



EPISIOTOMY UNDER THE VIEW OF OBSTETRIC PHYSICIANS AND NURSES: CRITERIA

EPISIOTOMIA SOB A ÓTICA DE MÉDICOS E ENFERMEIROS OBSTETRAS: CRITÉRIOS EPISIOTOMÍA BAJO LA ÓPTICA DE MÉDICOS Y ENFERMEROS OBSTETRAS: CRITERIOS

Danielle Ingrid Bezerra de Vasconcelos¹, Leila de Cássia Tavares da Fonsêca², Aurilene Josefa Cartaxo Gomes de Arruda³

ABSTRACT

Objectives: to evaluate episiotomy under the view of obstetric professionals and list the criteria used in their practice. **Methodology:** this is a qualitative study carried out in a public hospital in the city of Joao Pessoa, Paraiba, Brazil. The sample consisted of ten professionals who perform episiotomy in this hospital. The data were collected in the obstetrical clinic using a semi-structured form and they were evaluated in two steps: the first was the sociodemographic characterization of the sample, presented in percentage, and the second one was the analysis through the Collective Subject Discourse (CSD) technique, proposed by Lefèvre and Lefèvre. The research took place according to Resolution 196/96, from the Brazilian National Research Council, and it was approved by the Research Ethics Committee of CCS/UFPB, under the Protocol 393/09. **Results:** the results showed that the professionals are aware of the benefits and harms of episiotomy, however, they use mistaken criteria in their practice. **Conclusion:** mediolateral episiotomy is routinely adopted, although there are scientific controversies concerning its use, something which can lead to more harms than benefits to the mother-fetus binomial. **Descriptors:** episiotomy; criterion; obstetric professionals.

RESUMO

Objetivo: avaliar a episiotomia sob a ótica vista de profissionais obstetras e listar os critérios utilizados em sua prática. **Metodologia:** trata-se de um estudo qualitativo desenvolvido em um hospital público na cidade de João Pessoa-PB. A amostra foi composta por dez profissionais que realizam episiotomia nesse hospital. Os dados foram coletados na clínica obstétrica com emprego de um formulário semiestruturado e eles foram avaliados em duas etapas: a primeira foi a caracterização sociodemográfica da amostra, apresentada em percentual, e a segunda foi a análise por meio da técnica do Discurso do Sujeito Coletivo (DSC), proposta por Lefèvre e Lefèvre. A pesquisa foi realizada de acordo com a Resolução n. 196/96, do Conselho Nacional de Pesquisa, e aprovada pelo Comitê de Ética em Pesquisa do CCS/UFPB, sob o Protocolo n. 393/09. **Resultados:** os resultados demonstraram que os profissionais estão conscientes dos benefícios e malefícios da episiotomia, porém, utilizam critérios equivocados em sua prática. **Conclusão:** a episiotomia médio-lateral é adotada rotineiramente, apesar das controvérsias científicas sobre seu uso, o que pode provocar mais malefícios do que benefícios para o binômio mãe-feto. **Descritores:** episiotomia; critério; profissionais obstetras.

RESUMEN

Objetivo: evaluar la episiotomía bajo la óptica de profesionales obstetras y listar los criterios utilizados en su práctica. **Metodología:** esto es un estudio cualitativo desarrollado en un hospital público en la ciudad de João Pessoa, Paraíba, Brasil. La muestra fue compuesta por diez profesionales que realizan episiotomía en ese hospital. Los datos fueron recogidos en la clínica obstétrica utilizando un formulario semi-estructurado y ellos fueron evaluados en dos etapas: la primera fue la caracterización sociodemográfica de la muestra, presentada en porcentaje, y la segunda fue el análisis por medio de la técnica del Discurso del Sujeto Colectivo (DSC), propuesta por Lefèvre y Lefèvre. La investigación fue realizada de acuerdo con la Resolución 196/96, del Consejo Nacional de Investigación brasileño, y aprobada por el Comité de Ética en Investigación del CCS/UFPB, bajo el Protocolo 393/09. **Resultados:** los resultados demostraron que los profesionales están conscientes de los beneficios y maleficios de la episiotomía, pero utilizan criterios equivocados en su práctica. **Conclusión:** la episiotomía mediolateral es adoptada de forma rutinaria, aunque hay controversias científicas acerca de su uso, lo que puede provocar más maleficios que beneficios para el binomio madre-feto. **Descriptor:** episiotomía; criterio; profesionales obstetras.

¹M.A. in Cellular and Molecular Biology obtained from Universidade Federal da Paraíba (UFPB). João Pessoa (PB), Brazil. E-mail: dani.ingridb@gmail.com; ²M.A. in Collective Health. Professor from the Clinical Nursing Department of UFPB. João Pessoa (PB), Brazil. E-mail: leilafonseca@hotmail.com; ³M.A. in Public Health. Ph.D student in Public Health at ENSP/FIOCRUZ. Professor from the Clinical Nursing Department of UFPB. João Pessoa (PB), Brazil. E-mail: aurilene_cartaxo@hotmail.com.

INTRODUCTION

When watching the conceptual changes that span the societies, one finds out that childbirth experienced changes in its meaning through the times. It has lost the natural and physiological denotation to become a hospitalized, “medicalized”, and pathological term, which some authors name “technological delivery”.¹

Having this factor in mind and using the fast technological advancement provided in the last fifty years, obstetric professionals ended up adopting technological practices in an unrestrained manner, aiming to start, intensify, rule, and monitor delivery. The use of these procedures, many times, was held in an inadequate and unnecessary way, disregarding safety and effectiveness. Among these techniques, we can highlight episiotomy.

Etymologically, episiotomy means “epision” = pubis + “tomy” = cut, i.e., to cut the pubis. It concerns a surgical incision, carried out all around the world, in the vulvar region, with the purpose of increasing the vaginal opening during delivery, favoring the fetus extraction, and preventing unnecessary lesions to the cephalic pole.²⁻³

This practice was initially used to increase the delivery channel, but it came to be adopted in a prophylactic manner, against possible severe perineal lacerations.⁴

Within this context of excessive use of procedures in the health care field, by the end of the 20th century, the international movement for medical care based on empirical evidence of the procedures’ safety and effectiveness became stronger in all medical specialties, the so called Evidence-Based Medicine (EBM). This movement reached pregnancy assistance and normal delivery. In accordance with this fact, scientific assessment showed that the minimum necessary interference should be adopted, compatible only to the mother and child safety, in order to carry out a normal delivery.⁴

The studies on the benefits of routine use of episiotomy have become intensified. The results revealed that the use of episiotomy is associated to a worse evolution during labor and puerperium. It’s known that the technique’s application is related to a bigger hemorrhage, effort urinary incontinence, perineal pain, dyspareunia, edema, infections, hematoma, recto-vaginal fistulae, and, although rare, it’s possible to occur endometriosis at episiorrhaphy.⁵

Besides, with regard to fetus, the use of this technique does not prevent lesions to the cephalic pole, and there is no evidence of benefits concerning fetal asphyxia, brain hemorrhage and retardation, and neither it improves Apgar scores.⁶⁻⁷

Despite evidence on the judicious use of episiotomy, one estimates that the technique is applied to 62.5% of total deliveries in the USA and about 30% in Europe, as in the Latin America it is currently used as a routine intervention in every primipara and in parturients who have experienced a previous episiotomy. In Brazil, data are even more alarming. The intervention is still carried out as a routine one in more than 90% of the vaginal deliveries held on hospital units in the country.⁷⁻⁸

According to the World Health Organization (WHO) and the Brazilian Health Ministry, the use of episiotomy should be proportionate and based on scientific researches. Its routine practice is classified as harmful; the ideal situation would be to apply it to a maximum of 15% of spontaneous deliveries.⁸

Considering this high rate of episiotomy use and the lack of consistency with regard to its actual benefits, when adopted as a prophylactic measure, the need for a study investigating what justifies its everyday use becomes evident. Thus, we ask: are there criteria to perform episiotomy in a daily basis? What are the types of episiotomy adopted and why are they the selected ones?

OBJECTIVES

- To evaluate episiotomy under the view of physicians and nurses and list the criteria, if any, adopted by obstetric physicians and nurses in their practice.
- To list the types of episiotomy adopted by these professionals, investigating which one has the highest incidence and what justifies its adoption, comparing them to the literature concerning the theme.

METHODOLOGY

This study has a descriptive design, with a qualitative approach, and it was carried out in a federal public institution which is a reference center for high-risk childbirth in the city of Joao Pessoa, Paraiba, Brazil. The population consisted of physicians and nurses working in the said maternity hospital, and the sample was chosen, having an outline of the professionals as a basis, among obstetric physicians and nurses who perform deliveries using the episiotomy and episiorrhaphy techniques.

Data collection had as its instrument the interview with aid of a recorder, carried out through a semi-structured questionnaire. The analysis on sociodemographic characterization was expressed in percentage of data and presented in figures; in questions concerning the use of episiotomy, the Collective Subject Discourse (CSD) technique, proposed by Lefèvre and Lefèvre, was adopted.¹⁰

The research was carried out according to Resolution 196/96, from the Brazilian National Research Council, and it was approved by the Research Ethics Committee of CCS/UFPB, under the Protocol 393/09.⁹

RESULTS

◆ Data regarding sample characterization

The sample is mainly formed by physicians (6) and professionals who attended or attend a specialization course in obstetrics (8). One can verify these results in Figure 1 (A and B), in absolute numbers, with data on their professional category and training, respectively.

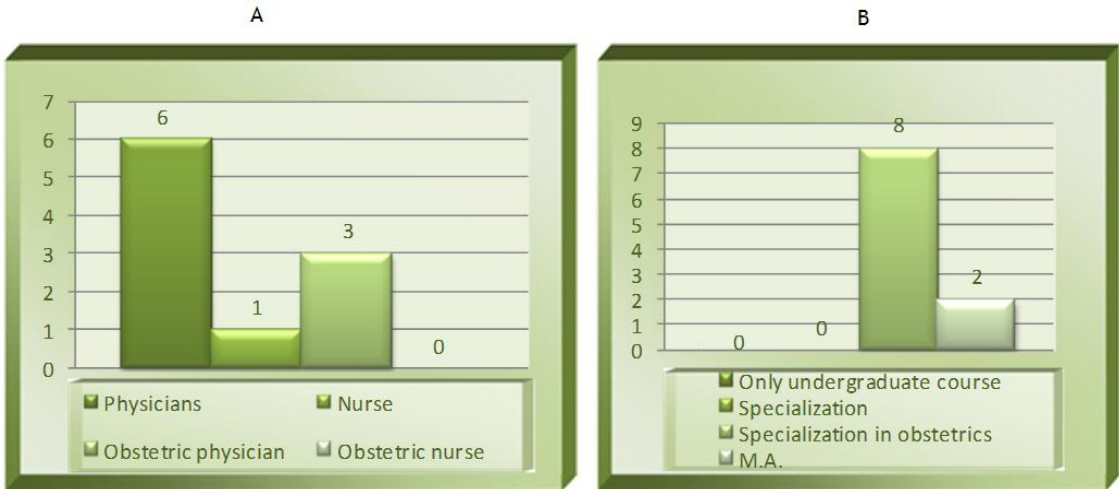


Figure 1. Sample with regard to the professional category (A) and training (B). FPI. Feb./Mar. 2010. Source: Direct survey carried out in a federal public institution (FPI).

Regarding the number of jobs, most respondents (6) had only this one, as 7 professionals had jobs only in the field of obstetrics (Figure 2, A and B).

Out of the whole sample, only 1 individual had 2 jobs, both in the field of obstetrics. And only 1 respondent had 3 jobs, all of them in the field of obstetrics.

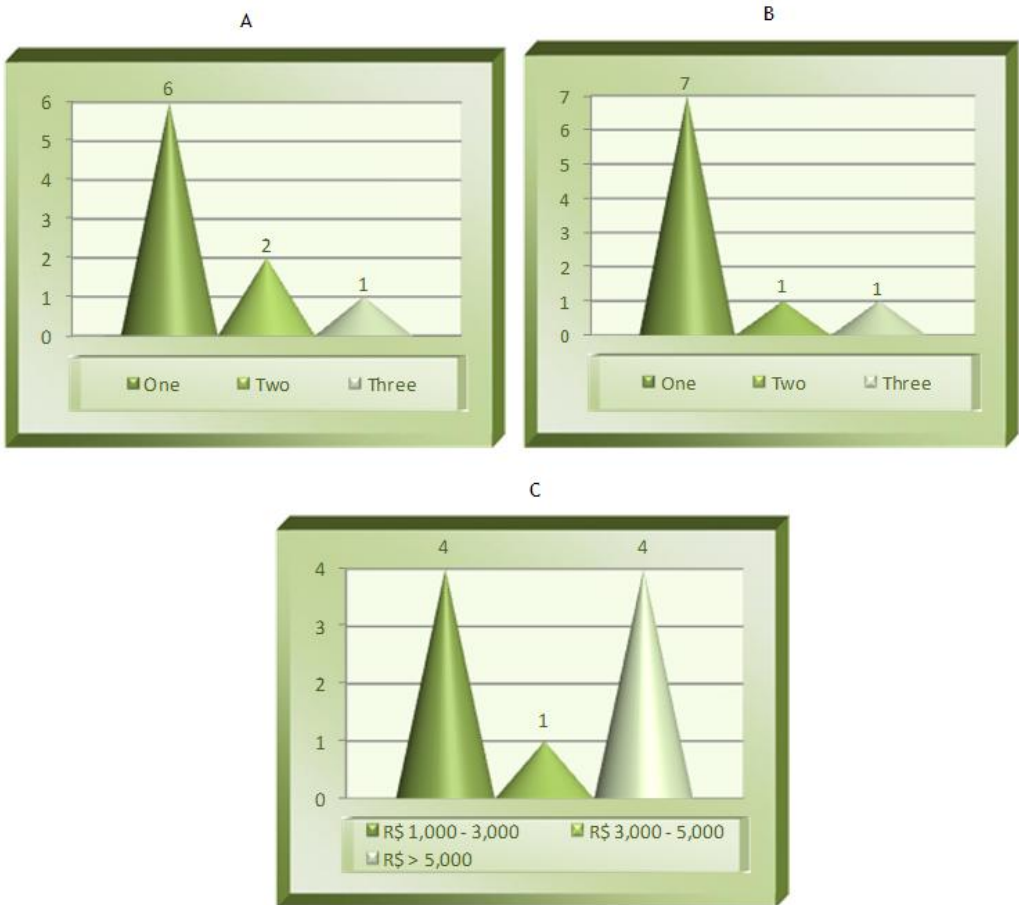


Figure 2. Sample with regard to jobs of the professionals interviewed (A), jobs in the field of obstetrics (B), and the professionals' average wage (C). FPI. Feb/Mar, 2010. Source: Direct survey carried out in a FPI.

With regard to time in job and work in the field of obstetrics, the samples shows to be very heterogeneous. The intervals range from 1 month to 30 years of time practicing the profession and from 1 month to 26 years of time practicing obstetrics. These data are presented in Figure 3 (A and B).

Some aspects totalize, in absolute numbers, only 9 individuals, due to a professional who denied answering to some questions, because he/she disregards the need for drawing a sociodemographic profile of the sample.

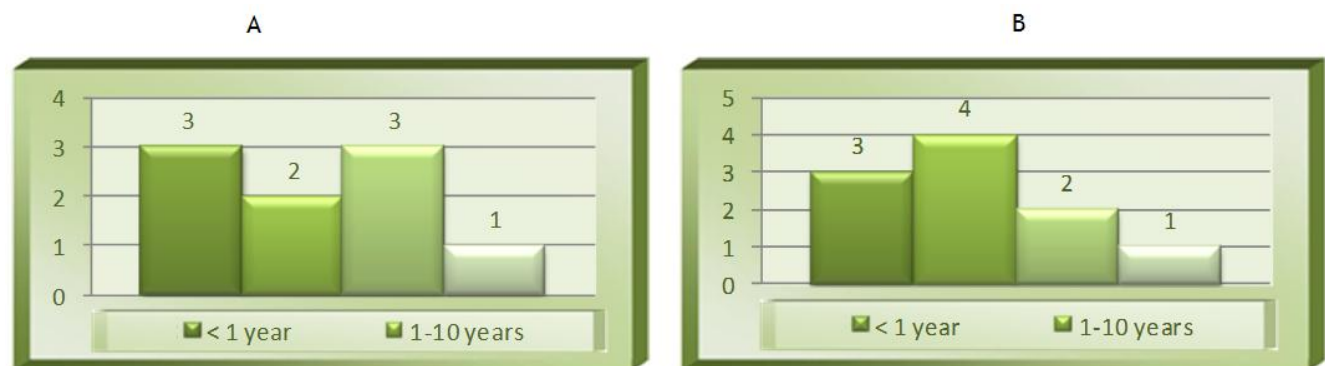


Figure 3. Percentage of the sample with regard to professionals' time in job (A) and time in the field of obstetrics (B). FPI. Feb/Mar, 2010. Source: Direct survey carried out in a FPI.

♦ Collective Subject Discourse (CSD)

The analysis of the central ideas and CSD, regarding the view of obstetric professionals, on episiotomy follows the questions presentation order.

The first inquiry concerned the view of obstetric professional on the benefits and harms of using episiotomy. The central idea 1 is related to the question “what is your view on the benefits/harms of episiotomy?” and it subdivided into two main ideas, one on the benefits and another on the harms of carrying out this technique.

The result was very homogeneous. The professionals stressed as the main benefit the judicious use of the procedure (Central idea 1 – I “benefits are closely involved in the need for carrying out episiotomy”). With regard to harms, they reported the damage to the pelvic musculature and an increase in the infections likelihood (Central ideal 1 – II “harms are related to muscular damage caused by the procedure itself and the increased risk for infections”).

These ideas are evidenced in the discourse of these professionals, as exemplified below:

[...] the benefits are mainly related to the need... of carrying out an “episio”. The harms “is” directly related to lesion... of vulvar pelvic musculature, and, also, to indiscriminate use [...] (P1)

[...] depends on how it is applied... Sometimes it is necessary... the biggest harm would be the infectious process, risk for infection [...] (P2)

[...] episiotomy, when it is well indicated, it has the benefit of facilitating normal delivery, facilitating release... And the harm would be... tissue disruption [...] (P8)

The second inquiry concerned the criteria used for the performance of episiotomy. The

central idea 2 is related to the question “what are the criteria you use for the performance of episiotomy?” and it reveals three main situations with regard to the criteria for episiotomy pointed out in the sample.

Facing this question, the following criteria were indicated: Idea 2: I – primiparous patients; II – fetal macrosomy; III – low elasticity (of the perineum and vagina). Such ideas are exemplified in the discourse of these professionals, below:

[...] the criteria “is” that they are primipara... forceps deliveries, patients with low elasticity of vagina, perineum [...] (P2)

[...] the primiparous patients, big fetuses [...] (P5)

[...] primigravidae patients; patients with a rigid perineum and big fetuses [...] (P9)

The third and last question concerned the type of episiotomy used and the reason for this choice. The question “which type(s) do you use? What is it/are them according to?”.

The central idea 3 demonstrates homogeneity in the responses. There is a convention for the choice of mediolateral episiotomy (I – mediolateral due to convention and, especially, to ease of application of the surgical technique). This idea is shown in the following discourses:

[...] mediolateral [...] maintains the vulvar and vulvovaginal anatomy [...] (P1)

[...] right mediolateral [...] because it is conventionalized. I only see it being performed this way!!!... It may have some benefit, may it not? [...] (P2)

[...] right mediolateral. Everyone uses it. That is what textbooks recommend and we perform it in our practice, that is what we learn in daily practice [...] (P4)

DISCUSSION

The category physician showed to be prevalent in this research (60%, corresponding to 6 individuals). Perhaps this is due to the fact that the institution where the research was carried out is a school hospital and most individuals in the sample is attending a specialization course (residency in obstetrics). The obstetric physicians interviewed (3 individuals – 30%), maybe are permanent shift physicians, who work as advisors to the residents and this can be the reason why they represent a less significant percentage of the sample. With regard to professional category, one verifies the presence of only one obstetric nurse (10%).

Such a small percentage of nurses may be related to the fact this hospital is a reference center in high-risk deliveries. The obstetric nurse only cares for eutocic deliveries and low-risk ones, so his work as a facilitator during labor in hospitals which carry out high-risk deliveries would violate professional ethics.

Analyzing the professional training of this sample, one verifies that there is a higher percentage of the sample with a specialization certificate. This can be due to the assistance work of these professionals. Within this context, a *lato sensu* graduate course (specialization) is much more important, since it is closely related to technical professional improvement and technical training for the assistance practice.

With the M.A. level we found out two professionals (20%), perhaps representing the professor advisors of the hospital, as this graduate title, a *stricto sensu* one, is especially related to the professionals who work in the research and/or teaching area. The categories only undergraduate course, specialization, Ph.D, and post-Ph.D, although present in the instrument, did not appear in the sample.

Some professionals denied answering to questions concerning the sociodemographic characterization of the sample. Such behavior may be due to low knowledge in the field of the research, since most of them are only assistance professionals, who are not, many times, involved in the academic context.

With regard to time practicing the profession and work in the obstetric field, one verifies a great disparity among sample members. This may be attributed to the fact the sample ranges from residents, who are attending to a specialization course, to professionals and professors from the field of

obstetrics. This enriches the results of this study, evidencing different times of professional training and, consequently, the likelihood of a greater variability in the way of thinking and acting of these professionals.

Once the sociodemographic profile of these professionals was drawn, the questionnaire concerning the proposed aim was applied.

Regarding the question on the benefits and harms related to the application of the episiotomy technique, the professionals indicated as the main benefit the need for carrying out the technique and as the harms damage to the pelvic musculature and increased risk for infections.

According to the description in the literature, as it is a surgery, episiotomy should be used only in specific cases. When judiciously used, episiotomy is a beneficial technique.⁶ It is known to prevent large perineal lacerations with irregular margins; it decreases the risk for clinically relevant morbidity and healing complications in the first seven days of puerperium; and it reduces by 9% the prevalence of severe disruptions.

In the opposite sense, the incision from the performance of an episiotomy itself leads to a laceration which causes pain and increases the risk for an infection in this patient.

As a surgical procedure, episiotomy is related to risks such as: increased lesion, significant hemorrhage, post-delivery pain, edema, infections, hematoma, dyspareunia, retrovaginal fistulae, and, although rare, endometriosis at episiorrhaphy. The use of this technique leads to a higher infection incidence (10% × 2%) and a worse healing (29% × 9%) in relation to women with spontaneous lacerations.¹¹

This technique should be applied with the woman's consent, who has to know its risks and benefits as a surgical procedure, and she has the right to accept or not the use of this technique in during labor.

This way, one realizes that the discourse of the subjects in the sample with regard to the benefits and harms of applying episiotomy is in accordance with what the literature describes, although the need indicated by the professionals is not well described in their speeches.

When inquired on the criteria they used to perform episiotomy, the professionals mainly indicated the primiparous ones, in cases of macrosomic fetuses and low elasticity (of the perineum and vagina).

The first idea related to the second question (Idea 2 - I "primiparous patients") involves the primiparae. The performance of episiotomy as

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a routine in primiparae was referred to by 70% of the sample.

A study carried out in the University Hospital of Universidade de Sao Paulo shows that the main justification for the routine adoption of episiotomy in primiparae is the prevention of perineal laceration, subsequent relaxation of the pelvic floor, and trauma to the fetal head.²

One discusses, in the work referred to above, that it is possible to decrease the need for episiotomy in a school hospital, even in primiparae, just adopting free ambulation during labor.

Another fact which should be taken into consideration is that whether episiotomy is indicated to every primiparae, as well as to multiparous who experience a previous episiotomy, so, this procedure ends up to be carried out almost in every delivery, as a hospital routine, with no analysis on other factors, such as advantages and disadvantages for each woman in each specific delivery.²

The idea 2 also brings the subtopics related to macrosomy and low elasticity of the perineum and vagina (II - fetal macrosomy and III - low perineal elasticity).

Regarding these factors, the literature indicates episiotomy as a restrained procedure, as well as in cases of early fetus, pelvic presentation, and forceps delivery, so it is important to evaluate other parameters for adopting this practice.¹²

The criteria indicated by the participants in the sample as macrosomic fetus and low elasticity of the vagina are related to the cases named as restrained in the literature, and it is crucial to evaluate each case specifically in order to apply the technique.

Regarding the routine use of episiotomy in primiparae, it should be carefully analyzed by the professionals involved. This way, one may exclude the likelihood of damages which shall be caused by the application of the technique used in the episiotomy. This routine adoption of the technique leads to a trivial use of the procedure, since the subsequent deliveries of these women will require an episiotomy, with no evaluation of specific criteria for each pregnant woman and each childbirth.

The last question concerned the types of episiotomy applied by the professionals and the reason for its use. The central idea of this question was homogeneous with regard to the mediolateral episiotomy as the option of choice, using a myriad of arguments to justify its adoption.

The episiotomies are currently classified into three different types, according to the

incision direction. They are: median, lateral, and mediolateral.¹³ All of them present advantages and disadvantages and should be judiciously chosen.

The median one extends from the vaginal ostium in a vertical direction, towards the anus. The median episiotomy is easy to perform and repair, it leads to a low likelihood of puerperal pain and dyspareunia, a good anatomic outcome, and low blood loss. In the other hand, there is a higher possibility of anal and rectal disruption. Still there are no scientific proof that the median episiotomy allows better outcomes than the mediolateral one.¹⁴⁻¹⁵

The lateral part of the vulvar commissure up to the inferior third portion of the labia majora in a horizontal direction. Lateral episiotomy does not present any advantages. Besides, it has as disadvantages the possibility of causing a lesion to the Bartholin gland, the impossibility of providing a sufficient enlargement, and the occurrence of vicious scars.

The mediolateral part of the vaginal ostium goes diagonally towards the ischium.¹³ This type of technique presents advantages such as a good vaginal space and a low frequency of III and IV level disruptions. The incision is carried out in a mediolateral manner, in order to avoid major damages to the female perineum. Despite the benefits, it presents a difficult healing, a higher blood loss, muscular damages, worse anatomic outcome, puerperal pain, and dyspareunia.¹⁶

This way, one verifies that there is no justification for the option of conventionalizing mediolateral episiotomy as entirely beneficial to the female patient. Although an immediate and superficial analysis demonstrates more benefits, with no harms, in some cases the latter ones can be stronger, with the need for the application of criteria to use each technique, depending on each pregnant woman and the evolution of the labor.

One realizes, thus, through the development of this paper, that episiotomy has benefits, however, only when it is used with pre-established clinical criteria. The high rates with regard to the application of this technique show to be harmful.

Therefore, one realizes that the obstetric professionals are aware of the benefits and harms of episiotomy. Besides, it was found that there are criteria for the use of this technique, but they are not always employed according to the scientific criteria described in the literature.

This evidences the importance of this study, which warns on the need for a bridge between what the literature describes, the scientific novelties, and the “medical” practice; it is crucial that they walk the road together and that the clinic is based on predetermined scientific criteria.

CONCLUSION

One verifies that episiotomy is a widely used procedure in the assistance to a normal delivery. This study has shown that the professionals in the sample are aware of the benefits and harms related to the application of the episiotomy technique. Despite this, the study demonstrated that these professionals make mistakes, since they indicate the criteria not recommended in the literature as applicable to their daily practice.

With regard to the type of episiotomy, 100% opted for the use of the mediolateral one,

due to convention. According to the literature, every type shows advantages and disadvantages. Therefore, it becomes a must to evaluate the ideal type of episiotomy for specific application to each case. One concludes that this paper presented a high relevance

within the assistance field of obstetrics. It demonstrates that there should be a reformulation of the criteria and a finer analysis on them in the application of episiotomy to daily practice. With a new mindset towards this aspect, one can promote labor treating mother and infant in a singular and humanized manner in such a unique moment for both of them: delivery and birth.

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Corresponding Address

Danielle Ingrid Bezerra de Vasconcelos
Rua Júlio Geraldo de Souza, 157 – Mangabeira
II
CEP: 58057-170 – João Pessoa (PB), Brazil

English/Portuguese

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