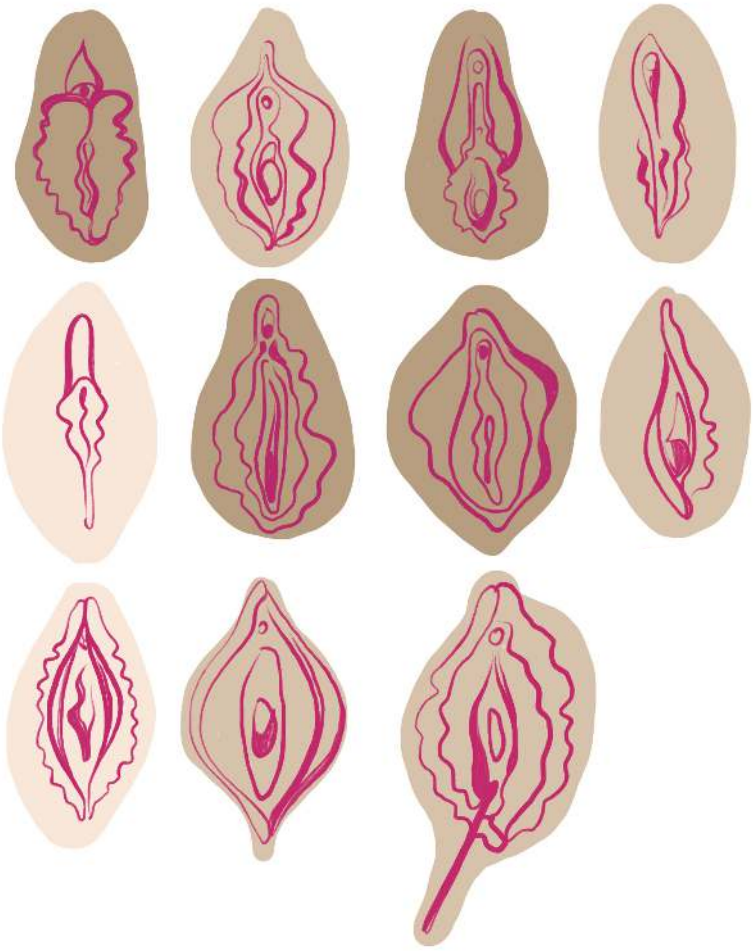
This information sheet has detailed drawings of birthing women with a glossary to explain some of the words used.

You have a choice about what happens to your body during labour and the birth of your baby.
To make a choice about what is offered, and give your **consent** for a treatment or procedure, you need information about the risks, benefits, alternatives and what would happen if you did nothing.
This booklet gives you information about a procedure that may be offered to you during labour called '**episiotomy'** (ee-piz-ee-o-tom-ee). It is sometimes suggested at the end of labour, to help with the birth of your baby. It is not possible to know in advance who will need one. In England, around 1 in 11 normal births will have an episiotomy (9%[1]).

Episiotomy: A surgical cut made at the opening of the vagina during childbirth

Consent: Giving permission for something to happen

The midwife will always ask for your consent. But being given new information when the baby's head is about to be born is not the best time. You may not have a lot of time to think about your decision or discuss it with your partner.
This booklet tells you what an episiotomy is, when you might be offered one, what are the risks, benefits and alternatives open to you. Discussing this information **before** the birth can help you make an informed decision during your labour.

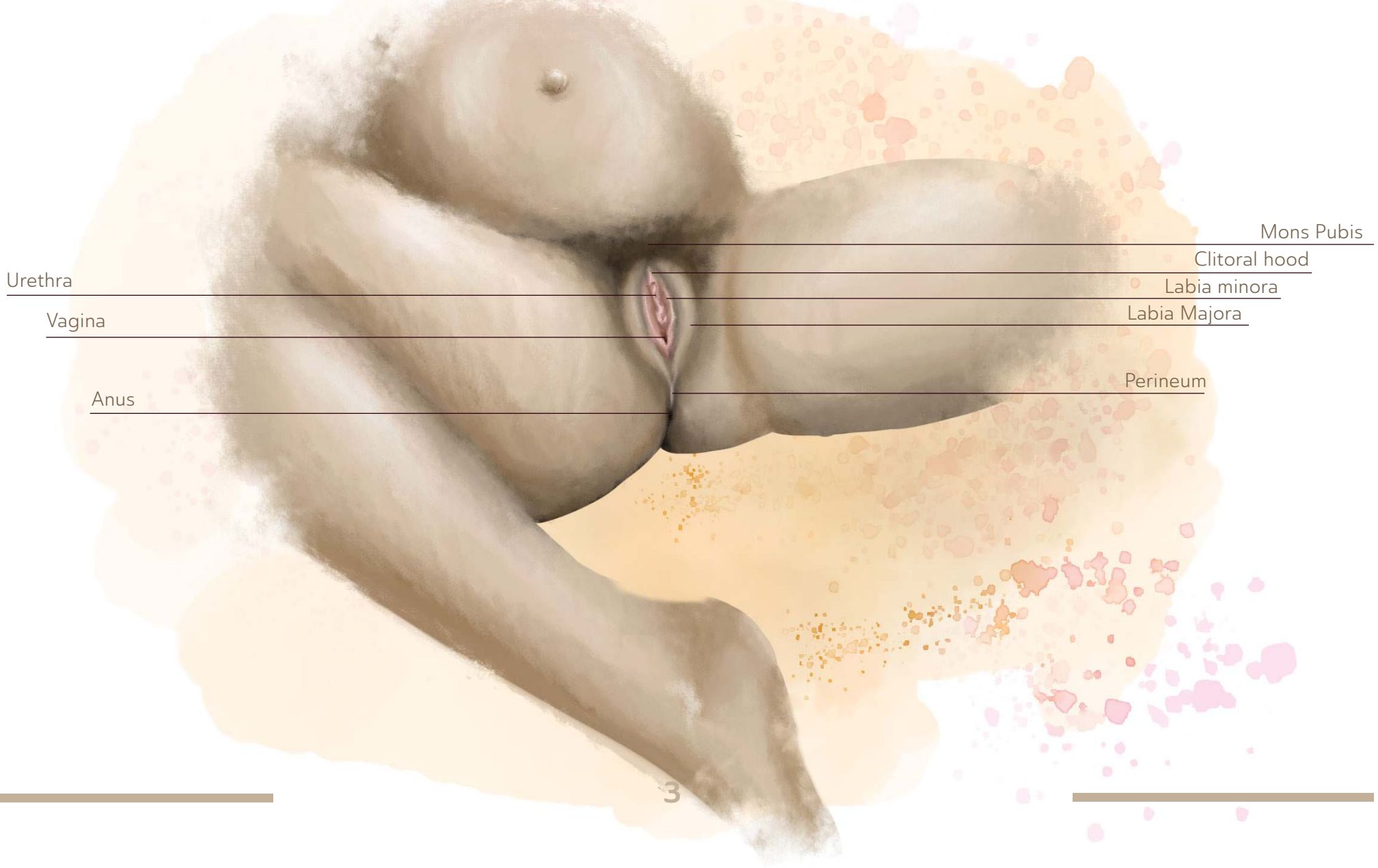


In England, around 1 in 11 normal births will have an episiotomy (9%1).

1 NHS Maternity Statistics 2020-21 Available at: hosp-epis-stat-mat-hesnational-2020-21.xlsx (live.com) (Accessed 08/03/22)

People call their body parts lots of different names. It's useful to know the proper names to avoid confusion.

When you are giving birth, the midwife will ask to watch your **vagina**, **vulva** and **perineum** for signs of the baby coming.



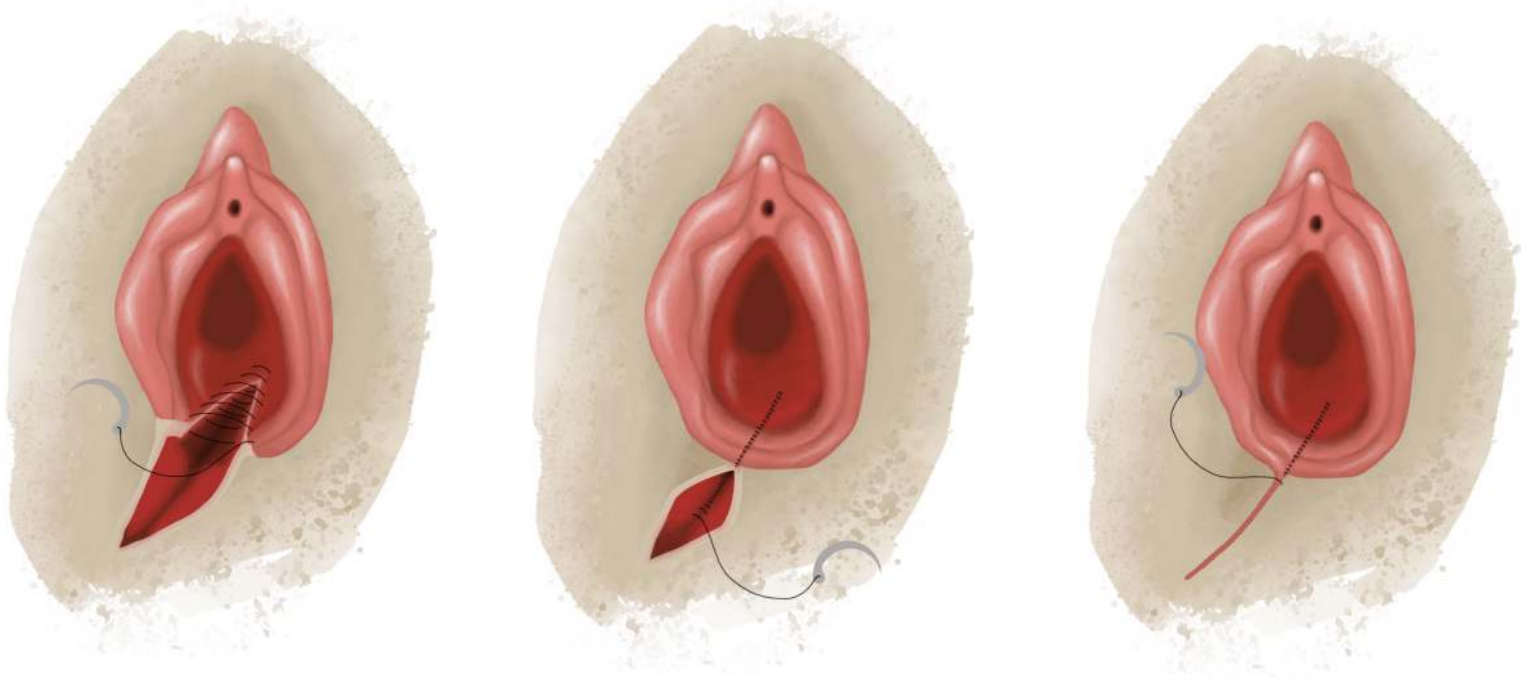
When your baby is close to being born, their head will slowly stretch the vagina and perineum with each contraction. The vagina gradually widens as the baby's head starts to be born. Sometimes, when the baby's head is about to be born, the midwife may see signs that the perineum is going to tear badly.

Sometimes, the baby's heartbeat drops and the baby may need to be born more quickly. In this case, there isn't as much time as usual to wait for the vagina and perineum to stretch for the baby to be born.

In either of these two situations the midwife may suggest cutting the perineum to make the opening wide enough to allow the baby to be born immediately. This cut is called an episiotomy. It will not harm your baby.



Baby crowning during birth



Episiotomy opening without baby, stitching, finished article.

If your midwife feels you need an episiotomy to help with the birth of your baby, they will discuss this with you as you have a choice.

If you have an episiotomy, the Midwife will inject local anaesthetic into the perineum. When it is numb, she will cut the episiotomy.

After your baby is born, the midwife will repair the cut using dissolvable stitches.

Making your decision.

Q. WHAT ARE THE BENEFITS?

If baby is distressed, it quickly makes more space for the baby to be born. It may help avoid further birth interventions (such as **ventouse** or **forceps**) or a bad tear.

Q. WHAT ARE THE RISKS?

It can bleed a lot.[1]
There is a chance it can result in a deeper tear.[2]
There is no strong evidence that an episiotomy is different in recovery from a natural tear into the muscle (2nd degree tear) in the long term.[3]
Swelling and pain are common in the early days.

Q. WHAT ARE THE ALTERNATIVES?

If your baby needs to be born immediately, the Doctor may be able to put a **suction cup** or **forceps** on the baby's head to help. In most cases this will also need an episiotomy to make enough space. [4]

Q. WHAT DOES YOUR INTUITION TELL YOU?

What is your 'gut feeling' about what is being offered to you, after the risks, benefits and alternatives have been discussed with the midwife? This is an important part of your decision-making. You can write your decision in your birth plan.

Q. WHAT IF YOU DO NOTHING?

An episiotomy is done for different reasons. If your baby is distressed and needs to be born immediately, doing nothing could affect the health of your baby. If it looks like you are at risk of a serious tear, doing nothing could result in a tear that damages deep muscles controlling your anus.

For more information you can check the NHS website: https://www.nhs.uk/pregnancy/labour-and-birth/what-happens/episiotomy-and-perineal-tears/

1 https://www.nhs.uk/pregnancy/labour-and-birth/what-happens/episiotomy-and-perineal-tears/ (Accessed 08/03/2022)
2 https://www.tommys.org/pregnancy-information/giving-birth/perineal-tears (Accessed 08/03/2022)
3 Gün I , Doğan B, Özdamar O, (2016) Long- and short-term complications of episiotomy. Turk J Obstet Gynecol. 13;3:144-148. doi: 10.4274/tjod.00087.

4 https://elearning.rcog.org.uk/easi-resource/vacuum-extraction/protecting-perineum (Accessed 08/03/2022)
https://www.nhs.uk/pregnancy/labour-and-birth/what-happens/forceps-or-vacuum-delivery/ (Accessed 08/03/2022)

Glossary

Anus – The opening in your body where poo comes out.

Consent – Giving permission for something to happen

Episiotomy – A surgical cut made at the opening of the vagina during childbirth

Forceps – An assisted birth where forceps (smooth metal instruments that look like spoons) are placed around the baby's head by the doctor and used to guide the baby out when the mum is pushing.

Kiwi suction cup – Small cup shaped suction device applied to the baby's head in the pushing stage of childbirth to help birth the baby.

Perineum – The area between the genitals and the anus

Vagina – The vagina connects the uterus (where the baby grows) to the outside (vulva).

Ventouse – A cup-shaped suction device applied to the baby's head in the pushing stage of childbirth to help birth the baby.

Vulva – The outside of the female genitals

For more information you can check the NHS website: https://www.nhs.uk/pregnancy/labour-and-birth/what-happens/episiotomy-and-perineal-tears/

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This leaflet uses the terms 'woman' and 'mum'. These terms should be taken to include people who do not identify as women but are pregnant or have given birth.

Thanks to all the women who commented on drafts of this information sheet and the research team: MacLellan J, Webb SS, Byrne C, Brace E, Glyn-Jones E, Edwards E, Hunter T, Longton J, Cleary J, Christie K, Dow L, Gould J, (2022) Informed consent in episiotomy; Co-analysis with midwives and distillation of best practice.

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