
Systematic Review Finds No Benefit to Routine Episiotomy

Hartmann, K., Viswanathan, M., Palmieri, R., Gartlehner, G., Thorp, J., Jr, & Lohr, K. N. (2005). Outcomes of routine episiotomy: a systematic review. *JAMA*, 293 (17), 2141-2148. [[Abstract](#)]

Summary: This systematic review, supported by the Agency for Healthcare Research and Quality (AHRQ), investigated the maternal outcomes of routine episiotomy versus restricted use of episiotomy. Outcome measures included perineal injury and suturing, perineal pain, urinary and rectal continence, and sexual function.

Seven randomized controlled trials (RCTs) with a combined 5,001 participants compared early postpartum outcomes of restricted versus routine use of episiotomy. The rates of episiotomy in each group varied widely across studies, and "restricted use" was poorly defined in several trials. The most restrictive definition was to avoid the procedure unless it was necessary for the well-being of the baby. The systematic review found that restrictive use of episiotomy was associated with increased likelihood of having an intact perineum, decreased risk of requiring sutures, and an increased risk of anterior lacerations (though the data suggested these were typically less severe than perineal tears and didn't always need suturing). The data on postpartum pain showed that restrictive use of episiotomy was associated with equivalent or better pain scores compared with routine episiotomy. Rates of infection and other healing complications were equivalent across groups.

The review of the evidence showed no benefit to routine use of episiotomy with respect to urinary or rectal continence or pelvic floor strength for up to 3 years following birth. Longer-term data were not available.

The review of the subset of studies that addressed sexual function showed that restrictive use of episiotomy was associated with earlier return to intercourse compared with routine use of episiotomy. No differences were found in women's reports of painful intercourse.

The reviewers concluded that there is no evidence that routine use of episiotomy results in improved maternal outcomes. They indict clinicians who "have been the primary agents to exercise choice to conduct or not conduct an episiotomy" as

perpetuating a practice that has lacked an evidence base for decades. The authors strongly encourage clinicians, hospitals and birthing centers to work diligently to bring their rates of episiotomy below 8-10%, a rate that is possible when use is restricted to fetal indications.

Significance for Normal Birth: Routine episiotomy is an example of a care practice that continues unabated in many settings despite strong and consistent evidence that has failed to show that its use improves outcomes. As this review's authors point out, rates of episiotomy in different birth settings ranges from below 10% to as high as 85% of spontaneous term births. This discrepancy, they argue, "is heavily driven by local professional norms, experiences in training and individual practitioner preference." This is the strongest evidence to date that episiotomy is over-used and results in more harm than good. More research is needed to clarify and reinforce the specific medical indications for episiotomy (i.e., acute fetal distress) that prove to be beneficial. In the meantime, Lamaze educators, consumers and other normal birth advocates have the evidence necessary to demand an immediate reduction in episiotomy rates well below those currently achieved in most hospitals.