OUTCOME OF EPISIOTOMY REPAIR AMONG WOMEN IN A TERTIARY HEALTH CARE INSTITUTION IN NIGERIA

[1]Emmanuel Columba INYANG-ETOH, [2]Aniekan Monday ABASIATTAI, [1]Augustine Vincent UMOH

[1]Dept. of obstetrics and gynaecology, University of Uyo, Nigeri

[2]Dept. of Obstetrics and Gynaecology, University of Calabar, Nigeria.

ABSTRACT

Background: Even though restrictive use of episiotomy has been advocated, its use cannot be completely eliminated, so efforts should be made to manage the procedure adequately to prevent adverse effects on the mothers. **Objectives:** This study set out to establish the sociodemographic characteristics and post-repair complaints of women who had episiotomy performed on them during their delivery in the centre studied. The complaint profile of women whose episiotomies were repaired by House officers were compared with those repaired by Seniors. **Results:** The incidence of episiotomy in the centre during the study period was 34.5%. The modal (40.7%) age-group among parturients in the study population was 26-30 years with the majority being primiparous women. A vast majority (89.5%) of the parturients were married and 66.9% had attained post-secondary level of education. Most (94.5%) of the parturients had booked and obtained antenatal care in the centre. The majority (55.7%) of the episiotomies were repaired by House officers, while Consultants were involved in only 1.8% of cases. There was no statistically significant difference in the post-episiotomy complaints of the women whose episiotomies were repaired by House officers and those repaired by Seniors.($p< 0.5$) **Conclusion:** The outcome of repair of episiotomy by House officers and Seniors in the centre studied were comparable. Episiotomy can be classified as a House officers' procedure but they would have been appropriately trained on the technique of repair.

Key words: Episiotomy, sociodemographics, women, repair outcome, medical personnel

INTRODUCTION

Episiotomy is the commonest surgical procedure in obstetrics, as it is often required to enlarge the introitus to facilitate delivery when fetopelvic disproportion arising from a rigid perineum occurs.[1,2] Episiotomy rates around the world increased and reached an alarming rate in the 1970s until the practice was reviewed in 1983 by Thacker and Banta.[3,4,5] The pioneering work of the duo demonstrated that the routine use of episiotomy during delivery was not supported by any scientific evidence, so they recommended restrictive use of the procedure.[5] The findings of their research study provided the impetus for a decline in episiotomy rates around the world, and in most maternity centres nowadays, episiotomies are performed on parturients selectively.

The global rates of episiotomy started to decline from the 1980s following the recommendation for restrictive use of the procedure, for example,

Correspondence: Dr E. C. Inyang-Etoh
P. O. Box 200, Ikot Ekpene, Akwa Ibom State
Nigeria. E-mail: emmacol2000@yahoo.com
Phone: 2347034038318, 2348033452822

in the USA, the incidence of episiotomy decreased from 69.6% in 1983 to 19.4 in the year 2000.[6] A lower rate of decline in episiotomy rate was noted in Nigeria as the incidence fell from 28.4% in 1998 to 20.8% in the year 2003.[1] Nigeria being a common-wealth country follows the British National Health Service, which is noted for lower rates of episiotomy and Great Britain has a national average episiotomy rate of 30.0%.[7,8]

Efforts have been made to find ways to reduce the need for episiotomy during delivery. Antenatal perineal massage during the last 6 weeks of pregnancy has been recommended as one of the ways to prevent episiotomy during childbirth.[2,9] At present, the benefits of this procedure has not been consistent from different studies and a large-scale randomized controlled trial will probably be needed to determine the effectiveness and reliability of this proposition in the prevention of episiotomy.

The use of episiotomy cannot be completely eliminated as it still has a place in forceps delivery, delivery of an infant with fetal distress during the second stage of labour, vaginal delivery of a premature infant and delivery of a woman with previous perineal reconstruction.[6,9] Notwithstanding, the procedure of episiotomy can be complicated with haemorrhage, pain, wound infection, wound breakdown and dyspareunia.[3,10] Some women in our environment have been found to default from hospital delivery because of the fear of having episiotomy performed on them during delivery.[11] Such women opt to deliver in unlicensed maternity centres, where episiotomies are never performed and perinatal outcome could be unsatisfactory.[11]

This study was designed to establish the sociodemographic characteristics and the post-episiotomy repair complaints among women who had episiotomy performed on them during their delivery in the institution studied. The study will also assess whether the designation of the personnel who repaired the episiotomy had any bearing on the post-episiotomy repair complaints by affected women. It is envisaged that the findings of this study will help us improve our practice of episiotomy to make it more acceptable to our women.

MATERIALS AND METHODS

STUDY DESIGN AND STUDY AREA

This was a cross-sectional descriptive study that was conducted in the maternity annex of the University Calabar Teaching Hospital over a twelve months period to assess the sociodemographic characteristics and the complaint profile of women who had episiotomy performed on them during their delivery in the centre. The University of Calabar Teaching Hospital is located in Calabar, the state capital of Cross River State, which is located in the south-south geopolitical zone of Nigeria. The University of Calabar Teaching Hospital is the only tertiary health care institution that provides specialist maternity care to women in the state and its environ. There is a secondary health care facility in Calabar and several primary health centres distributed evenly across the state. Cross River State has a population of about 4million people with Calabar, the state capital having a population of 328,876 people, 50% of which are women.[12]

RECRUITMENT AND DATA COLLECTION

Following approval from the ethical committee of the hospital, parturients who had episiotomy performed on them during the period of the

study and consented to participate in the study were recruited into the study. A total of 289 women had episiotomy performed on them during their delivery but 275 women consented and participated in the study while 14 of them declined. The questionnaires which were structured were pretested successfully and later administered to each parturient within 24 hours postpartum to obtain information on their age, parity, marital status, level of education and their booking status. Additional information included the designation of the doctor that repaired the episiotomy and the post-episiotomy repair complaints of the women.

STATISTICALANALYSIS

The data obtained are presented in the form of numerical, simple proportion and percentages. Statistical calculations were done using conventional statistical formulas and the p-value determined with the aid of standard statistical tables. Some of the results are presented in tabular form for ease of perusal. The X^2- test was used to test for any significant difference in the post-episiotomy repair complaints of women whose episiotomies were repaired by House officers and those repaired by Seniors. A p-value of less than 0.05 was considered statistically significant. The data were analyzed using descriptive and inferential statistics.

RESULTS

The study covered a 12 months period, when 1306 women were delivered vaginally in the maternity annex of the University of Calabar Teaching Hospital. A total of 289 women had episiotomy performed on them but only 275 consented and participated in the study. This gave an incidence of episiotomy of 34.5% in the centre during the study period.

Table 1 shows the age groups and parity of women in the study population. The modal (40.7%) age group was 26-30 years with a preponderance of primiparous women. The social characteristics and booking status of the women are shown in table II. A vast majority (89.5%) of the parturients were married and 66.9% had attained post-secondary level of education. Most (94.5%) of the parturients had booked and received antenatal care in the centre. Table III shows the designation of the medical personnel and the post-episiotomy repair complaint profile of women in the study population. The majority (55.7%) of the episiotomies were repaired by House officers, while Consultants were involved in the repair in only 1.8% of cases.

DISCUSSION

Even though restrictive use of episiotomy has been advocated, the procedure cannot be completely eliminated, as such this study set out to establish the sociodemographic characteristics of parturients, who had episiotomy performed on them during their delivery, and the post-episiotomy repair complaint profile of the women was also appraised. The incidence of episiotomy of 34.5% revealed by this study expectedly fell within the national episiotomy rate, which range from 20.8% to 54.9% in Nigeria.[13,14] Episiotomy rates are noted to be particularly high in the USA, which has a mean incidence of 62.5%, whereas Britain has an average incidence of 30.0%.[7,15] Nigeria being a common-wealth country probably follows the trend in Britain.

The modal (40.7%) age group of 26-30years found among women in the study population is probably a reflection of the peak age group of

reproduction among our women rather than an independent association between maternal age and episiotomy. However, Onah and Akani[2] also found a preponderance of young women below the age of 30years in their study of episiotomy rates in Enugu, Nigeria.

The finding that most (89.5%) of the parturients were married with the majority (66.9%) having attained post-secondary level of education are perhaps incidental findings in this study. Notwithstanding, education and the marital status of women in our environment has been found to influence positively their health seeking attitude.[16] Educated married women could have therefore preferred to obtain their maternity care in the institution studied being a tertiary health care facility, not minding the several other health care facilities in the state. Interestingly, most (94.5%) of the women had booked and received antenatal care in the hospital against the backdrop of the worrisome trend of an increasing maternal mortality ratio in the tropics and the fact that the trend could be reversed if every pregnant woman accessed antenatal care and delivered in a hospital under skilled attendance.[17,18]

The discovery that the majority (55.7%) of the episiotomies were repaired by House officers has confirmed the anecdotal evidence that episiotomy repair in tertiary health care facilities is often relegated to the least experienced member of the obstetric team- the House officer. Nonetheless, the finding of no significant difference ($p<0.5$) in the post-episiotomy repair complaint of perineal pain among the parturients, whether they were repaired by House officers or Seniors was heartwarming as some researchers have insinuated that the outcome of episiotomy repair and the post-operative complications could be influenced by the technique of repair and the experience of the personnel who repaired the episiotomy.[18] It was not surprising that consultants were involved in only 1.8% of the cases as the repair of episiotomy in most tertiary-level maternity centres in Nigeria are often performed by junior doctors.

In conclusion, episiotomy was commonly performed among young primiparous women with the majority being married. The majority of the episiotomies were repaired by House officers and the post-episiotomy repair complaint of perineal pain between parturients whose episiotomy were repaired by House officers and those repaired by Seniors were comparable. Episiotomy repair could be classified as a House officers' procedure, although they would have to undergo appropriate training on the technique of repair.

Table I: *Age Groups And Parity Of Women In The Study Population*

Age groups (Yrs)	P1	P2-4	>P5	Total (%)
<15	2	0	0	2(0.7)
16-20	23	0	0	23(8.4)
21-25	55	13	0	68(24.7)
26-30	77	34	1	112(40.7)
31-35	34	20	4	58(21.1)
36-40	5	5	2	12(4.4)
Total	196	72	7	275(100.0)

Table II: *Social Characteristics And Booking Status Of Women In The Study Population*

Marital status	No. of women (%)
Single	29 (10.5)
Married	246 (89.5)
Level of education	
Primary	25 (5.5)
Secondary	76 (27.6)
Post-secondary	184 (66.9)
Booking status	
Booked	260 (94.5)
Unbooked	10 (3.7)
Referred	5 (1.8)
Total	**275 (100.0)**

Table III*: Personnel And Post-Episiotomy Repair Complaints Among Women In The Study Population*

Personnel	No complaints	Perineal pain	Perineal	*discmft	¥Diff. walk.	Total(100.0)
House officers	75	37	29	12		153(55.7)
Resident doctors	48	30	36	3		117(42.5)
Consultants	1	1	3	0		5(1.8)
Total	124	68	68	15		275(100.0)

*discmft= discomfort

¥diff. walk.= Difficulty walking

There was no statistically significant difference in the post-episiotomy repair complaint of perineal pain between women whose episiotomies were repaired by House officers and those repaired by Seniors.(X^2= 0.669, df= 1, p< 0.5)

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