

## Ensuring ethical maternal care: Addressing episiotomy trends in Pakistan

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*Madam*, The use of routine episiotomies, particularly those performed without consent, is a concerning and escalating trend during childbirth in Pakistan. An Episiotomy is a surgical incision in the pelvic floor to enlarge the vaginal opening during labour. The incision is performed under local anaesthetic with scissors. It is deemed necessary only under certain conditions: abnormal progression of labour, suspected foetal distress, vacuum or forceps childbirth, and shoulder dystocia.<sup>1,2</sup> Despite the WHO's recommendation of an episiotomy rate of less than 10% to be considered safe, the rates are disproportionately high in Pakistan. This prompts the need for improved maternal care that is responsible, accountable, and consensual.<sup>3</sup>

The need for respectful maternal care is crucial in Pakistan. A study conducted in Rawalpindi analysed data from 124798 deliveries and found an 80% incidence of routine episiotomies during normal vaginal deliveries in primigravida cases.<sup>3</sup> Another cross-sectional study conducted in Karimabad on 235 patients, also revealed an alarming prevalence of episiotomies, with a rate of 78%.<sup>4</sup> These rates differ significantly from those of other countries, such as 17% in New Zealand and 36.5% in Norway, underscoring the potential overuse of episiotomies beyond medical need in Pakistan. Cultural beliefs and a lack of adequately trained staff likely exacerbate this disparity.<sup>2,3</sup> Furthermore, increasing episiotomy rates can adversely impact emotional well-being, cause perineal trauma, difficulty in breastfeeding, infection, and delayed healing.<sup>2</sup> The intensity of these impacts and the high incidence of episiotomy highlight the need for comprehensive reforms in maternal care practices to ensure the safety and well-being of women.

To address this issue, it is imperative to adopt a multifaceted approach that prioritizes informed consent and aims to curb the increasing trend of episiotomies. A commonly presumed benefit of an episiotomy is the prevention of advanced tears; yet, a randomized control trial on 676 patients found no association between decreased use of episiotomy and significant prevalence of severe tears.<sup>5</sup> This stresses the need to shift to a policy of selective episiotomies like that implemented in Vietnam. The approach encompasses allocating a budget for routine training of staff, regularly recording rates of episiotomy/tears and including updated guidance about the use of episiotomies within the curriculum.<sup>2</sup> Furthermore, when performing an episiotomy patients must be fully informed and individually consented, written or verbal. Opt-out consent may apply in emergencies.<sup>1</sup> Such interventions can help ensure higher maternal care standards within Pakistan.

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### References

1. van der Pijl M, Verhoeven C, Hollander M, de Jonge A, Kingma E. The ethics of consent during labour and birth: episiotomies. *J Med Ethics* 2023;49:611-7. doi: 10.1136/jme-2022-108601
2. Vu DH, Ta BTT, Aasen IL, Le DQT, Mathisen R, Becker GE, et al. Promoting Respectful Maternity Care by Reducing Unnecessary Episiotomies: Experiences from Centers of Excellence for Breastfeeding in Vietnam. *Healthcare (Basel)* 2023;11:2520. doi: 10.3390/healthcare11182520
3. Majeed T, Waheed F, Naheed M, Afzal S, Mahmood Z. The Changing Trends in Episiotomy in the Allied Teaching Hospitals of Rawalpindi Medical College. *Pak J Med Health Sci* 2018;12:595-7.
4. Khan NB, Anjum N, Hoodbhoy Z, Khoso R. Episiotomy and its complications: A cross sectional study in secondary care hospital. *J Pak Med Assoc* 2020;70:2036-8. doi: 10.5455/JPMA.290331
5. Sagi-Dain L, Kreinin-Bleicher I, Bahous R, Gur Arye N, Shema T, Eshel A, et al. Is it time to abandon episiotomy use? A randomized controlled trial (EPITRIAL). *Int Urogynecol J* 2020;31:2377-85. doi: 10.1007/s00192-020-04332-2.

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