



Avoiding an Episiotomy

When talking with your caregiver about episiotomy, don't ask if he or she routinely does episiotomies. The standard answer is "only when they are necessary." Some doctors think they are "necessary" 95% of the time! It's much better to tell your caregiver that you want to avoid an episiotomy and ask how he or she can help you achieve your goal.

If your caregiver doesn't have any suggestions for avoiding an episiotomy, you may want to consider changing caregivers. You need to decide if you would rather risk a tear than have an episiotomy and tell your caregiver. The more experienced a caregiver in avoiding episiotomies, the better your chances are of an intact perineum or a minor tear.

Following are things that the woman and her caregiver can do to help safely avoid an episiotomy:



Prenatally:

- Pelvic floor contraction exercise (Kegel and Super Kegel)
- Pelvic floor relaxation and “bulging” exercise
- Practice various positions for second stage: semi-sitting, side-lying, all fours, standing/leaning, squatting, etc.
 - Gentle perineal massage [note: recent studies have been unable to prove that perineal massage reduces the risk of tearing, and may actually weaken the tissues, making the perineum more susceptible to tearing if done too strenuously.]
- Education – know what to expect during second stage
- Good nutrition to promote healthy tissues



During second stage:

- Reassurance and encouragement that intense sensations are normal
 - Relaxation of the perineum
- Spontaneous bearing down (DON'T RUSH)
Push only when you feel the urge.
- No breath-holding pushing - LISTEN TO YOUR BODY!!!
 - Positions of comfort or to promote slow progress: gravity-neutral positions to promote progress (semi-sitting, squatting, standing, supported squat)
- Use of mirror, touch of the baby's head to encourage efficient bearing down efforts
 - Perineal massage and support
 - Hot compresses
- DON'T "push through the burning" of the "ring of fire"; pant and blow instead