

## **Restricted Use of Episiotomy Preferable Over Routine Use**

ACOG Today April 2006 - Routine use of episiotomy is not recommended, and clinical judgment remains the best guide to determine when to perform an episiotomy, according to the new Practice Bulletin *Episiotomy* (#71) published in the April issue of *Obstetrics & Gynecology*).

Although episiotomy use became common in much of the 20<sup>th</sup> century, its use has declined in recent years. In 1992, more than 1.6 million episiotomies were performed, but by 2003, episiotomies had decreased to 716,000, according to the Practice Bulletin.

It has been suggested that an episiotomy is indicated to expedite delivery in the second stage or in cases in which the likelihood of spontaneous laceration seems high. However, the data supporting these claims are largely descriptive or anecdotal. Without sufficient data to develop evidence-based criteria for when to do an episiotomy, clinical judgment remains the best guide to determine when to do one, the document states.

“In the case of episiotomy, as with all medical and surgical therapies, we need to continually evaluate what we do and make appropriate changes based on the best and most current evidence available,” said the document’s author, Fellow John T. Repke, MD. “We should avoid the pitfall of letting anything in medicine become ‘routine’ and, therefore, outside the realm of review and critical analysis.”