Episiotomy preventing approaches among midwives in Kurdistan region

اساليب منع بضع العجان القابلات فى اقليم كردستان

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المستخلص

الأهداف: تهدف هذه الدراسة هو لأيجاد الوسائل المستعملة من قبل القابلات لمنع اجراء عملية بضع العجان و تقييم معلوماتهن حول مضاعفات تلك العملية فى ثلاث مدن من اقليم كردستان.

المنهجيه: أجريت دراسة مقطعيه بين 1 كانون الثانى و 15 نيسان 2014 فى أكبر المستشفيات النسائيه التعليميه الثلاثة فى المدن الرئيسيه فى أقليم كردستان. و شملت عينه الدراسة جميع القابلات العاملات فى غرف التوليد و عددهن 53 قابلة. و تم جمع البيانات من خلال مقابله مع القابلات.

النتائج: ذكرت القابلات أن مضاعفات بضع العجان هى: تمزق فى عضلة المستقيم او المستقيم نفسه (52.8%)، والنزف (60.3%)، والخمج و لتورم (62.2%)، خلل فى التنام الجرح (35.8%)، الم فى منطقة بضع العجان (32%). كان هناك فرق كبير بين معرفة القابلات فى المدن الثلاث حول مضاعفات بضع العجان . أما طرق تجنب بضع العجان حسب لأى القابلات هي: استخدام القابلات الوضعية الجيدة فى الولادة، و دعم منطقة العجان (35.8%)، و ذلك بلستخدام زيت الخروع (32%)، و اجراء بضع العجان فقط فى حال الحاجة (13.2%)، عدم الدفع بدون تقلصات رحمية (18.8%)، و اعطاء الوقت الكافى للماخض (26.4%)، و ذلك باستخدام الجلى (15%). كان هناك فرق كبير جدا بين ثلاث مدن فى طرق تجنب بضع العجان.

التوصيات: لتخفض معدلات بضع العجان فمن الضروري اقامة الدورات التدريبية، و تطوير الادلة و وضع سياسة واضحة و موحدة بشأن منع بضع العجان الا في الحالات الضرورية لخفض معدل بضع العجان.

Abstract

Objectives: This study aimed to findout approaches which used by midwives for avoiding episiotomy and assess their knowledge regarding complications of episiotomy in three main cities of Kurdistan region.

Methodology: A cross-sectional study was conducted between 1st January and 15th April 2014 in the three biggest maternity teaching hospitals. The study population included all the midwives (n=53) working in delivery rooms. Data were collected through interview with midwives.

Results: The Midwives stated the followings as complications of episiotomy: tear into the rectum muscle or rectum itself (52.8%), bleeding (60.3%), infection and/or swelling of episiotomy area (62.2%), defect in wound closer (35.8%), local pain (32%). There was significant difference between knowledge of midwives in three cities regarding complications of episiotomy. Midwives used Good position, good vaginal support (35.8%), using Castor oil (32%), performing episiotomy only in indicated case (13.2%), no pushing without contraction (18.8%), giving enough time to mother (26.4%), using gel (15%), as episiotomy avoiding approaches. There was highly significant difference between three cities regarding episiotomy preventing approaches.

Recommendations: training courses, developing guideline and establish clear and unified policy regarding episiotomy preventing approaches are necessary to decrease rate of episiotomy.

Key words: episiotomy, prevention, midwives, Kurdistan

Introduction

Episiotomy is a surgical incision of the perineum made to increase the diameter of the vulval outlet during childbirth [1].

The continued decline in usage of episiotomy is supported by evidence from research, which shows that routine episiotomy confers more harm than benefit [2].

Episiotomy can be associated with extensions or tears into the muscle of the rectum or even the rectum itself. Other complications can include: bleeding, infection, swelling, defects in wound closure, local pain, and a short-term possibility of sexual dysfunction [3]. Additionally, there was a general underestimation of potential adverse consequences associated with the procedure, including extension to a third or fourth degree tear, anal sphincter dysfunction, and painful sex [4]. Episiotomies increase the perineal pain on the first postpartum day, as well as perineal pain and wound-healing problems during the third postpartum week [5].

The World Health Organization has taken a clear stand against routine episiotomy, in line with the best available evidence [6]. It recommends an episiotomy rate of 10 per cent for normal deliveries [1].

The research resulted in significant changes in clinical practice in many places and the most recent UK evidence-based guidelines recommend that episiotomy should only be performed because of clinical need [7].

A Cochrane review of six RCTS with over 5000 women found that there was less posterior perineal trauma, less suturing and fewer complications with restrictive episiotomy [7,8].

Choosing an efficient health care practitioner, water birth, effective preparations before delivery, perineal massage, position during delivery, avoid epidural anesthesia and good management of delivery are approaches which are mentioned in literature for preventing episiotomy [9].

The rational for episiotomy use depends largely on the need to minimize the risks of severe spontaneous maternal trauma and to expedite the birth when there is evidence of fetal compromise. However, during a normal birth the indications for its use are few and the midwife should use her skills to avoid this intervention if possible [3].

Midwives practice in Iraq, as general, and in Kurdistan region, as specific, suffer from absence or lack of using up to date and evidenced- based clinical guidelines. There is no research- based information regarding the rate of episiotomy as well as the practice of midwives, especially regarding avoiding episiotomy which is the one of most common surgical procedure used in obstetric care. Midwives are direct health care providers for mothers in labor in delivery rooms.

Almost all primigravida women in Maternity Teaching Hospitals of Kurdistan region have episiotomy. The multigravida women also undergo episiotomy to facilitate and shorten the length of second stage of labor. This study aimed to find out approaches which used by midwives for avoiding episiotomy and assess their knowledge regarding complications of episiotomy in three main cities of Kurdistan region.

Methodology

A cross-sectional study was conducted between 1st Juanury and 15th April 2014 in Kurdistan Region of Iraq. Kurdistan region consists of the three governorates of Erbil, Dohuk and Suleimanya. The study was conducted in the three biggest maternity teaching hospitals in the three cities, those hospitals provide comprehensive maternity care to the whole region (in three governorates). The study was approved by the Scientific and Ethical Committees of the Nursing College of Hawler Medical University and the Directorate of Health of each governorate. The

study population included all the midwives (n=53) working in delivery rooms. The midwives who had less than one year experience of work in delivery rooms were excluded from the study (12 midwives). Participants had nursing or midwifery qualification (Table 1). There is no difference between job description of midwives with nursing and midwifery qualification. Therefore this study refers to all participants as "midwives". A questionnaire was constructed for the purpose of the study. It consisted of three parts: 1) demographic characteristics of study participants, 2) knowledge regarding complication of episiotomy and 3) questions regarding approaches of avoiding episiotomy. Data were collected through interview with midwives. The purpose of the study was explained to each participant during personal interview, and an informed verbal consent was obtained.

Data were analyzed using the Statistical Package for Social Science (SPSS), Version 18. F test and Chi-square test were used for analyzing of the data. A "P" value of ≤ 0.05 was considered as statistically significant and ≤0.01 as highly significant.

Results

Table 1. Demographic characteristics of the study sample in three cities

	Variables	Erbil	Duhok	Sulemanyia	F/Chi-square	P- value
1	Age (Mean & standard deviation)	40(9.478)	39.33(3.835)	34.17(5.448)	4.126	0.022
2	Years of experience in delivery room (Mean & standard deviation)	11.24(10.214)	21.22(4.609)	8.39(6.801)	14.464	<0.001
3	Specialty - Nurse-midwife - midwife	 8(80) 9(20.9)	 1(10) 17(39.5)	 1(10) 17(39.5)	 11.063	 0.002*
4	Certification - primary school of nursing - secondary school of nursing/midwifery - nursing/midwifery institute - college of nursing/midwifery	 2(12.5) 11(47.8) 1(11.1) 3(60.0)	 12(75) 5(21.7) 1(11.1) 0(0)	 1(11.1) 1(11.1) 7(77.8) 2(40)	 22.106	 <0.001 *
5	Shift of working - morning - evening & night - Both	 7(63.6) 2(100) 8(20)	 3(27.3) 0(0) 15(37.5)	 1(9.1) 0(0) 17(42.5)	 10.699*	 0.010

*** Fisher-exact test was applied.**

Fifty three midwives participated in the study. There was statistically significant or highly significant difference between midwives in three cities regarding following demographic characteristics: age, years of experience in delivery room, specialty, certification and shift of work (Table 1).

Table 2. Knowledge of the study sample regarding complications of episiotomy

	Items	No.	Erbil No.(%)	Duhok No.(%)	Sulemanyia No.(%)	P- value
1	Tear to the rectum muscle or rectum itself - Yes - No	 28 35	 4(14.3) 13(52)	 8(28.6) 10(40)	 16(57) 2(8)	 <0.001
2	Bleeding - Yes - No	 32 21	 6(18.8) 11(52.4)	 8(25) 10(47.6)	 18(56.3) 0(0)	 <0.001
3	Infection and/or swelling of episiotomy area - Yes - No	 33 20	 16(48.5) 1(5)	 8(24.2) 10(50)	 9(27.3) 9(45)	 0.004
4	Defect in wound closer - Yes - No	 19 34	 11(57.9) 6(17.6)	 7(36.8) 11(32.4)	 1(5.3) 17(50)	 0.001
5	Local pain - Yes - No	 17 36	 10(58.8) 7(19.4)	 1(5.9) 17(47.2)	 6(35.3) 12(33.3)	 0.003

*** Fisher-exact test was applied.**

Midwives mentioned the followings as complications of episiotomy: tear into the rectum muscle or rectum itself (28/53), bleeding (32/53), infection and/or swelling of episiotomy area (33/53), defect in wound closer (19/53), local pain (17/53). There was significant difference between knowledge of midwives in the three cities regarding complications of episiotomy (Table 2).

Table 3. Distribution of episiotomy prevention approaches

	Items	No.	Erbil No.(%)	Duhok No.(%)	Sulemanyia No.(%)	P- value
1	Good position during delivery, good vaginal support - Yes - No	 19 21	 11(57.9) 2(9.5)	 8(42.1) 4(19)	 0(0) 15(71.4)	 <0.001
2	Using Castor oil - Yes - No	 17 23	 7(41.2) 6(26.1)	 6(35.3) 6(26.1)	 4(23.5) 11(47.8)	 0.287
3	Using gel - Yes - No	 8 32	 0(0) 13(40.6)	 7(87.5) 5(15.6)	 1(12.5) 14(43.8)	 <0.001*
4	Not pushing without contraction - Yes - No	 10 30	 3(30) 10(33.3)	 6(60.6) 6(20.0)	 1(10) 14(46.7)	 0.042*
5	Giving enough time to mother to deliver - Yes - No	 14 26	 0(0) 13(50)	 2(14.3) 10(38.5)	 12(85.7) 3(11.5)	 <0.001*
6	Performing episiotomy only in indicated case - Yes - No	 7 33	 2(28.6) 11(33.3)	 1(14.3) 11(33.3)	 4(57.1) 11(33.3)	 0.518*

*** Fisher-exact test was applied.**

Midwives used Good position during delivery, good vaginal support (19/53), using Castor oil (17/53), performing episiotomy only in indicated cases (7/53), not pushing without contraction (10/53), giving enough time to mother for delivery (14/53), using gel (8/53), as approaches for avoiding episiotomy. There was highly significant difference between the three cities regarding episiotomy prevention approaches such as giving enough time to mother to deliver and using gel (which not used by midwives in Erbil) and good position, good vaginal support (was not used by midwives in Sulemanya)(table 3).

Discussion

Results of the present study indicated that the majority of midwives try to avoid episiotomy. They mentioned 5 complications of episiotomies such as tear into the muscle of the rectum or rectum itself, bleeding, infection and/or swelling, defect in wound closer and local pain these findings are supported by literatures.

Immediate complications of episiotomy are extension of the incision to the rectum, infection, wound dehiscence; Late complications include dysparunia, perineal lacerations and scar [(10)]. Any episiotomy may extend and cause third degree tear to the anal sphincter, bleeding and infection [(11)].

In addition a study was conducted in Nigeria and included 275 parturient, revealed that the complications resulting from episiotomy were perineal discomfort, perineal pain, difficulty with breastfeeding, difficulty with walking and perineal bleeding [(12)].

There were significant difference between midwives' knowledge in three cities regarding complications of episiotomy which may be related to lack of well developed source of knowledge, different level of education and years of experience in addition absence of updating information among them.

Kurdistan's Midwives used following approaches for avoiding episiotomy: good position during labor and vaginal support, using Caster oil and gel, not pushing without contraction, giving enough time for mother to deliver and performing episiotomy only in indicated cases. Some of these approaches are supported by research and evidences and others not. The practice of the approaches are very different among midwives in three cities which might due to not having proper guidelines for care during labor and delivery and policy in all maternity hospitals of Kurdistan, as well as different level of education, experience and shift of work among midwives.

American Pregnancy Association mentioned following measures which can reduce the need for an episiotomy: good nutrition during pregnancy (healthy skin stretches more easily), kegels (exercise for pelvic floor muscles), a slowed second stage of labor where pushing is controlled, warm compresses and support during delivery, use of perineum massage techniques, avoiding lying on back while pushing [(13)].

Results of a study done by Albers et al., indicates that warm compresses or massage with lubricant provide no apparent advantage or disadvantage in reducing obstetric genital tract trauma, when compared with keeping hands off the perineum late in the second stage of labor. Two care measures were associated with a lower risk of trauma. Giving birth sitting upright and delivery of the infant's head between uterine contractions are measures familiar to practicing midwives and indicate several things. A sitting position allows the mother greater comfort and autonomy at delivery. Data from this study demonstrated that with rare use of episiotomy and vaginal operative delivery, low rates of serious obstetric trauma were achieved. Most trauma was minor, and affected the external genitalia, the outer vagina, or perineum (first-degree). Neither the use of warm compresses or perineal massage with lubricant late in the second stage of labor increased or decreased the overall rates of genital tract trauma. These results support the choice of perineal management strategy by

individual women and their birth attendants, based on maternal comfort and other clinical factors, but not for presumed trauma reduction [14].

Staying at home during early labor, midwife's guidance and encouragement for correct pushing, different position (upright, sitting, kneeling) in established labor can help to reduce need for performing episiotomy. Although perineal massage, using vitamin E oil or pure vegetable oil around the entrance 3 cm inside of vagina, pelvic floor exercises and healthy diet during pregnancy can help to increase the elasticity muscles of the perineum [15].

A Cochrane review of positions during the second stage of labor among women who did not have epidural analgesia, found a reduction in use of episiotomy and an increase in second degree tears among women allocated to non-upright groups [16].

A study by Hartmann et al (2005) in the USA on episiotomy recommended that providers with conservative practice style have rates well below 15%. The study highlighted some measures that should be taken to lower the rates of episiotomy to include preparation of guidelines and protocols according to the standards and training for the nurses, midwives and doctors on the selective use of episiotomy [17].

The Kurdistan midwives did not mention to support techniques, Ritgen's manoeuvre, perineal massage, warm compresses and 'hands on' or 'hands poised' as approaches of preventing episiotomy.

Recommendations

Improving knowledge of midwives regarding complications of episiotomy and preventing approaches that will help to reduce the rate of episiotomy in maternity hospitals. Training courses, developing guidelines and establishing clear and unified policis regarding use of episiotomy are necessary to decrease rate of episiotomy.

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