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New Guidelines Call for Restricted Use of Episiotomies

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NEW YORK (Reuters Health) Mar 31 - Episiotomies should not be performed on a routine basis, but there are situations where the procedure is indicated, according to new practice guidelines by The American College of Obstetricians and Gynecologists (ACOG).

Episiotomy has become one of the most commonly performed obstetrical procedures: roughly a third of women with a vaginal birth in 2000 had an episiotomy. The purported benefits include a reduced risk of perineal trauma and incontinence for the mother and a shortened second stage of labor for the fetus. However, data actually supporting these outcomes is lacking.

In reviewing the literature on episiotomies, Dr. John T. Repke and colleagues, from ACOG, found that the procedure generally did not make labor, delivery, and recovery easier for the mother. Moreover, episiotomy is associated with important and, probably underestimated, risks, such as extension into a third- or fourth-degree tear, anal sphincter dysfunction, and dyspareunia.

Still, the guidelines, which appear in the April issue of *Obstetrics & Gynecology*, note there are situations where episiotomy may be appropriate, such as to prevent a severe maternal laceration or to expedite a difficult delivery.

Based on "good and consistent" scientific evidence (level A), the guidelines:

- Recommend restricted, rather than routine, use of episiotomy.
- Note a lower risk of anal sphincter injury with mediolateral episiotomy versus median episiotomy.

Based on "limited or inconsistent" scientific evidence (level B), the guidelines:

- Suggest that mediolateral episiotomy may be preferable to the median approach in selected cases.
- Emphasize that routine episiotomy does not prevent incontinence related to pelvic floor damage.

"In the case of episiotomy, as with all medical and surgical therapies, we need to continually evaluate what we do and make appropriate changes based on the best and most current evidence available," Dr. Repke said in a statement. "We should avoid the pitfall of letting anything in medicine become 'routine' and therefore, outside the realm of review and critical analysis."

Obstet Gynecol 2006;107:957-960.

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