

Post episiotomy care instructions among midwives in Kurdistan region, Iraq

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Abstract

Background and objective: One of the main responsibilities of midwives is the provision of post episiotomy care instructions for women who have episiotomy before discharge from the hospital after delivery. This study aimed to assess the post episiotomy care instructions provided by midwives and compare the instructions of midwives of the three main cities of Kurdistan region.

Methods: This cross-sectional study was conducted between July 1st, 2013 and July 10th, 2014 in the three governorates of Kurdistan Region of Iraq (Erbil, Dohuk and Suleimanya). All the midwives (n=53) working in the delivery room of the three maternity teaching hospitals were included in the study. A questionnaire was designed for the purpose of the study. Data were collected through interview with midwives. ANOVA and Chi-square test were used for data analysis.

Results: The midwives in Erbil didn't provide post episiotomy care instructions at all. Most of midwives of Duhok and Suleimanya didn't provide proper instructions to mothers who have episiotomy, and there was highly significant difference between their instructions regarding some topics.

Conclusion: Midwives do not properly instruct the mothers who have episiotomy regarding care during postpartum period. The practice of midwives was different in the three cities of Kurdistan region. Hospital policy and the job descriptions of midwives regarding post episiotomy instruction should be reevaluated.

Keywords: Episiotomy, Education, Midwifery, Kurdistan.

Introduction

An episiotomy is a surgical incision made into the perineum, which if required should only be performed immediately prior to birth to enlarge the vaginal outlet and to assist the birth of the baby.¹ Although the frequency of episiotomy is decreasing, as many as 50% of women may still receive this procedure.² The incidence of episiotomy ranges from 20% to 62.5% worldwide.³ Reported rates of episiotomies vary from as low as 9.7% in Sweden to as high as 100% in Taiwan.⁴ The rate of episiotomies was reported to be 71% in Germany and 49% in Nigeria.⁵ A review of the Al Wasl Hospital statistics in 2006 showed that 64% of mothers had episiotomy during delivery. This rate is similar to a recent report in Jordan

where Hatamleh et al 2008 reported an episiotomy rate of 66%.⁶ Unfortunately, no information is available about the rate of episiotomy in Kurdistan region. Situations when the birth attendant may perform an episiotomy include fetal distress, fetal shoulder dystocia, forceps or vacuum extractor-assisted births, fetal occiput posterior position, tight perineum and anticipating perineal tear.^{1,7,8} Complications of episiotomy include perineal discomfort, perineal pain, difficulty with breast feeding and walking, perineal bleeding, infection, wound dehiscence and dyspareunia.^{3,8} The pain and discomfort resulting from episiotomies can interfere with mother-infant interaction, breastfeeding, reestablishment of sexual relationship with partner, and even emotional recovery after birth.⁹

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Medication administration, promote perineal exercises, administer cold and hot therapy, administer Sitz Baths, provide pain management and personal hygiene are among episiotomy care given by physician and nurse-midwives.² Midwives have a role in the achievements of safe motherhood in their countries. They carry a huge responsibility in helping women and their families through the pregnancy and childbirth process.¹⁰ According to International Council of Midwives (ICM), performing episiotomy and suturing it (if needed) are necessary basic skills for competent midwives.¹¹ The growth of midwifery has been supported by published research that demonstrates midwifery care is associated with high-quality and is comparable or in some studies better outcomes than care provided by obstetrician.¹² Therefore conducting studies regarding midwifery practice in Kurdistan region are necessary as the midwifery profession is not well developed in Kurdistan region as well as in Iraq. The present study was aimed to assess the post episiotomy care instructions provided by midwives for women undergoing episiotomy and compare the instructions of midwives of the three main cities (Erbil, Dohok and Suleimanyia) of Kurdistan region.

Methods

This cross-sectional study was conducted between July 1st, 2013 and July 10th, 2014 in the three governorates of Kurdistan Region of Iraq. The study was conducted in the three biggest maternity teaching hospitals in the main cities of each governorate that provide comprehensive maternity care to the whole region (Erbil, Dohuk and Suleimanyia). All the midwives (n=53; Erbil 17, Dohuk 18, Suleymania 18) working in delivery room were included in the study. The midwives who had less than one year experience of working in delivery room were excluded from the study (12 midwives). The study was approved by the Directorate of Health of each governorate

and the Scientific and Ethical Committees of the College of Nursing of Hawler Medical University. Participants had nursing or midwifery qualification as detailed in Table 1. There was no difference between job description of midwives with nursing and midwifery qualification in delivery room. Therefore, this study refers to all participants as "midwives". The purpose of the study was explained to each participant during personal interview, and an informed verbal consent was obtained. Data were collected through interview with midwives. A questionnaire was designed for the purpose of the study which included the following variables: Demographic characteristics of study sample and post episiotomy care instructions. Data were analyzed using the statistical package for social science (SPSS, version 18). One way ANOVA and Chi-square test were used for analyzing the data. Fisher's exact test was used when more than 20% of the cells have expected count less than 5 in Chi-square test. A P value of ≤ 0.05 was considered as statistically significant and ≤ 0.01 as highly significant.

Results

There was a highly significant difference between demographic characteristics of the study sample in Erbil, Duhok and Sulemanyia regarding age, years of experience in delivery room, specialty, certification and shift of working. The midwives in Erbil had the highest mean (\pm SD) age (40 ± 9.478) versus those in Sulemanyia who had lowest (34.17 ± 5.448). The midwives in Dohuk had the highest mean (\pm SD) years of experience (21.22 ± 4.609) in delivery room. The highest percentage (64.7%, 66.7%) of midwives in Erbil and Dohuk were graduated from secondary school of nursing/midwifery and primary school of nursing, respectively (Table 1). The majority of the study sample tried to avoid episiotomy and they declared the mothers regarding performing episiotomy.

The highest percentage of the midwives in Duhok and Suleimanyia (100% and 94.4%, respectively) instruct the mothers undergoing episiotomy but none of those in Erbil do that. There was highly

significant difference between the practice of midwives in the three cities regarding informing the mothers and giving instructions for episiotomy (Table 2).

Table 1: Difference between demographic characteristics of the study sample in three cities.

Variables	Erbil N=17	Duhok N=18	Sulemanyia N= 18	p
Mean age \pm SD (year)	40(9.478)	39.33(3.835)	34.17(5.448)	0.022
Mean years of experience in delivery room (Mean & standard deviation)	11.24(10.214)	21.22(4.609)	8.39(6.801)	<0.001
Specialty				
Nurse-midwife	8(47.1)	1(5.6)	1(5.6)	0.002*
midwife	9(52.9)	17(94.4)	17(94.4)	
Certification				
primary school of nursing	2(11.8)	12(66.7)	2(11.1)	
secondary school of nursing/midwifery	11(64.7)	5(27.8)	7(38.9)	<0.001*
nursing/midwifery institute	1(5.9)	1(5.6)	7(38.9)	
college of nursing/midwifery	3(17.6)	0(0)	2(11.1)	
Shift of working				
morning	7(41.2)	3(16.7)	1(5.6)	
evening & night	2(11.8)	0(0)	0(0)	0.010
all shift	8(47.1)	15(83.3)	17(94.4)	

* Fisher-exact test was applied.

Table 2: Practice of midwives regarding episiotomy.

Items	Erbil	Duhok	Sulemanyia	p
Do you try to avoid episiotomy?				
- yes	15(88.2)	14(77.8)	16(88.9)	0.706*
- no	2(11.8)	4(22.2)	2(11.1)	
Do you inform the mother before performing episiotomy?				
- yes	14(82.4)	13(72.2)	5(27.8)	<0.001*
- no	2(11.8)	2(11.1)	13(72.2)	
- sometimes	1(5.9)	3(16.7)	0(0)	
Do you give instructions to mother with episiotomy?				
- yes	0(0)	18(100)	17(94.4)	<0.001
- no	17(100)	0(0)	1(5.6)	

The reason for not providing instructions regarding episiotomy care for the midwives in Erbil was having no hospital policy regarding that. These midwives mentioned that physicians are performing suturing of episiotomy and it is their responsibility to instruct them. Most of midwives of Duhok and Sulemanya didn't provide proper instructions to mothers who had episiotomy, and there was highly

significant difference between their instructions regarding washing hands thoroughly before and after going to the bathroom or changing a sanitary pad, sits bath, use a cushion when sitting to help decrease pain, gently wash the stitches with soap and water during bath or shower, lie on the side while resting or napping, put on spray or ointment or medication if the doctor has prescribed it (Table 3).

Table 3: Midwives' instructions for women undergoing episiotomy care.

Items	No.	Duhok No.(%)	Sulemanya No.(%)	p
Wash hands thoroughly before and after going to the bathroom or changing a sanitary pad.				
- Yes	20	3(16.7)	17(94.4)	<0.001
- No	16	15(83.3)	1(5.6)	
Sits bath				
- Yes	9	1(5.6)	8(44.4)	0.018*
- No	27	17(94.4)	10(55.6)	
Use a cushion when sitting to help decrease pain.				
- Yes	6	0(0)	6(33.3)	0.019*
- No	30	18(100)	12(66.7)	
When you can bath or shower, gently wash your stitches with soap and water.				
- Yes	7	0(0)	7(38.9)	0.008*
- No	29	18(100)	11(61.1)	
Contact caregiver when have abnormal signs and symptoms				
- Yes	2	0(0)	2(11.1)	0.486*
- No	34	18(100)	16(88.9)	
expose the perineum to the air by letting your pad down while you are resting or napping				
- Yes	3	0(0)	3(16.7)	0.229*
- No	33	18(100)	15(83.3)	
avoid standing and sitting positions that put pressure on this area; avoid standing or sitting for long periods of time				
- Yes	6	2(11.1)	4(22.2)	0.658*
- No	30	16(88.9)	14(77.8)	
lie on your side while resting or napping				
- Yes	8	0(0)	8(44.4)	0.003*
- No	28	18(100)	10(55.6)	
try not to strain with bowel movements				
- Yes	4	1(5.6)	3(16.7)	0.603*
- No	32	17(94.4)	15(83.3)	
After urinating and while still sitting on the toilet, squirt warm tap water over the outside of the perineum, beginning at the front and moving toward the back.				
- Yes	3	0(0)	3(16.7)	0.229*
- No	33	18(100)	15(83.3)	
Put on spray or ointment or medication if your doctor has ordered it.				
- Yes	15	13(72.2)	2(11.1)	<0.001
- No	21	5(27.8)	16(88.9)	
When opening or while putting on a clean pad, don't touch the side that goes against your body. Put on the clean pad from front to back.				
- Yes	5	4(22.2)	1(5.6)	0.338*
- No	31	14(77.8)	17(94.4)	

Discussion

Episiotomy sutures can cause considerable discomfort because the perineum is an extremely tender area and the muscles of the perineum are involved in many activities like sitting, walking, squatting, bending, urinating and defecating. Most women usually do not anticipate the pulling pain from perineal stitches in the postpartal period, discomfort that interferes with their rest and sleep, with eating, and with being able to sit and hold their baby comfortably.² Therefore mothers need related instructions regarding episiotomy care in order to recover completely from this small surgery. Results of the present study showed that the post episiotomy care instructions among midwives of three cities were not proper and even they were different. This may be related to the fact that midwives had not enough information regarding post episiotomy care, the responsibility for education of the mother was not established as one of midwives' main responsibilities and lack of training regarding episiotomy. Midwives of Erbil mentioned that because suturing the episiotomy is completely the responsibility of obstetricians who also prescribe antibiotics and analgesia, they are responsible for instructing mothers as well; which is not appropriate and logic excuses. The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labor and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant.¹³ Midwives of the Suleimanyia were better in giving instructions than Dohuk's midwives except the instruction regarding applying medications. This may be related to the fact that they were younger, most of them are graduated from institute of nurse/midwifery and their actual specialty is midwife. The results of the present study were in agreement with the results of a study conducted on eight midwives in Alban Jadeed Hospital in Sudan, in which

none of the midwives gave mothers advice about pain relief and 90% did not give advice regarding hygiene. That study had concluded that midwives had deficit in knowledge to instruct mothers and little number of midwives was barrier to proper practice of the midwives.¹⁴ Women who received and practice self perineal care instructions on episiotomy pain and wound healing during postpartum period have lower level of postpartum episiotomy pain scores, decrease pain related to perineal episiotomy which interfere with women's daily activities postpartum, such as walking, sitting, urination and defecation, and better wound healing progress.¹⁵ After the first 24 hours after delivery, a sitz bath with warm water or moist heat may be used to reduce the local discomfort caused by perineal trauma and an episiotomy. The change from cold to warm therapy enhances vascular circulation and healing. The sitz bath may be used until the episiotomy heals. Use of a heat lamp two or three times a day will also assist in the healing process. The client should be taught perineal hygiene, including daily washing with warm water and mild soap. The perineum should be cleansed after each voiding and bowel movement. The perineum should be wiped from the anterior to the posterior, or in a front-to-back motion, to avoid contamination from the anal region. Practices such as changing the pad frequently after each voiding and bowel movement or at least four times a day, removing the pad from front to back, and hand washing will help decrease the risk for infection and promote wound healing for episiotomy.^{16,17}

Conclusion

Midwives in Kurdistan do not instruct the mothers who had episiotomy properly regarding care during postpartum period. The practices of the midwives were different in the three main cities of Kurdistan region. Further studies are needed to find out the barriers of inappropriate post episiotomy care instructions and effect of

educational program among midwives. Hospital policy and job descriptions of midwives must be reevaluated.

Conflicts of interest

The author reports no conflicts of interest.

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