

Abstract

INTRODUCTION: The episiotomy is still widely used intervention in the expulsive period; this obstetrical intervention should be reserved for a small number of women in that, although described in the literature based on evidence of efficacy as useful with some specific indications (fetal condition not reassuring, and previous complicated birth outcomes serious perineal), is harmful when practiced routinely for outcome in the short, medium and long term.

OBJECTIVE: To observe whether the obstetric assistance in second stage of labor is influenced by variables like episiotomic history, obstetrical anamnesis, maternal or fetal / neonatal characteristics.

STUDY: retrospective analysis of 500 clinical records, randomly chosen, women who delivered a live infant by vaginal delivery at the Hospital OIRM S. Anna of Turin in 2009. Inclusion criteria: women who delivered by vaginal, single fetus. Exclusion criteria: stillbirth, eg <25⁺⁵ weeks

MATERIALS AND METHODS: Variables investigated: age at delivery, ethnicity, gestational age, parity, BMI in early pregnancy, weight gain, BMI at the end of pregnancy, previous severe scarring, mode of onset of labor, mode of induction of labor, performance of episiotomy, episiotomy indication, operative delivery (forceps, VEM, fundal pressure), epidural analgesia in labor, intravenous oxytocin in labor, maternal position at delivery, duration of the stages of labor, detailed monitoring of fetal wellbeing, assessment of fetal wellbeing monitoring, neonatal weight, Apgar score at 1/5 (eventually 10) minute and maternal disease.

RESULTS: We found an increase in use (statistically significant) of episiotomy for variables: nulliparity ($p < 0.001$), weight gain > 14 kg ($p = 0.01$), operative delivery ($p < 0.001$), epidural analgesia in childbirth ($p < 0.001$), use of intravenous oxytocin in labor ($p < 0.001$), maternal position at delivery ($p < 0.001$), monitoring by CTG versus intermittent auscultation ($p < 0.001$), assessment "not normal" vs "normal" at electronically monitoring of fetal wellbeing ($p < 0.001$), Apgar score at 1 minute < 7 ($p = 0.02$).