In 2006, the American College of Obstetricians and Gynecologists (ACOG) recommended restrictive use of episiotomy over routine use. Studies examining restrictive use of episiotomy found that it decreased serious posterior perineal trauma, suture repair of lacerations, and healing complications. There was significantly more anterior perineal trauma with restrictive episiotomy. As the anterior perineum is rich in both vascular and nervous tissue, increasing the rate of anterior lacerations could negatively affect women's long-term quality of life.

To investigate the impact of ACOG's recommendation, we studied a model comparing long-term maternal quality-of-life outcomes following routine and restrictive episiotomy. In this prospective cohort study, women who experienced only posterior lacerations modeled outcomes of routine episiotomy. Women who experienced anterior lacerations requiring suture closure, with or without posterior lacerations, modeled outcomes of restrictive episiotomy. A total sample size of 180 subjects achieved adequate power to detect a one point difference on a five-point Likert scale, assuming a 3:1 ratio between groups. Subjects completed a survey immediately postpartum and at three, six, and twelve months postpartum. Baseline postpartum survey asked about sexual satisfaction, dysuria, incontinence of flatus, stool, and urine before pregnancy, as well as current perineal pain. Subsequent surveys asked the same questions at three, six, and twelve months postpartum. Cox proportional hazards modeling was utilized. The change in subjects' responses over time was modeled as two components: change in baseline followed by a linear trend.

Our study was adequately powered to conclude that restrictive episiotomy use does not increase women's long-term likelihood of experiencing perineal pain, dysuria, or incontinence of stool, urine, or flatus. Women's long-term sexual satisfaction is also unchanged. Practicing restrictive episiotomy does not adversely affect important women's long-term quality-of-life measures.

References

Figure 1. Graphical representation of responses from baseline to twelve months between routine and restrictive episiotomy model groups

Score interpreted as 1=Yes, 2=No. Score interpreted as spectrum of 1=little to no pain to 5=intense pain. Score interpreted in Q1B, 2-10 as spectrum of 1=Never to 5=Always.