

# Episiotomy practice and perineal trauma in the Philippines

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Ye et al. reported episiotomy rates of 41.7% in nulliparae and 21.5% in multiparae among vaginal births in China. The article showed that the performance of episiotomy in cases where it was more than medically necessary doubled the risk of perineal lacerations in nulliparae.<sup>1</sup> We write based on our experience in the Philippines, where the episiotomy rates for vaginal birth remain high.<sup>2–4</sup>

The Philippine Obstetrical and Gynecological Society recommends using restrictive episiotomy in pregnant women having a vaginal birth.<sup>5</sup> However, episiotomy is still routinely performed, and a study by Masuda et al. in 2020 showed a 92% episiotomy rate in Filipino primiparae. Similarly, due to prior training and local experience, Filipino healthcare providers continue to opt for an episiotomy in primiparae as a protective measure against severe, zigzag, or multiple perineal lacerations. However, episiotomy was ineffective in reducing perineal lacerations and was associated with an increased risk of obstetric anal sphincter injuries.<sup>2</sup>

Despite having a national initiative to improve the quality of intrapartum and newborn care in the Philippines in 2009, episiotomy rates remain high.<sup>3</sup> Clinical training of healthcare workers based on understanding and using the best evidence on episiotomy did not significantly reduce the episiotomy rate in the Philippines. However, this training resulted in higher rates of intact perineum among pregnant patients.<sup>4</sup>

We emphasize the need to promote the judicious use of episiotomy in the Philippines. We agree with Ye et al.<sup>1</sup> that training birth attendants on restrictive episiotomy can improve perinatal outcomes and prevent 3rd and 4th degree perineal lacerations in pregnant women.

## Declaration of interests

We declare no competing interests.

## References

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