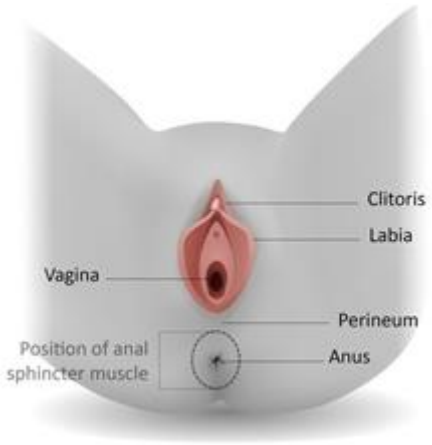
Episiotomy - Patient information leaflet

What is a tear?

During birth, your vagina and perineal muscle (the muscle between your vagina and back passage) have to stretch considerably for your baby to be born. A tear may happen naturally as these muscles stretch. Up to nine in ten women and birthing people experience some sort of tear, graze or episiotomy during vaginal birth.

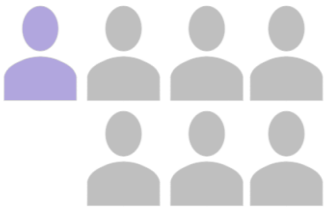


What is an episiotomy?

An episiotomy is a medically indicated surgical cut into your vagina and perineum (the muscle between your vagina and your back passage) which helps to make your vaginal opening wider. This is performed by a doctor or midwife.

When would an episiotomy be recommended?

One in seven women and birthing people experience an episiotomy during the pushing stage of vaginal birth. An episiotomy is only performed when there is a medical indication, and with your consent.



A doctor or midwife will recommend an episiotomy in the following situations:

- They are concerned that your baby's heartrate is abnormal. An episiotomy can shorten the amount of time you are pushing for, and help your baby to be born sooner.
- They think that you have been pushing for too long. Prolonged pushing is associated with tears which involve your anal sphincter muscles, and pelvic floor concerns such as a falling down (prolapse) of your uterus, bladder or bowel, and leaking wee and/or poo (urine and/or faecal incontinence).
- They are recommending using an instrument such as forceps or a suction cup to help your baby being born. Using forceps or a suction cup without an episiotomy increases your risk of having a tear which involves your anal sphincter muscles.These tears are associated with worse outcomes compared to an episiotomy.
- If they think you are at risk of having a severe tear which involves your anal sphincter muscles. This may be because your muscles aren't' stretching enough, or there are signs during birth that your baby is large or in the wrong position, or you've had a severe tear before. Severe tears can have worse outcomes compared to an episiotomy.

The evidence and knowledge which supports offering an episiotomy in order to prevent a tear into your anal sphincter muscles is conflicting. This means midwives and doctors cannot predict which women and birthing people will benefit from having an episiotomy. If your midwife or doctor recommends an episiotomy, they will talk through the decision with you at the time.

Information for Patients

Once your doctor or midwife has explained their recommendation for an episiotomy, you can choose whether to consent or not consent.

What are the risks?

There are risks to having an episiotomy, however these risks are considered similar to the risks associated with a spontaneous tear into your perineal muscle.

- You may bleed from the episiotomy. Repairing it quickly will reduce this risk.
- The episiotomy may tear further and cause a tear involving your anal sphincter muscles. This risk is reduced by using specialised surgical scissors known as epi-scissors.
- During healing you are likely to experience pain, pain killers and cool packs can help.
- There is a small risk of infection and poor wound healing.

However, most women and birthing people who have an injury to their vagina, perineum or anal sphincter muscles repaired will recover well.

An episiotomy does not harm your baby.

What are the benefits?

An episiotomy can reduce the chance of having a severe tear into your anal sphincter muscles, particularly when an instrument is used to help birth your baby. These tears are associated with worse outcomes compared to an episiotomy. An episiotomy can shorten the length of time it can take you to birth your baby, this is important if there are concerns about your baby's heartrate.

What are the alternatives?

Sometimes it is possible to wait a few more minutes and see whether your baby's heartrate improves. Sometimes a warm compress can be used to try and help your muscles stretch. Your midwife or doctor will advise whether these alternatives are suitable for you.

What happens during the episiotomy?

Your midwife or doctor will numb your vagina and perineum, normally using an injection, so that you do not feel the episiotomy. You can also use gas and air (entonox) if you wish. A specialised surgical scissor is used to perform the episiotomy. Once the episiotomy is performed, your baby is usually born within a few minutes.

What happens after the episiotomy?

Once your baby is born, your doctor or midwife will repair the episiotomy using dissolvable stitches. This is normally done in the room where you had your baby. It is your choice whether you would like to cuddle your baby whilst this happens.

Information for Patients

Organisations offering information and support

Royal College of Obstetricians & Gynaecologists (RCOG)
Perineal tears and episiotomies in childbirth (rcog.org.uk)

NHS:
Episiotomy and perineal tears - NHS (www.nhs.uk)

Bladder and Bowel Foundation:
https://www.bladderandbowel.org/

Birth Trauma Association:
https://www.birthtraumaassociation.org.uk/

Squeezy
https://squeezyapp.com/pelvic-health-information/

Pelvic Obstetric and Gynaecological Physiotherapists (POGP)
https://thepogp.co.uk/patient_information/default.aspx

Information for Patients

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics http://www.nhs.uk/Pages/HomePage.aspx

You may want to visit one of our Health Information Centres located in:

- Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
- Clinic Entrance Solihull Hospital Tel: 0121 424 5616
  or contact us by email: healthinfo.centre@heartofengland.nhs.uk.

Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:
  patientinformationleafletfeedback@heartofengland.nhs.uk

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: www.patientopinion.org.uk
- I want great care: www.iwantgreatcare.org (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.