

# Episiotomy

From [Robin Elise Weiss, LCCE](#),  
Your Guide to [Pregnancy & Childbirth](#).

Is it really necessary?

An episiotomy is a surgical incision in the perineum (the area of skin between the vagina and the anus). It is also a large controversy in childbirth today.

Episiotomies are measured in degrees -- the most common being a 2nd degree (midway between the vagina and the anus) and the least common being a 4th degree (Extending through the rectum, called the episiorctopotomy). There are also different types of episiotomy. The midline is the most common in the USA (it extends directly towards the anus), and the mediolateral is a diagonal cut toward either side to prevent tearing into the rectum.

Dr. JM Thorp, in *Episiotomy: Can its routine use be defended?*, says, "There is little evidence to support routine use of episiotomy. This procedure may well increase the incidence of third- and fourth-degree lacerations.

There are few data to support the premise that this procedure prevents pelvic relaxation." The American College of Obstetricians and Gynecologists say that episiotomy "is not always necessary" and "should not be considered routine." However, estimates claim that the episiotomy rate in the United States is 65-95%, depending on the parity (number of babies previous born).

Episiotomies are said to provide the following benefits:

- Speed up the birth
- Prevent Tearing
- Protects against incontinence
- Protects against pelvic floor relaxation
- Heals easier than tears

These all appear to be valid reasons. The fact is, that medical research has not proven any of these benefits. In fact, in many of the cases, the opposite is actually true. Episiotomies can actually cause harm. The following have been reported as side effects of the episiotomy:

- Infection
- Increased Pain
- Increase in 3rd and 4th degree vaginal lacerations (euphemistically called extensions)
- Longer healing times
- Increased discomfort when intercourse is resumed

Midwife MH Bromberg says it best with, "Review of the literature on episiotomy indicates the likelihood that it is over used, with shaky justification at best. It seems reasonable to infer that a median episiotomy has no great advantage over a first- (into the skin) or second-degree (into the underlying muscle) laceration when there are no overriding fetal indications."

Episiotomies are not always necessary, and there is much you can do to lessen your chances of having this surgical incision. Some preventative measures are:

- Good nutrition (Healthy skin stretches more easily)
- Kegels (exercise for your pelvic floor muscles)
- Prenatal discussion with your care provider about episiotomy
- Prenatal Perineal massage
- A slowed second stage (controlled pushing)
- Warm compresses, perineal massage and support during delivery

Remember, as with any medical procedure, there is **always** a time and a place where it is a valid option.

**As always, knowing your rights as a patient/client and being knowledgeable about your body and the proposed procedure will take you a long way. Good luck and good birth!**