



Episiotomy

What You Should Know

An episiotomy is a surgical cut in the perineum, the muscle area between the vagina and the anus. It's performed during labor with a local anesthetic to help speed delivery or prevent tearing. Making more room for the baby to come out can help prevent the risk of asphyxiation or trauma to the baby's head.

Some doctors perform episiotomies on a regular basis. Others have abandoned their routine use. Sometimes, cutting the perineal can lead to more tearing. It's important to discuss this procedure with your doctor before labor.

Avoiding Episiotomy

It's possible to lessen the risk of spontaneous tearing or the need for an episiotomy through massage and Kegel exercise.

Massage—By performing perineal massage in the last weeks before delivery, you can help promote elasticity of the muscle between the vagina and the rectum.

- Use mineral oil, olive oil or other nonpetroleum-based lubricant as the rubbing agent.
- Gently rub and stretch the outside of the vagina. Your partner can help.
- It's important to massage gently, as the muscles in this area are easily bruised.

Kegal Exercise—This strengthens the perineum, which reduces the chance of spontaneous tearing or the need for episiotomy.

- Isolate the perineal muscles, the ones you use to stop the flow of urine.
- Tighten and relax the muscles over and over.
- Repeat as often as 200 times each day.

RECOVERY

After the birth, the perineal can be very sore, whether from tearing or from an episiotomy. For pain relief, until healing is more advanced:

- Use ice packs the first few hours to reduce swelling.
- Sit on one buttock to take the pressure off the healing perineal area.
- Expose the perineum to air to help promote healing.
- Soak in warm sitz baths several times a day or use a heating pad after the first eight hours.

