



## Service Priorities and Programmes Electronic Presentations

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### **Midwives' Attitude and Perception on Performing Episiotomy in Hong Kong Public Hospitals**

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#### **Introduction**

Episiotomy is commonly performed in many vaginal deliveries (Myers and Goldberg, 2006). However, evidences have shown that routine episiotomy poses more harm to women, such as pain, infection and blood loss, than restrictive episiotomy (Hartmann et al., 2005; Thacker & Banta, 1983). Restrictive episiotomy has been endorsed by many authorities including the Royal College of Midwives (2008) and the National Institute for Health and Clinical Excellence (2007) also recommended against a routine episiotomy in normal vaginal deliveries in an absence of clinical indication.

#### **Objectives**

To explore the attitude, perception and behaviour of midwives towards episiotomy application

#### **Methodology**

Prospective correlational design

#### **Result**

A total of 859 questionnaires were collected from 8 hospitals with an overall response rate of 94.3%. Data from a self-developed questionnaire revealed that midwives denied many maternal indications but agreed on most fetal indications for applying an episiotomy, in particular, fetal distress (82%; N=696). When reviewing midwives' perception statements, 70.8% (N=600) strongly agreed or agreed that it was a hospital routine to apply an episiotomy to nulliparous women, though it was also disagreed by 10.6% (N=90) of participants. Regarding preservation of perineum, 54.7 (N=463) of participants disagreed that it was a major health issue, and interestingly 60% (N=509) disagreed that it was a good practice to avoid an episiotomy. 45.5% (N=385) believed that severe perineal tears could be prevented by an episiotomy and 69% (N=585) agreed that they were not confident to repair perineal tear. Our finding showed that the rationale behind an episiotomy application is beyond clinical indication and individual perceptions towards departmental policies or labor management on episiotomy practice should be reviewed. To promote

restrictive episiotomy, a departmental or even hospital-wide campaign should be considered to align standards of practice among midwives. It is also important to enhance the confidence of midwives through training on perineal assessment and repair. With mounting evidences regarding benefits of restrictive episiotomy, midwives need to appreciate that less intervention can mean better midwifery care and we as midwives always have the obligations to safeguard the benefits of both mothers and babies based on the most updated evidence.