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SHORT COMMUNICATION

Episiotomy: from common practice to selective intervention

La episiotomía: de práctica común a intervención selectiva

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ABSTRACT

Episiotomy was a surgical incision made in the perineum during childbirth to facilitate the delivery of the baby and prevent severe tearing. Although traditionally used routinely, its use was questioned due to a lack of evidence of its benefits and the complications it could cause. Studies showed that it caused more pain and slower recovery than natural tearing. Complications included bleeding, infection, pain during sexual intercourse and, in severe cases, fistulas. The WHO advised against its routine use and promoted its use only in justified cases. In Argentina, although it was common, more restrictive policies were adopted, which showed better results for women.

Keywords: Episiotomy; Childbirth; Complications; Tears; Recovery.

RESUMEN

La episiotomía fue una incisión quirúrgica practicada en el periné durante el parto con el fin de facilitar la salida del bebé y prevenir desgarros graves. Aunque tradicionalmente se utilizó de forma rutinaria, su aplicación fue cuestionada por la falta de evidencia sobre sus beneficios y por las complicaciones que podía ocasionar. Estudios demostraron que generaba más dolor y una recuperación más lenta que los desgarros naturales. Las complicaciones incluyeron hemorragias, infecciones, dolor durante las relaciones sexuales y, en casos graves, fístulas. La OMS desaconsejó su uso sistemático y promovió su empleo solo en casos justificados. En Argentina, aunque fue común, se adoptaron políticas más restrictivas que demostraron mejores resultados para las mujeres.

Palabras clave: Episiotomía; Parto; Complicaciones; Desgarros; Recuperación.

BACKGROUND

Episiotomy is a surgical incision in the perineum made during childbirth to widen the birth canal and facilitate the delivery of the baby.[1] Traditionally, it has been used to prevent severe perineal tears and to speed up labor.[2] However, its routine use has been questioned due to its potential complications and the lack of evidence to support its benefits in all cases.[3]

Studies have shown that episiotomy can cause more pain than a natural tear, both at the time of delivery and in the days following. In addition, recovery may be longer and more complicated in cases of episiotomy.[4,5]

Complications associated with episiotomy include hemorrhage, infection, dehiscence (separation of the wound), hematoma, and edema. In the long term, it can lead to pain during sexual intercourse (dyspareunia), painful scar formation, and, in severe cases, rectovaginal fistulae.[6]

On the other hand, vaginal tears, which occur naturally during childbirth, are classified according to their severity.[7] First- and second-degree tears usually heal without significant complications. In contrast, third and fourth-degree tears may require surgical intervention and have a higher risk of complications such as fecal incontinence.[8,9]

The World Health Organisation (WHO) advises against the routine use of episiotomy and recommends its use only in specific cases where it is medically indicated.[10] Selective use of episiotomy is associated with a reduction in subsequent perineal trauma and fewer healing complications.[11]

In Argentina, many hospitals routinely perform episiotomies, although policies are shifting towards more restrictive use.[3] Local studies have shown that selective episiotomy reduces complications without increasing risks to the mother or baby.[12]

Current evidence suggests that episiotomy offers no significant benefits over natural tears in most cases and may be associated with increased complications. Therefore, its use should be carefully evaluated and reserved for situations where it is clearly indicated. Promoting evidence-based, woman-centered practices is essential to improving birth outcomes and mothers' experiences.

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FINANCING

None.

CONFLICT OF INTEREST

None.

AUTHORSHIP CONTRIBUTION

Conceptualisation: Agustina Campo.
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