PREVENTION OF PERINEAL LACERATIONS AND EPISIOTOMY: EVIDENCE FOR CLINICAL PRACTICE

PREVENÇÃO DE LACERAÇÕES PERINEAIS E EPISIOTOMIA: EVIDÊNCIAS PARA A PRÁTICA CLÍNICA

PREVENCIÓN DE LACERACIONES PERINEALES Y EPISIOTOMÍA: EVIDENCIAS PARA LA PRÁCTICA CLÍNICA

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ABSTRACT

Objective: to analyze the scientific productions about the clinical practice in Obstetric Nursing in the prevention of perineal lacerations and reduction of routine episiotomy. **Method:** integrative review, carried out from March to April 2017, in Lilacs and PubMed / MEDLINE databases. The delimited temporal cut was five years, totaling 18 articles to constitute the corpus of the analysis, classified according to the level of scientific evidence. Data were analyzed using the Content Analysis Technique, in the Categorical Analysis modality. **Results:** three categories emerged: << Factors related to the practice of episiotomy and the occurrence of perineal lacerations and indications for performance >>; << Approach of the professional who provides assistance to normal childbirth >> and << Strategies for the prevention of perineal lacerations>>. **Conclusion:** the literature indicates the reduction of routine episiotomy practice and the increasingly frequent use of methods to prevent perineal lacerations. In addition, the studies demonstrate the importance of the care provided by obstetrical nurses, since these professionals use much more good practices of attention to childbirth and birth, in relation to the medical class. **Descriptors:** Obstetric Nursing; Evidence - Based Nursing; Perineum; Episiotomy; Lacerations; Review.

RESUMO

Objetivo: analisar as produções científicas sobre a prática clínica em Enfermagem Obstétrica na prevenção de lacerações perineais e redução da episiotomia de rotina. **Método:** revisão integrativa, realizada no período de março a abril de 2017, nas bases de dados Lilacs e PubMed/MEDLINE. O recorte temporal delimitado foi de cinco anos, totalizando 18 artigos para constituir o corpus da análise classificados quanto ao nível de evidência científica. Os dados foram analisados por meio da técnica de Análise de Conteúdo, na modalidade Análise Categorical. **Resultados:** emergiram as categorias <<Fatores relacionados à prática da episiotomia e ocorrência de lacerações perineais e indicações para a realização>>; <<Abordagem do profissional que presta assistência ao parto normal>> e <<Estratégias para a prevenção de lacerações perineais>>. **Conclusão:** a literatura elencada direciona para a redução da prática da episiotomia de rotina e utilização, cada vez mais frequente, de métodos para a prevenção de lacerações perineais. Além disso, os estudos demonstram a importância da assistência prestada por enfermeiras obstétricas, pois essas profissionais utilizam muito mais as boas práticas de atenção ao parto e nascimento em relação à classe médica. **Descritores:** Enfermagem Obstétrica; Enfermagem Baseada em Evidências; Périneo; Episiotomia; Lacerações; Revisão.

RESUMEN

Objetivo: analizar las producciones científicas sobre la práctica clínica en Enfermería Obstétrica en la prevención de las laceraciones perineales y reducción de la episiotomía de rutina. **Método:** revisión integrativa, realizada en el período de marzo/ abril de 2017, en las bases de datos Lilacs y PubMed / MEDLINE. El recorte temporal delimitado fue de cinco años, totalizando 18 artículos para constituir el corpus del análisis, clasificado en cuanto al nivel de evidencia científica. Los datos fueron analizados por medio de la técnica de Análisis de Contenido, en la modalidad Análisis Categorical. **Resultados:** surgieron las categorías: << Factores relacionados a la práctica de la episiotomía y ocurrencia de laceraciones perineales e indicaciones para la realización >>; << Abordaje del profesional que presta asistencia al parto normal >> y << Estrategias para la prevención de las laceraciones perineales >>. **Conclusión:** la literatura elaborada dirige para la reducción de la práctica de la episiotomía de rutina y el uso, cada vez más frecuente de métodos para prevenir las laceraciones perineales. Además, los estudios demuestran la importancia de la asistencia prestada por enfermeras obstétricas, pues estas profesionales utilizan mucho más las buenas prácticas de atención al parto y nacimiento, en detrimento de la clase médica. **Descriptores:** Enfermería Obstétrica; Enfermería Basada em la Evidencia; Perineo; Episiotomía; Laceraciones; Revisión.

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INTRODUCTION

The Brazilian obstetric model is in a continuous process of changes, to the detriment of high rates of obstetric interventions and, consequently, maternal and neonatal morbidity and mortality. In view of this, more and more effective and safe obstetric practices, are being stimulated, together with the scientific evidences. In this way, several movements are being carried out in favor of the training of professionals and the insertion of obstetricians and midwives, for the qualification and humanization of care.¹

In order to improve the standard of obstetric and perinatal care in the world in 1996, the World Health Organization (WHO) published a guide to clinical practice on what should and should not be done during labor and delivery. Entitled "Good Practices in Delivery and Childbirth Care", this paper proposes that obstetric care be backed by the best published scientific studies worldwide.²

In the scope of good practices, the stimulus for the reduction of the episiotomy procedure is highlighted. This intervention is still routinely practiced by health professionals in order to prevent severe perineal lacerations and to shorten the delivery period, especially in critical situations, such as instrumental delivery. However, studies point out that risks outweigh the benefits, and may increase the extent of perineal lacerations and blood loss, cause infections, impair women's sexual function, and other complications.³

According to the National Guidelines for Assistance to Normal Labor published in 2016, episiotomy should not be performed routinely in spontaneous vaginal deliveries. In addition, if performed, its need should be duly justified, since there is no consistent scientific evidence to indicate actual indications for this procedure.⁴ This study is in line with what is advocated by WHO, which also suggested that rate should be around 10%.²

Therefore, it has been increasingly invested in methodologically consistent research, in order to constitute a theoretical-procedural corpus, for the implementation of techniques, in order to prevent perineal lacerations and to promote perineal integrity and the practice of restrictive episiotomy. Thus, with the stimulus for entry of the obstetric nurse into the scenario of usual childbirth care, these techniques are increasingly being researched and implemented in health services.

OBJECTIVE

- To analyze the scientific productions about clinical practice in Obstetric Nursing in the prevention of perineal lacerations and reduction of routine episiotomy.

METHOD

For the elaboration of this integrative review, six stages were covered, namely: identification of the theme and construction of the research question; delimitation of inclusion and exclusion criteria; survey of publications in databases; categorization and analysis of information extracted from publications; interpretation and critical analysis of the findings and presentation / synthesis of the review.⁵

In view of the above, the guiding question was formulated: *What are the scientific evidences in the national and international literature on the prevention of perineal lacerations at delivery and reduction of episiotomy rates?* Included in this study were publications on the prevention of perineal lacerations and episiotomy, available online, free of charge, with original articles in Portuguese, English and Spanish, and with abstracts available, indexed in databases and published as of 2011, the year in which it was published The Stork Network strategy was established as a milestone in maternal and child health care in Brazil.⁶ Theses, dissertations, review, opinion and reflection articles were excluded as well as studies that did not meet the criteria for inclusion and did not respond to the guiding question of research.

The search of the publications was performed by two independent reviewers, in the Latin American and Caribbean Literature (Lilacs) and Medical Literature Analysis and Retrieval System Online (MEDLINE) databases by PubMed / MEDLINE, in the period of March and April of 2017. The analysis occurred from the direct research in the databases. Firstly, the title and summary of the publications found in the search were read, based on the objective of the study and the guiding question of research. Then, the articles were read in full, which were selected according to the inclusion and exclusion criteria delimited. A data collection instrument was developed by the author of the review, through which the main information about the selected studies was extracted: author, year of publication, study methodology, objectives and main results on methods of prevention of perineal lacerations . The following search strategies were used, based on terms indexed

in the Descriptors in Health Sciences (DeCS), in the LILACS database: *Obstetric Nursing AND Episiotomy and Humanized Parturition; Obstetric Nursing AND episiotomy; Obstetric Nursing AND Perineum; Perineum AND Lacerations*. In the PubMed / MEDLINE database, the terms indexed in the MeSH Database were used: *Perineum AND Lacerations AND Prevention and control*, the latter term being indexed as Mesh Subheading. On this basis, the filter was used for publications submitted in the period from April 2011 to April 2017.

The search in the databases returned 72 publications, (38 from Lilacs and 34 from PubMed/ MEDLINE) and, from a careful

analysis, the final sample consisted of 18 studies, which were used to support this research. met the main objective. The flowchart of the search and selection stages of the publications in the databases can be visualized in figure 1 on the next page.

Two evaluation instruments were used to evaluate the methodological quality of the studies. The first was the classification of the level of scientific evidence⁷ and the second, adapted from the Critical Apprenticeship Skills Program (CASP) - a Critical Reading Skills Program, part of the Public Health Resource Unit (PHRU), which was prepared by Oxford University.⁸

Figure 1. Flowchart of the search and selection stages of the studies in the databases. Santa Maria, RS, Brazil.

The data were analyzed through the Content Analysis technique, in the Categorical Analysis modality.

Reference	Journal	Methodology / Level of Evidence	Objective of the study
Salge et al.,2012 ⁹	Electronic J Nursing	Retrospective cross-sectional study / Level VI	To evaluate the use of episiotomy and its association with maternal and neonatal alterations in two public maternity hospitals.
Figueiredo et al.,2011 ¹⁰	J Nurs UERJ	Observational descriptive quantitative study / Level VI	To analyze the occurrence of episiotomy and its relation with the parity of women assisted by obstetrician nurses from a public maternity hospital in Rio de Janeiro.
Wey et al.,2011 ¹¹	OBJN	Qualitative descriptive study / Level VI	Understanding the experiences and perceptions of women undergoing episiotomy.
Pereira et al.,2012 ¹²	Electronic J Nursing	Retrospective documentary study / Level VI	Describe the care profile of normal deliveries attended by nurses and physicians and analyze the similarities and differences in maternal and neonatal outcomes.
Riesco et al.,2011 ¹³	J Nurs UERJ	Retrospective documentary study / Level VI	To associate perineal integrity, spontaneous laceration and episiotomy, in normal births, with maternal age, parity, gestational age, weight and vitality of the newborn.
Nakamura et al.,2014 ¹⁴	Einstein	Observational cross-sectional study / Level VI	Determine how the parturient tolerates the use of the EPI-NO device.
Lewis et al.,2011 ¹⁵	West Indian Medical jornal	Retrospective control case study / Level IV	To identify significant and modifiable risk factors associated with the occurrence of perineal lacerations of 3rd and 4th grades and to produce recommendations that may reduce their morbidity and prevalence.
Figueiredo et al.,2015 ¹⁶	Invest Educ Nurs	Qualitative descriptive study / Level VI	To identify the perception of adolescent puerperae regarding the practice of episiotomy.
Demirel; Golbasi, 2015 ¹⁷	BJOG	Controlled ECR / Level II	To examine the effects of perineal massage, during active labor on the frequency of episiotomy and perineal laceration.
Poulsen et al., 2015 ¹⁸	BMJ Open	Systematic review Level I	Systematically evaluate evidence on interventions to prevent obstetric lesions of the anal sphincter.
Ampt et al., 2015 ¹⁹	Aust N Z J Obstet Gynaecol	Cross-sectional descriptive study / Level VI	To determine which perineal protection technique midwives prefer in low-risk births.
Bulchandani et al., 2015 ²⁰	BJOG	Systematic review Level I	To evaluate the effect of the 'Hands on' routine / manual perineal support (MPS) during childbirth x ad hoc / non-perineal support ('hands off / poised'), risk and degree of perineal trauma.
Wang et al.,2015 ²¹	Women and Birth	Integrative Review / Level VI	Review current evidence of "hands on" and "hands-on" techniques for perineal laceration rates.
Lavesson et al.,2014 ²²	Eur J Obstet Gynaecol Reprod Biol	Multicentre controlled ECR / Level II	To evaluate the protective effects of a new device to reduce perineal lacerations during vaginal delivery.
Venditelli et al.,2014 ²³	BMC Pregnancy and Childbirth	Cohort study / Level IV	To evaluate whether labor induction policies for women with a constitutionally large fetus for GI can reduce the occurrence of severe perineal lacerations.
Steiner et al.,2012 ²⁴	Archives of Gynecology and Obstetrics	Retrospective comparative study / Level VI	To investigate whether episiotomy prevents perineal lacerations of 3rd or 4th grade under critical conditions (shoulder dystocia, instrumental deliveries, persistent OP position, fetal macrosomia and non-tranquilizing FHR).
Atam et al., 2016 ²⁵	BJOG	Multicentre controlled ECR / Level II	To evaluate the effects of the use of EPI-NO on intrapartum perineal trauma.
Zhou et al.,2015 ²⁶	Cochrane Database Systematic Reviews	Systematic review with meta-analysis / Level I	To evaluate the efficacy and safety of hyaluronic injection to reduce perineal trauma, episiotomy and perineal pain in vaginal deliveries.

Figure 2. Studies identified according to reference, year of publication, methodology, level of evidence and objective. Santa Maria (RS), Brazil, 2016.

RESULTS

18 articles were selected to constitute the corpus of the analysis, eight of them from the Lilacs database and ten from PubMed / MEDLINE. In relation to the publication of the studies, there was a predominance of publications of the International Journal of Obstetrics and Gynecology (três) and, of the national ones, the Electronic Journal of Nursing (two) and UERJ Journal of Nursing (two). Regarding the year of publication, recent studies predominate, from 2015 (seven).

Regarding the methodological approach, cross-sectional descriptive studies (three), randomized clinical studies (three) and systematic reviews (three) prevail. The majority of studies (ten) have a level of evidence VI, therefore, with little relevance to decision making in clinical practice. It is justified the predominance of studies with low levels of evidence due to the lack of scientific productions with consistent methodologies. This demonstrates the importance of research with methodological rigor and the publication of scientific evidence relevant to clinical practice. Figure 2 was elaborated with the main data extracted from the review of the studies

DISCUSSION

◆ Factors related to the practice of episiotomy and the occurrence of perineal lacerations and indications for the performance

Of the articles selected for this category, three Brazilian studies show that episiotomy is still a recurring practice in the daily life of maternity wards. However, factors related to its indication, such as primiparity, are questionable, since they do not corroborate with that recommended by national and international recommendations.^{9-10,13}

Some risk factors for the need for episiotomy and the occurrence of perineal lacerations are scored. Primiparous women with no prior vaginal birth history and with little perineal distensibility are three times more likely to undergo the procedure. Prematurity, weight and vitality of the newborn are also associated with the perineal outcome, increasing the occurrence of lacerations and episiotomy. However, multiparity increases the probability of an intact perineum, whereas nulliparous women have a greater perineal elasticity and, therefore, less chance that the procedure is performed due to the absence of a previous

perineal scar.¹³ Obstetric interventions are also indicated as risk factors for carrying out this procedure, such as: epidural analgesia, instrumental delivery and use of synthetic oxytocin for the induction of labor and post-term deliveries (over 41 weeks).²⁷

About the episiotomy and its association with maternal and neonatal alterations, in a study that evaluated 1,129 medical records, the results showed that there was also a predominance of the practice in primiparous women. In relation to the variables related to the vitality of the newborn, such as Apgar score, birth weight, prematurity, among other neonatal aspects, they did not influence this practice, concluding that it is performed without precise indications.⁹

Some factors that may influence the occurrence of spontaneous perineal lacerations, including maternal-fetal conditions, are described. From the knowledge of these factors, the professional can analyze the need for perineal trauma prevention techniques. The studies point to the use of episiotomy to prevent severe lacerations, but the results emphasize that this procedure does not prevent the occurrence of trauma, as well as, it poses more risks than benefits to the woman.

In Jamaica, it was evidenced that the prevalence of 3rd and 4th degree lacerations is mainly, related to fetal birth weight (<3.4 kg) and invasive procedures in instrumental delivery, such as forceps and extractor vacuum.¹⁵ factors related to the perineal outcome, there may be an association with parity, prematurity, weight and vitality of the newborn. According to a study that analyzed these factors, the probability of occurrence of lacerations of 2nd degree was higher in newborns weighing more than 3,300 grams.¹³

In Amapá, in a quasi-experimental study, nurses and physicians reported performing episiotomy and directed pulling to prevent lacerations, thus, exposing women to perineal trauma. After an educational intervention, there was an increase in reports of intact perineum and adherence to evidence-based practices by professionals, as well as a reduction in those practices that may increase the occurrence of lacerations.³⁰

From the findings in the literature, it is synthesized that, interventional practices may contribute to perineal trauma, and should therefore be avoided or used restrictively. One can mention, for example, strategies to avoid perineal lacerations that exclude episiotomy as a form of prevention. Also, some maternal-fetal characteristics can be visualized prior to labor, such as fetal weight,

and should be individualized in order to minimize lacerations. Finally, in relation to directed pull, it is now recommended that the woman make the expulsive force only when she feels like doing it, without being commanded by the professional. From these reflections, it is reiterated the importance of more studies being carried out in the area, in favor of a qualified and humanized assistance, with the minimum of interventions and for the integrity of the female perineum.

♦ Approach of the professional that provides assistance to the normal birth

In the care provided by obstetrical nurses, a study shows the prevalence of episiotomy, especially in primiparous women, in line with previous studies. Of the 447 births attended by this professional class, the intervention was performed in 50 of them. Of the 134 primiparous women, 41 had an episiotomy. Nonetheless, when compared with medical care, there is a reduction in rates when obstetrical nurses take delivery, although practice is still predominant.¹⁰

When corroborating with the mentioned author, on the perceptions of women submitted to episiotomy, two studies show that they are generally unaware of the procedure and do not receive information about the need to perform it at the time of delivery. In addition, they said they preferred a vaginal delivery without the "cut", but did not feel safe to ask the doctor. Others also believe that the episiotomy should be performed, as it assists in the exit of the baby, accelerating the birth, preventing the vaginal distension and that it is the medical professional who must decide on its necessity or not.^{11,16}

Also, on the assistance provided by obstetric physicians and nurses, in a study performed in a maternity hospital in Rio de Janeiro, both professionals performed obstetric interventions. Thus, it is perceived that the technician model of health care is still predominant. However, in relation to the episiotomy, there was a greater proportion of its performance by the medical professional.¹²

In a comparative study, 37% (n = 75) of the follow-up performed by an obstetrician nurse, and 10.2% (n = 98) of the medical follow-up were observed in the practice of medical professionals and obstetricians. In addition, primary care lacerations (59.3%), a lower proportion of lacerations in the 2nd degree (22.2%) predominated, and severe traumas (3rd and 4th grades) were not observed. The rate of intact perineum was higher, 45.2%, by obstetric nurses and only 21.4% for physicians. These results demonstrate that the obstetrical

nurses tend to be less involved in the follow-up of usual risk pregnancies, and greater concern and care with the female perineum, restricting the practice of episiotomy.¹²

In a study conducted in Israel, there was a comparison of 168,077 deliveries with and without episiotomy and its association with critical situations. The research pointed to a significant association between the performance of mid-lateral episiotomy and the occurrence of severe lacerations (3rd and 4th degrees). Moreover, even in conditions such as fetal macrosomia, non-reassuring fetal heart rate, occiput-posterior position, instrumental delivery, and shoulder dystocia, the results showed an association, regardless of episiotomy, with severe lacerations.²⁴ This demonstrates the need for a restrictive practice this intervention.

From the above, according to recent systematic review and with what is recommended by the national guidelines, there is no scientific evidence that routine episiotomy reduces perineal trauma rates, but adopt a restrictive practice in women who are not candidates for childbirth instrumental, for example, may contribute to the reduction of perineal trauma.²⁸⁻⁹

This practice has become a routine procedure for a long time, based only on the experience of medical professionals. Currently, the best scientific evidence supports the thesis that there are no indications for its realization, as well as benefits for its practice. However, it is perceived that, despite the surveys pointed out by the studies, many professionals still use this procedure in the daily life of the health services. Therefore, the importance of scientific evidence in modern obstetrics is emphasized in order to transform the obstetric model in favor of humanized and less interventionist assistance.

♦ Strategies for the prevention of perineal lacerations

The stimulation of natural and physiological childbirth, especially by obstetrical nurses, has been directing care to a performance in favor of perineal integrity. From this, it is noticed that studies are being carried out, mainly at an international level, on techniques to prevent lacerations and maintain the pelvic floor intact, at the time of delivery.

From the synthesis of the publications listed for this review, some techniques of perineal preservation that are being studied and increasingly used, such as: hands off, perineal massage, use of perineal protection device (EPI-NO), induction of labor and

perineal injection of hyaluronidase. The studies point out the benefits / harms and the effectiveness or not of these techniques, also suggesting the elaboration of better delineated research.

The hands off technique is gaining more and more space in obstetrical care, being performed mainly by obstetricians and obstetricians, to the detriment of the hands on technique. Traditionally, the professionals performed active management of the perineum, that is, they held it during the expulsive period and pressure was applied with the fingers, down, in order to control the velocity of exit of the cephalic pole. Currently, the hands off technique proposes that the perineum of the woman does not suffer the stimulus from the hands of the professional and that this control is done, spontaneously, by the woman. In two studies, the majority of the obstetricians (63.0%) prefer to use the hands off technique in standard risk deliveries, but most use the hands on technique (83.4%) in high-risk deliveries, especially those with a high probability of severe perineal trauma involving the anal sphincter.¹⁹

In a systematic review of manual hands on routine support compared to hands off in terms of risk and degree of perineal trauma, the authors did not reach consensus on the hand-on perineal trauma protective factor, but suggest that there may be benefits in adopting this practice, mainly because of the potential reduction of anal sphincter traumas. On the hands off technique, there was a significant reduction in episiotomy rates when professionals adopted this method. Therefore, the authors suggest that efficient, well-delineated multicenter randomized clinical trials should be performed to evaluate complex interventions on the two methods, comparing them according to the rates of anal sphincter lesions.²⁰

This conclusion was also found in a review of the literature on the current evidence related to these methods. It is not possible to conclude on the effectiveness of the reduction of severe lacerations using the hands-on technique, especially the limitations of the selected studies, such as the randomized clinical trials, mainly in relation to the concept of each method and the professionals' understanding of the classification of lacerations.²¹

These results are in agreement with the evidence from a systematic review where, with a sample of 4,099 women, the hands on and hands off techniques were evaluated. The occurrence of perineal lacerations of any

degree and the need for episiotomy were lower in women in whom the hands off technique was applied.³¹ From this, the two techniques can be applied during the period of delivery to facilitate normal delivery spontaneous. Attention should be paid only to the hands-on technique, controlling the fetal cephalic pole descent and not performing directed pulling.²⁸

Regarding the effect of the Finnish intervention of perineal protection, which consists of active manual protection, Nordic studies applying this technique obtained a reduction of anal sphincter traumas, but lower Apgar scores and increased episiotomy. It was concluded, therefore, that the technique can not be considered in clinical practice due to the low level of evidence of the studies selected in the review, which present important methodological limitations.¹⁸

Regarding the techniques used at the time of delivery, in a randomized clinical study conducted in Sweden with 1,148 women in labor, the use of a perineal protection device in vaginal delivery was evaluated. The results showed some benefits, and the number of women with intact perineum was higher in the intervention group (184; 34.9%) than in the control group (142; 26.6%), and the incidence of lacerations second grades were statistically lower in the intervention group. No negative complaints were observed in the use of the device.²²

Regarding the techniques that can be used during prenatal care, in the third trimester and also at the time of delivery, studies on the use of the EPI-NO device, which means "non-episiotomy", were listed. It is a kind of balloon, introduced into the vagina and inflated, which produces the distension of the perineal muscles. The use of the device was well tolerated by the patients. Primiparous or multiparous women in labor were included in the sample. It was concluded that the rate of episiotomy and the degree of lacerations was lower in patients who used the device.¹⁴

In contrast, on this method, a recent randomized clinical trial in Australia with 660 pregnant women challenged the use of EPI-NO during prenatal care. The study evidenced great uncertainty regarding the benefits of the use of the device, in primiparas with term pregnancies and without obstetric complications, in the prevention of pelvic floor trauma and obstetric anal sphincter lesions (3rd and 4th degree lesions). Therefore, because this is a recent study, carried out using a methodology with a high level of scientific evidence, obstetrical

professionals should be advised not to guide the use of the device by pregnant women, since it is not proven to be effective.²⁵

Some strategies can be used both in the prenatal period and during labor, such as perineal massage. In a survey conducted in Turkey, the technique was evaluated in the first and second stages of labor in a randomized clinical trial. There was no statistical difference in the occurrence of perineal lacerations, but the reduction of episiotomy rates in the group receiving liquid vaseline massage.¹⁷ From this, the guidelines of the Ministry of Health for normal birth do not advise the performance of this technique for not benefits in reducing perineal lacerations.²⁸

Two pharmacological techniques were also cited to prevent perineal lacerations: induction of labor with synthetic oxytocin and perineal injection of hyaluronidase. The first one is mainly used in non-diabetic pregnant women, with constitutionally large fetuses and gestational age of 37 to 38 weeks and six days. The results demonstrated that induction under these conditions does not reduce the occurrence of perineal lacerations and that the identification of fetal intrauterine macrosomia does not improve maternal outcomes.²³ The second technique, compared to placebo injection and no intervention, did not present significant differences and more consistent studies are needed to prove its effectiveness.²⁶

In summary, the importance of further research in the area on pelvic floor preservation techniques, mainly performed by obstetrician nurses, is reiterated. Some publications have been elaborated by this professional category, which demonstrates the advances of a class that prioritizes the practice based on evidence and that is gaining important space in the assistance to vaginal birth of habitual risk in Brazil and in the world. Considering the results presented in the categories, we can see an increase in scientific productions about the prevention of perineal traumas in vaginal deliveries. This is due to the increasing stimulation of vaginal delivery and the need to improve the experience of women in this process.

However, professionals in the area, supported by some international studies, have been questioning whether 1st and 2nd degree lacerations would be a problem for women, since it is a physiological event with a high probability of occurrence in this process. Some evidence even casts doubt on the need to suture non-severe lacerations, mainly because of the quality of the sutures used and

the increased risk of puerperal infections due to the suture technique and lack of intimate hygiene guidelines for women.³² Despite this, most of the studies are still focused on uncovering the risk factors and methods for the prevention of perineal lacerations in order to improve the quality of life of women and the repercussions on sexual health.

CONCLUSION

In view of the results, the literature refers to the reduction of routine episiotomy practice and the increasingly frequent use of methods for the prevention of perineal lacerations, as recommended by national and international guidelines. Moreover, it shows that the practice of episiotomy is performed, mainly, by medical professionals, in relation to obstetrical nurses. This information configures the insertion of this professional into the normal delivery scenario as a strategy to reduce this procedure and increase the rates of non-severe perineal lacerations. This is mainly because Obstetric Nursing uses more good practices of childbirth care, pain relief technologies, and other methods than the medical class.

This study presents relevant data, based on recent studies, which may guide obstetric practice, which is constantly changing over the years. However, there is a growing need for evidence-based research to guide care that has for a long time been based on the experience of health professionals, and recently instigates reflection on the best studies ever published. It is a relevant topic that can contribute to the progress of scientific knowledge.

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