HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynecology		
Document:	Multidisciplinary Policy and Procedure		
Title:	Performing A Medio-Lateral Episiotomy		
Applies To:	All Obstetrics and Gynecology Staff		
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1. PURPOSE:

1.1 To standardize the procedure for performing an episiotomy.
1.2 To allow monitoring of complication and reduce them.

2. DEFINITIONS:

2.1 **Medio-lateral incision**- may be preferable to a median (midline) incision, as the latter is associated with a higher risk of injury to the anal sphincter and the rectum.

3. POLICY:

3.1 Episiotomy should not be carried out routinely. Its indication should be clearly documented in the notes:
- 3.1.1 Delivery of the preterm fetus.
- 3.1.2 Instrumental delivery.
- 3.1.3 To avoid prolonged pushing (e.g., cases of cardiac disease or severe hypertension).
- 3.1.4 To prevent excessive trauma to maternal tissues due to a tight or rigid perineum.
- 3.1.5 In case of previous third-degree tear and fourth-degree tear.
- 3.1.6 In case of shoulder dystocia, breech presentation, fetal distress and suspected big fetal should be considered.

4. PROCEDURE:

4.1 Assess the indications for an episiotomy.
4.2 Inform patient of the indication for episiotomy and explain procedure (verbal consent).
4.3 Receive necessary equipment from the Assistant.
4.4 Using aseptic technique, note expiry date of opening vial. Draw up 10-20 ml of plain lidocaine hydrochloride 1% 10-20mls. Discard needle the maximum dose of lidocaine hydrochloride 1% palin (10 mg/ml) should not exceed 200 mgs. In total. This maximum dosage is to cover both the infiltration prior to performing an episiotomy and the infiltration required for perineal repair. Swab perineum with antiseptic solution (3 swabs using 4x4 gauze starting anterior to posterior).
4.5 Insert two finger of the left hand behind the perineum. To ensure fetal head is protected.
4.6 Insert 21g needle, between contractions, at the fourchette beneath the skin, following the same line as the proposed medio-lateral episiotomy at 7 o'clock position.
4.7 Withdraw plunger of syringe, prior to injection of Lidocaine, To check whether needle has entered blood vessel. If blood is aspirated, the needle should be repositioned and procedure repeated.
4.8 Infiltrate at three levels, submucosal, intramuscular then subcutaneous by injecting Lidocaine continuously, as needle is slowly withdrawn back along the proposed episiotomy line.
4.9 Allow time for the local anesthetic agent to be effective (note time of filtration). Lidocaine Hydrochloride takes 3-4 minutes to take effect.
4.10 Insert two finger of left hand behind the perineum to protect presenting part of the fetus, prior to performing the episiotomy.

4.11 Perform episiotomy using one adequate medio-lateral cut with blunt-pointed scissors (3–4 cm of the perineum). Perform episiotomy at the height of a contraction and when the presenting part is distending the perineum. If rapid descent of the presenting parts has occurred allowing no time for infiltration, continue to perform episiotomy as above.

4.12 Apply pressure to episiotomy site between contractions if there is a delay before the fetal head emerges to minimize maternal bleeding.

4.13 Document procedure and count of all instruments, needles and packs used for repair the completion of delivery in patient's notes.

5. MATERIAL AND EQUIPMENT:

5.1 10 ml Syringes.
5.2 21g needle x 2.
5.3 1% Plain Lidocaine Hydrochloride.
5.4 Savlon Antiseptic Fluid.

6. RESPONSIBILITIES:

6.1 Physician
6.2 Nurse
6.3 Midwife

7. APPENDICES:

N/A

8. REFERENCES:

8.1 Integrated Management of Pregnancy and Childbirth, WHO.RHR./00.7, Geneva 2003.
8.2 Kolbl H (2001). Childbirth and the pelvic floor. Sentralbl Gynaklil 123666-671.
8.3 CBAHI Standard 3rd Edition 2016.
8.4 MOH, Guidelines for Obstetrics and Gynecology, Clinical Policies and Procedures.

9. APPROVALS:

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