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Women's memory of episiotomy experience from 2 months to 2 years after birth in Orlu Imo State

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Abstract

Episiotomy procedures are defined based on the millimetre distance from the incision point to the posterior fourchette and the angle in degrees from the sagittal or parasagittal plane. This study examined Women's Memory of Episiotomy Experience from 2 Months to 2 Years after Birth in Orlu of Imo State. The study employed a qualitative survey design with four research questions. The sample size of 57 participants was selected, convenience sampling technique was used to select the respondents, the respondent were thus; women who underwent episiotomy 25, Midwives 8, family members 24. Data were collected using one on-one interview, via recordings. Data was analysed using percentages, barcharts and content analysis approach and thematic categorization. The results revealed 60% of the respondents come from low socioeconomic background. The study further revealed that; the challenges women experience within 2 months to 2 years as result of episiotomy were pain, inability to breast feed; due to inability to sit well, inability to walk freely, the perceived impact of episiotomy on women within the first 2 months to 2 years after birth were inability to have sex as usual. In conclusion, women were inadequately informed and not psychologically prepared for episiotomy, the respondent's experienced untoward effect after the procedure which included: pain, and interference with daily life activities. Therefore, the study recommends that healthcare providers, especially midwives, to seek alternatives to routine use of episiotomy, and consider selective episiotomy practices based on individual patient need and thus educate pregnant mothers on perineal massage using recommended oil.

Keywords: Episiotomy; Birth; Experience; Pain; Mothers; Pregnancy

1. Introduction

Episiotomy is performed to expand the birth outflow and assist foetal delivery [1]. It is the surgical expansion of the posterior aspect of the vagina through a perineum incision during the final stages of labour [2]. Despite the fact that seven episiotomy varieties have been identified, only three are commonly employed (midline, mediolateral, and lateral) [3]. Episiotomy procedures are defined based on the millimetre distance from the incision point to the posterior fourchette and the angle in degrees from the sagittal or parasagittal plane [4]. Deep perineal tears were twice as common in women who had a midline episiotomy as in women who had a medio-lateral episiotomy [5]. The World Health Organisation (WHO) does not promote routine episiotomy practise for women giving delivery naturally [6]. A meta-analysis of randomised controlled trials comparing regular episiotomy vs restrictive episiotomy found that the latter is related with less posterior perineal trauma, less suturing, and fewer healing problems [7]. Though the prevalence of episiotomy has decreased in Western countries, it remains high in developing countries in East Asia [8]. According to a Nigerian study, the prevalence of episiotomy is 30.6% [9]. Many nations have recognised that high rates of episiotomy are associated with high rates of needless obstetric procedures [10]. Its use has also been proven to result in lower future sexual function, similar pelvic floor muscle strength, and similar urinary incontinence when compared

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to women who had episiotomy used selectively. Routine episiotomy use has no evidence of benefit; on the contrary, there is clear evidence that it may cause harm, such as a greater need for surgical repair and a worse future sexual capability. In light of the present information, routine episiotomy should be avoided, and episiotomy rates more than 30% are not recommended. For all normal deliveries, the WHO recommends a 10% episiotomy rate. It is only given to women who have had previous lower genital tract procedures or who require aided vaginal deliveries. Other women in labour may be given episiotomies on an emergency basis if there is a suspected imminent perineal tear scar of the lower genital track, surgical vaginal birth, macrosomia, and tight perineum [11].

According to a systematic review and meta-analysis on episiotomy, there is an urgent need to investigate the causes of and devise programmes to reduce the apparent higher rates of episiotomies in low and middle income countries medical facilities [12]. Complications of episiotomies include accidental extension into the anal sphincter or rectum, damage to the Bartholin's gland, unsatisfactory anatomic results such as skin tags, asymmetry or excessive narrowing of the introitus, vaginal prolapse, recto-vaginal fistula, oedema, increased blood loss, hematoma, infection and dehiscence [13].

Women who have had an episiotomy are more likely to experience psychological stress, have a higher frequency of dyspareunia, and have insufficient lubrication than women who have not had an episiotomy. Although the function of episiotomies in the long-term causation of dyspareunia is not known, episiotomies may impair women's sex life during the second year postpartum with more frequent pain and vaginal dryness at intercourse [14-15, 10]. The study found that the average duration from delivery to maternal rest and time spent bonding with the newborn were much longer in the episiotomy groups than in moms who delivered without the surgery. Despite the fact that the majority of maternal deaths and impairments occur during postpartum period, the period receives very less attention and care as compared to pregnancy and labour [16]. The focus is usually on the new born infant, and the mother receives little care both at home and in a health facility. In the 1950’s, doctors pioneered episiotomy as a surgical operation to lessen the danger of severe perineal tears, shorten labour, and protect the pelvic floor. However, the operation might cause pain in the immediate postpartum period, infection of the wound, and long-term dyspareunia from the scar. The method has been demonstrated to increase intra- and post-operative problems, suggesting that it should only be used in certain deliveries [4]. It is against this back drop that the researchers conducted a longitudinal Study on Memory of Episiotomy Experiences from 2 Months to 2 years after birth in selected hospitals in Orlu LGA, Imo State. Nigeria

2. Methodology

2.1. Study design and setting

This study adopted qualitative study design carried out in Orlu LGA, Imo State. The institutions selected for the study were as follows; University teaching Hospital, Ndi Owerre model Primary Health Centre, Isiokwu Primary Health Centre, Owerri Ebirri Primary Health Center, from January to February 2024

2.2. Study participant and sampling

The sample size of 57 participants was selected, convenience sampling technique was used to select the respondents, the respondent were thus; women who underwent episiotomy 25, Midwives 8, family members 24. Convenience sampling is a non – probability sampling method where units are selected for inclusion in the sample. Data were collected using one on-one interview, via recordings. Women who were available and accessible during the time, who were clinically stable, who show no cognitive impairment, who were 18 years and above. Written informed consent was obtained from each study participant, anonymity and confidentially of each study participant was maintained during the study. Ethical approval for this study was obtained from the Institution’s Ethics Committee.

2.3. Data collection tool and technique

The Method of data collection was by: One-on-one interviews, data collection tools consisted of a total of 12 items which were included in a total of 3 sections. Section-1 included questions related to socio-demographic profile of study participants. Section 2 included questions related to the challenges women experience within 2 months to 2 years as a result of episiotomy and section 3 included questions on perceived impact of episiotomy on women within the first 2 months to 2 years after birth

2.4. Data analysis

The questionnaires were available in English language alone. The interviewees were assured of the confidentiality of the data and that this would have no impact on their treatment. Data was analysed using content analysis approach and thematic categorization.-demographic profile was analyzed and mean, percentage, frequency distribution and bar chart.

3. Results

3.1. Socio demographic profile of patients

Fig. 1 shows that 60% of the respondents had primary education, 30% had secondary education while 10% had Tertiary Education.

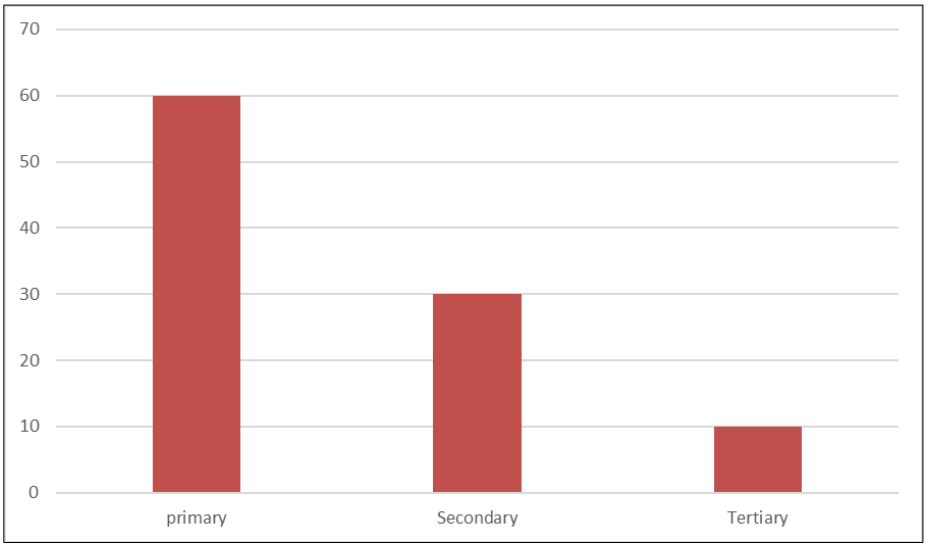

Figure 1 Level of Education of respondents

Y axis represent percentage of respondent's demographic factor, while x axis represent the demographic factor

Fig. 2 show that 60% of the respondents come from low socioeconomic background, 30% come from middle socioeconomic background while 10% come from high socioeconomic background.

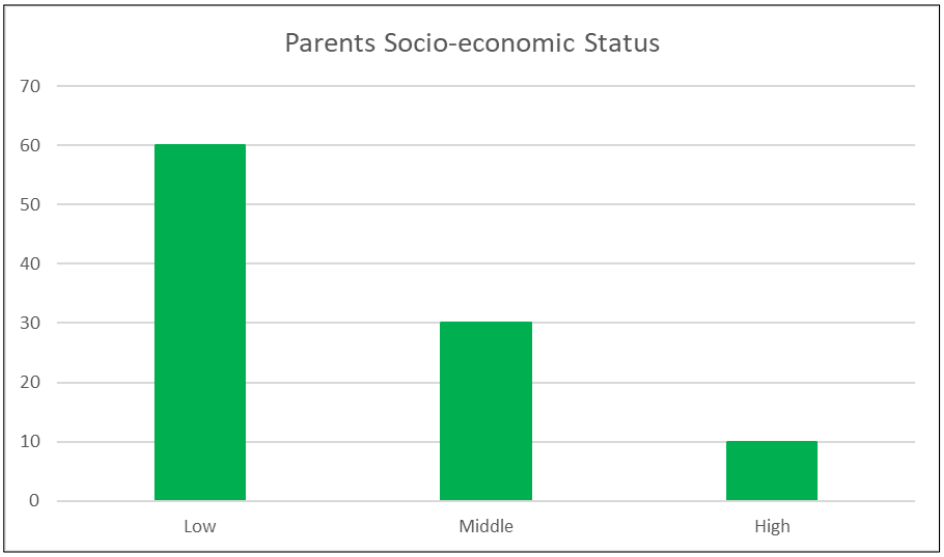

Figure 2 Parents Socio-economic Status

Y axis represent percentage of respondent's socioeconomic background, while x axis represent the socioeconomic background of respondent

Fig. 3 shows that 15% of the respondents were single, 45% were married, 35% were separated/Divorced while 5% were widows.

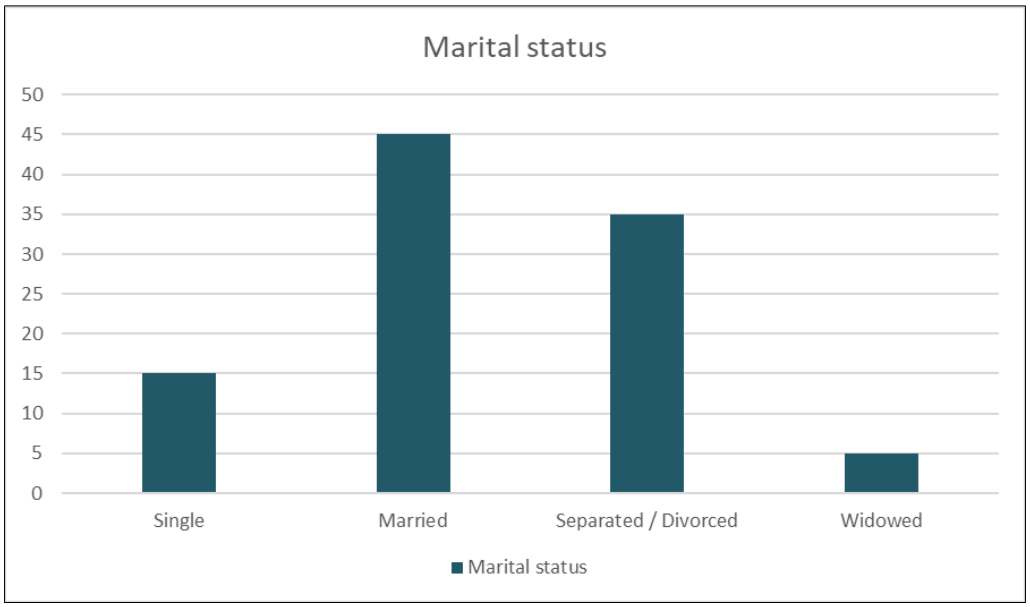

Figure 3 Marital status

Y axis represent percentage of respondent's marital status, while x axis represent the respondent's marital status

Fig. 4 shows that 5% of the respondents were below between 18 - 25years, 55% were between 26-30 years, 35% were between 31-36years while 5% were 37years and above.

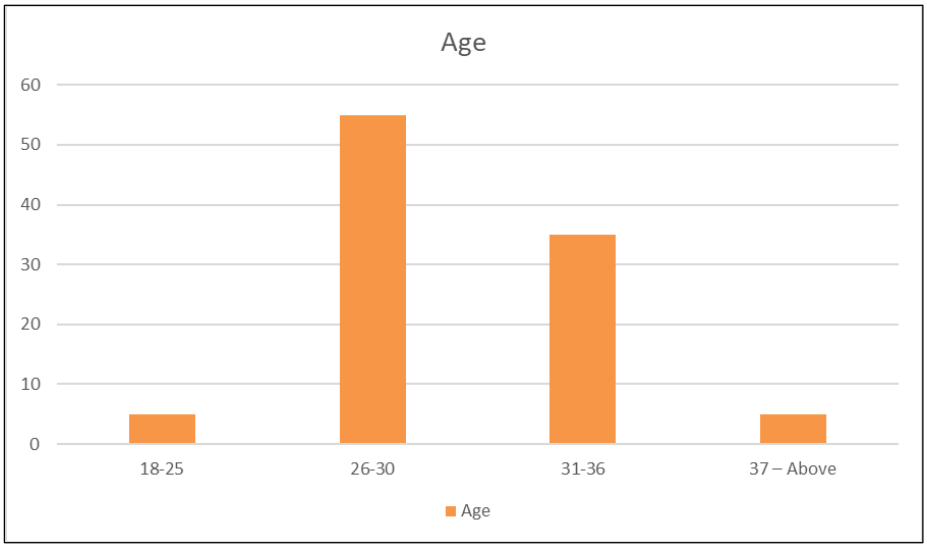

Figure 4 Age of respondents

Y axis represent percentage age of respondent, while x axis represent the age range of respondent

3.2. Research Question 1: What are the challenges women experience within 2 months to 2 year as result of episiotomy?

3.2.1. Challenges women experience (Pain)

Women's pain and discomfort varied, in some severe, and in a few lasted for months. Women in pain for 2 weeks only described the pain as 'a little pain or discomfort', but a few women reported considerable pain for months after childbirth, with three reporting this as 'intolerable' for more than 1 month. These women with severe pain also reported problems with suturing, including tight stitches, irritation from the stitches or the wound gaping.

I still feel pain of my perineal wound now and I can feel the difference between the two sides of perineum…the right side with the episiotomy lack skin elasticity… (Participant 1).

The wound hurt in the first few days. Five days after delivery, I started to feel better, but I can still feel the pulling or tugging pain at the incision…it was a bit tight….. (Participant 4).

The wound split on the six day after birth, then I suffered a lot because it recovered slowly. The pain had continued for half a month and the stitches cannot be absorbed…Even now, I still feel pain while sitting……. (Participant 9).

3.2.2. Restricted postures and movements

Avoiding pain and fear that the episiotomy would split meant women avoided moving around. The women stated they were conscious of the wound and were avoiding pain, so they had to walk or move slowly, or avoid contact as the wound hurt when pressed. Some had to sit or lie on one side or stay in one position for a long time to avoid pain, and this made them tired and uncomfortable. Three women with problems with healing of episiotomy complained that they could not sit down for a minute because of the horrible pain, which greatly influenced their postpartum life, such as sleeping and eating.

At that time (half a month after childbirth), I couldn't sit or squat [because of the horrible pain], and I had to move very slowly…….. (Participant 12).

The healing was not very good [of my perineum]…in the first few days, I was fed by my mother. I couldn't sit [because of pain], and I just lay down there. I ate on the bed in the first month. (Participant 15).

3.2.3. Obvious difficulties in breast feeding and defecation

The pain caused by episiotomy impacted on women's daily life in various ways. Among these, breast feeding and defecation were mentioned a lot. Majority of the respondents reported that pain from episiotomy interfered with breast feeding. Usually, women liked to feed their baby while sitting, because it was painful they struggled to feed. Some of them learnt to breast feed by lying down or using breast pump in a standing position. Other women sat in pain and found it a struggle, increasing the difficulty and fatigue of breast feeding. Pain often interfered with defecation, with increasing pain and the sensation of the wound about to split while defecating. Just sitting or squatting was already hard. This fear of pain or that the wound would split open led women to avoid defecation, worsening existing post-partum constipation.

It was very tiring and painful to sit down… I felt my wound was also swollen, and I had to sit on one-side, lean my body to the side without episiotomy. I sat this way throughout the breast feeding period (whole first month)…this made my back hurt and sometimes it was really awful.(Participant 15).

My wound hurt very much in the first week, and I couldn't pee or poop at all because I couldn't sit on the toilet (This posture pulls the wound). Every time using the toilet was like a torture to me. I think that most women who have received an episiotomy would probably have the same problem as me. (Participant 20).

3.3. Research Question 2: What are the perceived impact of episiotomy on women within the first 2 months to 2 year after birth?

3.3.1. Undesirable and affected sexual life

The severe pain from the perineal wound made women fear sex. A woman even asked her husband to await until 1 year after childbirth because she suffered severe pain from episiotomy for nearly 2 months and feared sexual life might take her back to the nightmare.

Because of the terrible perineal pain, I asked my husband to resume sexual life a year later. I didn't dare to do it, because I worried the pain would return. (Participant 5).

Painful experience after episiotomy also made women imagined the operation had somehow 'changed' their sexual life in the future through physical damage. One woman said pain with sex might have arisen from her anxiety—the psychological shadow instead of real physical pain. Some responses around resumption of sex and the 'psychological shadow' included beliefs that their vagina was damaged and had become "loose" and might never recover. For these

women, they were unwilling to have sexual life and described being permanently 'changed' that there had been damage done to their vagina.

Psychologically, I feel that the vagina cannot recover to original state…you feel the vagina is loosed than before. And your spouse also has some psychological barriers to postpartum sexual life. I feel that many mothers who undergo episiotomy will have the shadows of sexual life more or less. The psychologyical shadow might disappear over time, but I don't know yet. (Participant 5).

3.3.2. Less confidence in subsequent vaginal deliveries

The 'psychological shadow' also impacted on how women viewed a possible subsequent pregnancy. Women showed less confidence in subsequent vaginal deliveries and expressed their doubts through these questions: whether the episiotomy wound would hinder the process of the next vaginal delivery; whether the wound would split again in the next vaginal delivery; or whether they would be subject to another episiotomy. In some cases, 'psychological shadow' from episiotomy influenced women's willingness to have another child and brought obvious anxiety during further pregnancy: at least one woman asserted clearly that "next time she would ask for a caesarean section to avoid episiotomy". One woman said:

"if I had a vaginal birth again, and an episiotomy again. I cannot imagine what will happen, my vagina would be totally 'useless' for sexual life (Participant 6)."

The interviews indicated a high degree of anxiety about the long-term physical consequences and reflect how it causes further anxiety. Another multiparous woman also said that she was deeply troubled by the fear of 'undergoing episiotomy again' during pregnancy.

I don't dare to deliver my second child through normal birth (vaginal delivery). The experience of recovering from the episiotomy was indeed miserable. It really scared me. Maybe not having a second child is better…or maybe I would choose C-section even though it has some negative effects…if I had a vaginal birth again, and an episiotomy again. I cannot imagine what will happen, my vagina would be totally 'useless' for sexual life. (Participant 7).

4. Discussion of Findings

Episiotomy, also known as perinotomy is a surgical incision of the perineum and the posterior vaginal wall generally done by a midwife or obstetrician, this is usually performed during second stage of labor to quickly enlarge the aperture allowing the baby to pass through. The incision, which can be done from the posterior midline of the vulva straight toward the anus or at an angle to the right or left (medio-lateral episiotomy), is performed under local anesthetic (pudendal a), and is sutured after delivery. Its routine use is no longer recommended, as perineal massage, a form of the plastic surgeon's principle of 'skin tissue expansion' applied to the vaginal cavity, is an alternative painless method of enlarging the orifice for the baby [16]. It becomes imperative to evaluate mother's episiotomy experience post delivery

4.1. Challenges women experience within 2 to 2 year as result of episiotomy

Episiotomy results in extensive physical discomfort for some and life troubles to solve. In this study, we confirmed women did suffer perineal pain or discomfort, consistent with qualitative and quantitative studies. In addition, women in this study complained more about the unabsorbed stitches or split of stitches. Many reviews also indicated there are a few women who need removal or resuture services due to factors such as materials or skills Matvienko-Sikar et al [17]. Women in this study also reported that episiotomy limited postpartum daily activities, including sitting, breast feeding, defecation and intercourse.

[18] Mentioned that perineal pain can interfere with the initiation of breast feeding and [19] found that the exclusive breastfeeding rate of women with episiotomy on the first day after delivery was lower than the women with intact perineum. These physical symptoms or morbidity can also cause psychological burden or anxiety. A study in Jordan reported there was an association between postpartum depression and 15 health problems of obstetric, gynaecological (ie, episiotomy pain, infection) and general health conditions including; fatigue and headache Escribà-Agüir and Artazcoz [20]. These physical problems might have cumulative effects, as a prospective study it indicated high burden of breastfeeding problems alone or with comorbid physical problems was associated with poor maternal mood at 8 weeks, while the high burden of physical health problems was not significantly associated [21].

The influence on mood may also relate to sexual life and further delivery, and the impact on sex has been reported elsewhere [22]. Our findings highlighted that some women with episiotomy feared or wanted to avoid another

pregnancy because of the pain they experienced, or that they would choose caesarean section in the next childbirth. This is consistent with other qualitative studies about vaginal childbirth [23]. A study from Turkey also indicated fear of impending childbirth can increase the likelihood of requesting a caesarean section [24].

Episiotomy was administered in this study with women not even knowing it was going to happen. This lack of informed consent appears widespread and has been reported in other studies. One study in Brazil mentioned half of interviewed women did not receive any information about the procedure before or during childbirth Binfa et al [25]. Another study reported that women were informed of the procedure but doctors lack the authorisation or even practised the procedure directly without any explanation [26]. Some women did not even know whether an episiotomy or spontaneous tear was done, and only noticed greater discomfort during suturing [25]. Women particularly lacked the knowledge about the consequences of episiotomy in our study, and one qualitative study about perineal trauma also identified the similar theme of 'being unaware of the episiotomy's consequences' [22].

Women, their families and even some health professionals in this region also showed little understanding of some of the possible consequences of episiotomy. This opinion is consistent with a systematic mixed studies review about perineal trauma which reported on the theme 'normalization and feeling dismissed', which means women's health problems are regarded as a normal consequence of childbirth and that their questions were left unanswered by health professionals Jiang et al [27]. Some studies reported women felt frustrated and abandoned because they were 'dismissed by health care providers' [27]. The study also raised the interplay between physical injury and pain, the societal expectations that this was normal, and the women's personal anxieties about the anticipated damage to their genitalia and anticipated pain with sex. When a woman with both physical pain and anxiety is not expected to complain, this can make matters worse. These factors and interactions are particularly important in China, where episiotomy rates remain high.

4.2. Perceived impact of episiotomy on women within the first 2 to 2 year after birth

Episiotomy, a common obstetric procedure, has been associated with various outcomes impacting women in the first 2 to 5 years after birth. Research has shown that women who have undergone episiotomy experienced impaired sexual function and increased pain during intercourse [28]. From the study result some participant reported: "Because of the terrible perineal pain, I asked my husband to resume sexual life a year later. I didn't dare to do it, because I worried the pain would return" (Participant 5). The respondent made the statement possibly because of the intensity of the pain. The findings above is in consonance with the study of [28,29], they reported that episiotomy had a significant effect on women's sexual function 2–5 years after childbirth, indicating a lasting negative impact of the procedure. Furthermore, findings agreed with research conducted in Vietnam women revealed a higher likelihood of pelvic floor and sexual dysfunction after vaginal birth with episiotomy, emphasizing the potential long-term consequences of the procedure on women's health Huy et al [29]. By synthesizing the evidence from these studies, it is evident that episiotomy can have lasting implications for women's sexual function, pelvic floor health, and overall recovery in the years following childbirth.

5. Conclusion

Women were inadequately informed of episiotomy, but experienced consequences of the procedure; including pain and interference with daily life. Women's experiences related to postpartum changes including feeling of decreased female attractiveness, feeling of insolvency and helplessness and beginning a new period in life. Family involvement in maternal health care, especially during pregnancy has positive outcome of labour and probably afterwards.

Compliance with ethical standards

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Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

[1] Berkowitz LR, Foust-Wright C, Lickwood C, Eckler K. Approach to episiotomy. *Up To Date Last updated*. 2016; 12, 26.

[2] *Carroli G, Belizan J. Carroli G (ed.). "Episiotomy for vaginal birth". The Cochrane Database of Systematic Reviews 2015; (2)*

[3] Fodstad K, Laine K, Staff AC. Different episiotomy techniques, postpartum perineal pain, and blood loss: an observational study. *Int Urogynecol J*, 2013; 24(5), 865–72.

[4] Aasheim V, Nilsen ABV, Reinar LM, Lukasse M. Perineal techniques during the second stage of labour for reducing perineal trauma. *Cochrane Database Syst Rev,* 2017; 20 (6).

[5] Karaçam Z, Eroğlu K. Effects of episiotomy on bonding and mothers' health. *J Adv Nurs*, 2018; 43(4), 384–94.

[6] Sleep J, Grant A, Garcia J, Elbourne D, Spencer J, Chalmers I. West Berkshire perineal management trial. *Br Med J* (Clin Res Ed), 2018; 289 (6445):587-590.

[7] Olsson A, Lundqvist M, Faxelid E, Nissen E. Women's thoughts about sexual life after childbirth: focus group discussions with women after childbirth. *Scand J Caring Sci*; 2015; 19(4):381–7.

[8] Woolhouse H, McDonald E, Brown S. Women's experiences of sex and intimacy after childbirth: making the adjustment to motherhood. *J Psychosom Obstet Gynecol*. 2017; 33 (4):185–90.

[9] Chang SR, Chen KH, Lin HH, Chao YM, Lai YH. Comparison of the effects of episiotomy and no episiotomy on pain, urinary incontinence, and sexual function 3 months postpartum: a prospective follow-up study. *Int J Nurs Stud.* 2018; 48(4), 409–18.

[10] Thorp JM, Norton PA, Wall LL. Urinary incontinence inpregnancy and the puerperium: aprospective study. *Am J Obstet Gynecol*, 2018; 181, 266–73.

[11] Viktrup L. The symptom of stress incontinence caused by pregnancy or delivery in primiparas. *Obstet Gynecol,* 2018; 79:945–9.

[12] Persson J, Wolner-hanssen P, Rydhstroem H. Obstetric risk factors for stress urinary incontinence: a population-based study. *Obstet Gynecol*, 2019; 96:440–5.

[13] Fritel X, Ringa V, Varnoux N. Mode of delivery and severe stress incontinence: a cross-sectional study among 2625 perimenopausal women. *BJOG*, 2015; 112, 1–6.

[14] Phipps MG, Watabe B, Clemons JL. Risk factors for bladder injury during cesarean delivery. *Obstet Gynecol*. 2015; 105:156–60.

[15] Wilson PD, Herbison RM, Herbison GP. Obstetric practice and the prevalence of urinary incontinence three months after delivery. *Br J Obstet Gynaecol*; 2019; 103:154–61.

[16] *Eason E, Labrecque M, Wells G, Feldman P. Preventing perineal trauma during childbirth: a systematic review. Obstetrics and Gynecology. 2018; 95 (3): 464–471.*

[17] Matvienko-Sikar K, Murphy G, Murphy M. The role of prenatal, obstetric, and post-partum factors in the parenting stress of mothers and fathers of 9-month old infants. *J Psychosom Obstet Gynecol*. 2018; 39(1), 47–55.

[18] Chou D, Abalos E, Gyte GM. Drugs for perineal pain in the early postpartum period (protocol). *Cochrane Database Syst Rev* 2016; 3: CD007734.

[19] Persico G, Vergani P, Cestaro C. Assessment of postpartum perineal pain after vaginal delivery: prevalence, severity and determinants. A prospective observational study. *Minerva Ginecol* 2013; 65: 669–78.

[20] Escribà-Agüir, V, Artazcoz L. Gender differences in postpartum depression: a longitudinal cohort study. *Epidemiol Community Health*. 2018; 65(4), 320–6.

[21] Shorey S, Chan SW, Chong YS, He HG. Perceptions of primiparas on a postnatal psychoeducation programme: the process evaluation. *Midwifery*. 2018; 31(1), 155–63.

[22] Zerach G, Magal O. Exposure to stress during childbirth, dyadic adjustment, partner's resilience, and psychological distress among first-time fathers. *Psychol Men Masculinities.* 2019; 18(2), 123-z.

[23] Ospina-Romero AM, Muñoz de Rodríguez L, Ruiz de Cárdenas CH. Coping and adaptation process during puerperium. *Colom Med*. 2018; 43(2), 167–74.

[24] Blondel B, Alexander S, Bjarnadóttir RI. Variations in rates of severe perineal tears and episiotomies in 20 European countries: a study based on routine national data in Euro-Peristat project. *Acta Obstet Gynecol Scand*. 2019; 95,746–54.

[25] Binfa L, Pantoja L, Ortiz J. Midwifery practice and maternity services: a multisite descriptive study in Latin America and the Caribbean. *Midwifery*, 2018; 40:218–25.

[26] Kaddoura R, DeJong J, Zurayk H. Episiotomy practice in the Middle East: a Lebanese teaching tertiary care centre experience. *Women Birth*. 2019; 32, e223–8.

[27] Jiang H, Qian X, Carroli G. Selective versus routine use of episiotomy for vaginal birth. *Cochrane Database Syst Rev*. 2020; 2:CD000081.

[28] Kramná P. And Vrublová Y. Episiotomy and women's sexual function 2–5 years after childbirth: a study from the Czech Republic. *British Journal of Midwifery*. 2016; 24(12),870-876

[29] Huy N, An L, Phuong L, and Tam L. Pelvic floor and sexual dysfunction after vaginal birth with episiotomy in Vietnamese women. *Sexual Medicine*.2019; 7(4), 514-521.