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Original Article

Comparative analysis of knowledge, attitude and acceptance of episiotomy among first-time and multiparous parturients in Enugu, Nigeria

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Abstract: Objectives: To determine the knowledge, attitude and acceptance of episiotomy among first-time and multiparous parturient women. Methods: It was a cross-sectional descriptive study conducted in four selected hospitals in Enugu, Nigeria. Parturient women were recruited for the study using stratified sampling method. A well-structured validated questionnaire was the instrument of data collection. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 23 computer program. All correlation tests were two-tailed with values of $P<0.05$ considered significant. Results: Two hundred and twenty two parturients were analyzed. Majority 180 (81.1%) had a prior knowledge of episiotomy, while 42 (18.9%) had not heard of episiotomy. The proportion of women with prior knowledge of episiotomy was significantly higher in multiparous women than in first time parturients ($P<0.05$). Of the 180 women that had heard of episiotomy, majority 108 (60.0%) indicated doctors/midwives, 57 (31.7%) indicated neighbours/friends, 52 (28.9%) indicated mother/grandmother, while 20 (11.1%), 6 (3.3%) and 3 (3.3%) indicated books (magazines and journal), media and internet respectively as their sources of information. More multiparous parturients heard of episiotomy from doctors/midwives than the first-time-parturients ($P>0.05$). On attitude, multiparous parturients were more negatively disposed to episiotomy than the first-time counterparts. Of the 180 women that had heard of episiotomy, majority of them 140 (77.8%) would not like to have episiotomy during their childbirth majorly because of the pain and discomfort associated with it. Out of the 140 (77.8%) who would not like to have episiotomy during their labor, 46 (32.9%) preferred skillful guarding of the perineum and 42 (30.0%) preferred antenatal perineal massage and exercises. Conclusion: Majority of the respondents got the information about episiotomy from unreliable sources; mostly their family and friends instead of professionals in the field leading to significantly wrong perceptions and negative attitude towards episiotomy among respondents.

Keywords: Episiotomy, first-time pregnant women, multiparous pregnant women, parturient

Introduction

Motherhood is a beautiful process and the process of childbirth is indeed one of the wonders of creation [1]. Over the years, efforts have been made to make this process of childbirth as safe as possible. The notable among these interventions is the safe motherhood initiative proclaimed in the year 1987 which set out targets to reduce maternal mortality by 50% in one decade [2]. The institutionalization of labor in the nineteenth century brought about a range of routine procedures or interventions, which resulted in the medicalization of the birth process [3]. One of these interventions is episiotomy. Traditionally, physicians and midwives have used episiotomy to enlarge the vulva outlet in order to facilitate the passage of the presenting part of the fetus during labor in an effort to reduce perineal trauma. It also minimizes postpartum pelvic floor dysfunction by reducing anal sphincter damage, reduces the amount of blood lost during delivery, and protects against neonatal trauma [4, 5]. Empirical evidence has

episiotomy as the commonest surgical procedure in obstetrics only second to cutting of the umbilical cord [6, 7].

Nevertheless, the indications and efficacy are poorly established and its practice has remained controversial [8]. Episiotomy procedure has remained controversial since its first use by a Scottish midwife in the 1740s [9]. While episiotomy is employed to obviate issues such as postpartum pain, incontinence, and sexual dysfunction, some studies suggest that episiotomy itself equally inflict all these problems on the parturient woman [10, 11]. Hence, several scholars have argued that this procedure be limited to severe cases where serious damage to the perineum is imminent. This is why modern medical practice now advocates for restrictive use of episiotomy instead of the traditional liberal use [12]. The recent guideline of World Health Organization (WHO) holds that currently available scientific evidence corroborates the selective use of episiotomy [13].

However, liberal use of episiotomy is still a common practice in our contemporary hospitals [14]. Healthcare professionals still remain rooted in concepts that differ from available scientific evidence. Literature holds that the rate of episiotomy with vaginal deliveries went from 60.9% in 1979 to 24.5% in 2004, but this rate is still pretty high [15]. This notwithstanding, very little information is available on the individual subjective reactions of women to this procedure. There is paucity of literature on episiotomy use in Nigerian hospitals [7]. Since the twenty-first century, medical and nursing practice places the recipient of medical and nursing care at the focal point. It is imperative that we observe this procedure from our clients' perspective amidst this controversy. This study was to determine and compare the knowledge, attitude and acceptance of episiotomy among both the first-time and multiparous parturient women.

Methods

Study design

The research study used a cross-sectional descriptive design and a well-structured questionnaire developed by the researchers was the instrument of data collection.

Setting

This study was carried out in four selected hospitals in Enugu, Nigeria: Uwani Cottage Hospital, University of Nigeria Teaching Hospital (UNTH) Ituku/Ozalla, Poly Sub-District Hospital Asata, and St Theresa's Maternity Hospital Abakpa Nike, Enugu. Enugu is the capital city of Enugu State; the coal city. It is richly blessed with both human and material resources. It is densely populated with both indigenes of the state and non-indigenes from surrounding states. It covers about 845,093 km^2 in area [16].

Sample

A sample size of 222 pregnant women comprising both first-time and multiparous ones from the selected hospitals was used. Stratified random sampling method (a proportionate sampling technique) was used and a total of 90 first-time pregnant women and 132 multiparous pregnant women were selected.

Inclusion Criteria: The inclusion criteria were that the woman must be pregnant; first-time or subsequent pregnancy, and the pregnant woman must be receiving antenatal care from any of the four selected hospitals in the area of study.

Exclusion Criterion: Pregnant women below the age of 16 years.

Instruments

The instrument that was used to collect data from the research subjects was a well-structured validated questionnaire. To ensure validity, the questionnaire was well evaluated to determine the appropriateness of its questions in achieving the research objectives. Also, to ensure reliability of the instrument, the questionnaire was tested by the use of a pilot survey using twenty (20) subjects from the target population. Twenty copies of the questionnaire were administered to twenty pregnant women at Eastern Nigerian Medical Centre Uwani, Enugu, Nigeria. Responses were summarized and analyzed and the scores subjected to Cronbach's reliability test. Alpha = .766.

Indicators

Knowledge of episiotomy and sources of information.

Procedure and ethical considerations

The research proposal was submitted to the Health Research Ethics Committee of University of Nigerian Teaching Hospital (UNTH) Ituku/Ozalla, Enugu and approval was obtained (UNTH/CSA/329/Vol.5, 13/05/2015). Also, approval was obtained from the heads of the various facilities employed in the study. During data collection, dignity of the research respondents was respected and informed consent was obtained; none of them was coerced into participating in the study. Also, confidentiality was strictly maintained.

The researchers collected primary data (first-hand information) from the subjects during their antenatal visits to the hospitals by administering the questionnaires to the interested members of the accessible population included in the sample. The answered questionnaires were collected on the spot.

Data analysis

Data collected were analyzed using the Statistical Package for the Social Sciences (SPSS) version 23 computer program. Descriptive and inferential statistics consisting of frequencies, percentages, mean, standard deviations and chi-square were used. All correlation tests were two-tallied with values of $P<0.05$ considered significant.

Results

Two hundred and two parturient women were analyzed. **Table 1** shows the distribution of demographic data of the women. Their age distribution showed that majority of them 91 (41.0%) were 25-29 years, and 65 (29.3%) of them were 30-34 years, while 30 (13.5%) of them were 35years and above. There was significant difference between the age of first time and multiparous parturient women (P<0.05). Majority of the women 114 (51.4%) were at their third trimester, while, 93 (41.9%) were at their second trimester and 15 (6.8%) were at their first trimester. This was not significant between the first time and multiparous women (P>0.05).

Knowledge of episiotomy

Table 2 summarizes the women's knowledge of episiotomy. Majority of the women 180 (81.1%) have heard of episiotomy, while 42 (18.9%) of them have not heard of episiotomy. This episiotomy knowledge was statistically significant between first time and multiparous parturient women (P<0.05) such that more of multiparous women have heard of episiotomy than first-time parturient women. On the meaning of episiotomy from the 180 women that had heard of episiotomy, majority of them 120 (66.7%) got the meaning of episiotomy as careful and skilful cutting of the perineal tissues by the birth attendant when the baby is about to be delivered. This was not significant between the first-time and multiparous women (P>0.05).

On the reasons why episiotomy was used during child birth, majority of the women 112 (62.6%) only knew that episiotomy is used to widen the vagina opening during childbirth, while only few women 21 (11.7%) and 15 (8.3%) knew in addition that episiotomy is used to relieve fetal and maternal distress, and to avoid haphazard tearing of the perineum. This was not significant between first-time and multiparous women (P>0.05). On the circumstances that necessitates episiotomy, from the 180 women that have heard of episiotomy, only 83 (46.3%), 77 (43.0%) and very few 7 (1.1%) of the women got it correct as when vagina is tight, baby is large and when labor is assisted with forceps or vacuum delivery, respectively.

Sources of information

Results on **Table 3** show the sources of information concerning episiotomy to the first-time and multiparous parturient women. It was ascertained that among the 180 women that had heard of episiotomy, when multiple choice was allowed for source of information, majority 108 (60.0%) of them indicated doctors/midwives, 57 (31.7%) indicated neighbours/friends, 52 (28.9%) indicated mother/grandmother, while 20 (11.1%), 6 (3.3%) and 3 (3.3%) indicated books (magazines and journal), media and internet respectively as their sources of information. This was statistically significant between the first time and multiparous women (P<0.05) such that more multiparous women heard of episiotomy from doctors/midwives than the first time pregnant women.

Attitude towards episiotomy

The results on **Table 4** show the mean score and standard deviation of each 15 items on the

Table 1. Demographic distribution of the respondents according to the parity (n = 222)

Demographic Characteristics	First-time	Multiparous	Total	χ^2	*P*-value
Age					
15-19 years	6 (6.4%)	1 (0.8%)	7 (3.2%)	30.849	<0.001
20-24 years	17 (18.9%)	12 (9.1%)	29 (13.1%)		
25-29 years	48 (53.3%)	43 (32.6%)	91 (41.0)		
30-34 years	16 (17.8%)	49 (37.1%)	65 (29.3%)		
35 years & above	4 (4.4)	26 (19.7%)	30 (13.5%)		
Total	91 (100%)	131 (100%)	222 (100%)		
Mean ± SD	26.8±3.7	30.2±4.3	28.8±3.9		
Marital status					
Single	1 (1.1%)	1 (0.8%)	2 (0.9%)		
Divorce	0 (0.0%)	1 (0.8%)	1 (0.5%)	4.984	0.173
Married	89 (98.8%)	124 (93.9%)	213 (95.9%)		
Widow	0 (0.0%)	6 (4.5%)	6 (2.7%)		
Total	90 (100%)	132 (100%)	222 (100%)		
Level of Education					
No formal education	1 (1.1%)	2 (1.5%)	3 (1.4%)		
Primary education	3 (3.3%)	4 (3.0%)	7 (3.2%)		
Secondary education	34 (37.8%)	39 (29.5%)	73 (32.9%)	1.748	0.626
Tertiary education	53 (57.8%)	87 (65.9%)	139 (62.6%)		
Total	90 (100%)	132 (100%)	222 (100%)		
Religion					
Christianity	88 (97.8%)	119 (90.2%)	207 (93.2%)		
Islam	1 (1.1%)	4 (3.0%)	5 (2.3%)		
African Traditional religion	1 (1.1%)	7 (5.3%)	8 (3.6%)	5.182	0.159
Others (Hindu or Nazarene)	0 (0.0%)	2 (1.5%)	2 (0.9%)		
Total	90 (100%)	132 (100%)	222 (100%)		
How old is your pregnancy?					
1-3 Months	8 (8.9%)	7 (5.3%)	15 (6.8%)		
4-6 Months	36 (40.0%)	57 (43.2%)	93 (41.9%)	1.149	0.553
7-9 Months	46 (51.1%)	68 (51.5%)	114 (51.4%)		
Total	90 (100%)	132 (100%)	222 (100%)		

attitude of first-time and multiparous women towards episiotomy. Mean score for the items ranged from 1.81 (SD = 0.76) to 3.14 (SD = 0.95) for first-time pregnant women and 1.91 (SD = 0.96) to 3.18 (SD = 0.91) for multiparous women.

Episiotomy has some benefits e. g. prevents injury to baby and mother, and episiotomy is associated with many risks e. g. extension and infections had mean score values above 2.5 which was the critical mean ranging from 2.56 (SD = 0.84) to 3.14 (SD = 0.95) for first-time pregnant women and 2.63 (SD = 0.88) to 3.18 (SD = 0.9) for multiparous women. Multiparous women had higher mean scores for the seven (7) items and this is not significant (P>0.05).

One item (negative) viz; episiotomy made my experience of childbirth and motherhood horrible had mean score value about the critical scale mean of 2.5 for both first-time mothers 2.41 (SD = 0.82) and multiparous women 2.63 (SD = 0.88), but the response was not significant (P>0.05). This implied that even though multiparous women had higher mean scores and higher agreement to this item than the first-time pregnant women, the difference in their responses was not statistically significant.

The result on **Table 3** is indicative that multiparous women were more negatively disposed to episiotomy than the first-time pregnant women who were less negatively disposed to episiotomy.

Table 2. Knowledge of episiotomy among first-time and multiparous women of Enugu

Knowledge of Episiotomy	First-time n = 90	Multiparous n = 132	Total n = 222	χ^2	*P*-value
Have you ever heard of episiotomy?					
Yes	63 (70.0%)	117 (88.6%)	180 (81.1%)	12.12	<0.001
No	27 (30.0%)	15 (11.4%)	42 (18.9%)		
Total	90 (100%)	132 (100%)	222 (100%)		
What do you think the term episiotomy means?					
Tearing the perineum by the birth attendant during childbirth	27 (42.9%)	31 (26.5%)	58 (32.2%)		
Careful and skilful cutting of the perineal tissues by the birth attendant when the baby is about to be delivered+	36 (57.1%)	84(71.8%)	120 (66.7%)	5.798	0.055
Massaging of the vagina during childbirth	0 (0.0%)	2 (1.7%)	2 (1.1%)		
Total	63 (100%)	117 (100%)	180 (100%)		
Why do you think episiotomy is used during childbirth?					
To widen the vaginal opening during childbirth+	35 (55.6%)	77 (65.8%)	112 (62.2%)		
To relieve foetal and maternal distress+	7 (11.1%)	14 (12.0%)	21 (11.7%)		
To facilitate the birth of a baby+	17 (27.0%)	22 (18.8%)	39 (21.7%)	2.508	0.775
It is normal procedure (a must do) for every woman in labour	5 (7.9%)	9 (7.7%)	14 (7.8%)		
To avoid haphazard tearing of the perineum+	5 (7.9%)	10 (8.5%)	15 (8.3%)		
Others (impatience by birth attendance)	0 (0.0%)	1 (0.9%)	1 (0.6%)		
Circumstances that necessitate episiotomy*					
Baby is large+	35 (55.6%)	42 (64.1%)	77 (42.8%)		
Vagina is tight+	24 (38.1%)	59 (50.4%)	83 (46.1%)		
First experience of labour	15 (23.8%)	27 (23.1%)	42 (23.3%)	4.534	0.475
Twin pregnancy	3 (4.8%)	2 (1.7%)	5 (2.8%)		
When labour is assisted with forceps or vacuum delivery+	2 (3.2%)	5 (4.3%)	7 (3.9%)		
Abnormal presentation of the baby	2 (3.2%)	5 (4.3%)	7 (3.9%)		
Others (No idea)	1 (1.6%)	1 (1.6%)	2 (1.1%)		

NB: +correct answer(s). *Responses not exclusive

Table 3. Sources of information concerning episiotomy to the first-time and multiparous parturient women

Sources of Information Concerning Episiotomy	First-time n = 90	Multiparous n = 132	Total n = 222	χ^2	*P*-value
If yes, what was your source of information?*					
Mother/Grandmother	22 (34.9%)	30 (25.6%)	52 (28.9%)		
Neighbour/friends	22 (34.9%)	35 (29.9%)	57 (31.7%)		
Doctors/Midwifes	23 (36.5%)	85 (72.6%)	108 (60.0%)	11.684	0.039
Media	2 (3.2%)	4 (3.4%)	6 (3.3%)		
Books, Magazines and journals	9 (14.3%)	11 (9.4%)	20 (11.1%)		
Internet	3 (4.8%)	3 (2.6%)	6 (3.3%)		

*Responses not exclusive.

Acceptance of episiotomy

Table 5 shows results on the parturient women's acceptance of episiotomy. From the 180 pregnant women that have heard of it, only few of them 40 (22.2%) would like to have episiotomy during their childbirth, while majority of them 140 (77.8%) would not like to have episiotomy during their childbirth. This was not significant between the first time and multiparous women (P>0.05). From these 40 women who would like to have episiotomy during their childbirth, the major reasons given for accepting it is because it prevents haphazard tearing of the perineum 23 (57.5%). This was not significant between the first time and multiparous women (P>0.05). From among 140 women who would not like to have episiotomy during their childbirth, 75 (53.6%) gave the major reasons that both tears and episiotomy are sutured and painful and 63 (45.0%) indicated that they can deliver normally without tearing. This was not significant between the first time and multiparous women (P>0.05).

Alternative interventions

Table 6 shows alternative interventions to episiotomy among the parturients. From this same group of women, other major techniques or intervention they would prefer during labour in place of episiotomy were skillful guarding of the perineum during childbirth 46 (32.9%) and antenatal perineal massage and exercises 42 (30.0%). This was not significant between the first time and multiparous women (P>0.05).

Discussion

Knowledge of episiotomy among first-time and multiparous pregnant women

The findings of the study showed that majority of the women 180 (81.1%) had a prior knowledge of episiotomy, while 42 (18.9%) of them had not heard of episiotomy. This was statistically significant between first time and multiparous women (P<0.05) such that more of multiparous women had heard of episiotomy than first time pregnant women. This agrees with the previous Nigerian findings by Ibrahim et al, and Abubakar and Suleiman that majority (94.5% and 87.6% respectively) of the women had heard of episiotomy [7, 17] but disagrees with the findings of Inyang-Eto and Umoiyoho in Nigeria that a significant portion (32%) of participants did not know what episiotomy means [6].

On the meaning of episiotomy, among the 180 women that had heard of episiotomy, majority of them 120 (66.7%) got the meaning of episiotomy as careful and skilful cutting of the perinea tissues by the birth attendant when the baby is about to be delivered. This was not statistically significant between the first time and multiparous women (P>0.05). On the reasons why episiotomy is used during child birth, majority of the women 112 (62.6%) only knew that episiotomy is used to widen the vagina opening during childbirth, while only few women 21 (11.7%) and 15 (8.3%) knew in addition that episiotomy is used to relieve fetal and maternal distress, and to avoid haphazard tearing of the perineum. This was not significant between first time and multiparous women (P>0.05). This agrees with the findings of Ibrahim et al [7] that a good number had good knowledge (83.5%) and good perception (77.5%) of episiotomy but however disagrees with that of Isife in Nigeria [18] which showed that more than half of the respondents have poor knowledge of episiotomy and perceived episiotomy as a routine childbirth intervention. On the circumstances that necessitate episiotomy, from the 180 women that have heard of episiotomy, only 83 (46.3%),

Table 4. Attitude of first-time and multiparous women towards episiotomy

Items	First-time n = 90						Multiparous n = 132						t-test	*P*-value
	SA	A	D	SD	Mean	Sd	SA	A	D	SD	Mean	Sd		
I feel episiotomy is very painful and as discomforting as the childbirth itself*	26	27	3	7	3.14	0.95	51	40	19	7	3.15	0.91	-0.076	0.939
Episiotomy is not too painful but itchy and discomforting	5	16	31	11	2.24	0.84	11	20	60	26	2.14	0.87	0.755	0.451
I think episiotomy facilitates the delivery of my baby	19	22	17	5	2.87	0.94	35	54	21	7	3.00	0.85	-0.920	0.359
Episiotomy is as incapacitating as any other surgery	2	22	20	19	2.11	0.88	13	32	34	38	2.17	1.01	-0.396	0.693
Episiotomy made my experience of childbirth and motherhood horrible	6	21	29	7	2.41	0.82	22	39	47	9	2.63	0.88	-1.643	0.102
Episiotomy saved my baby and I from the ordeal of childbirth	16	21	22	4	2.78	0.91	15	64	24	14	2.68	0.85	0.693	0.489
I feel episiotomy is uncalled for*	5	14	16	28	1.94	1.00	10	19	46	42	1.97	0.93	-0.253	0.800
Episiotomy is a necessary aspect of vaginal delivery for every woman in labour*	5	7	33	18	1.98	0.85	7	22	50	38	1.98	0.87	0.009	0.993
Episiotomy should be a childbirth intervention only in certain life threatening circumstances	22	28	9	4	3.08	0.87	39	57	15	6	3.10	0.81	-0.178	0.859
The procedure of episiotomy prevents haphazard tearing of the vagina	37	9	12	5	2.81	2.96	58	37	18	4	3.03	2.21	-.248	0.804
Episiotomy is a mutilation of the female reproductive organ*	7	11	24	21	2.06	0.98	11	16	45	45	1.94	0.95	.821	0.413
Episiotomy worsens birth experience and sexual experience afterwards*	3	9	35	16	1.98	0.77	15	15	56	31	2.12	0.95	-.973	0.332
Episiotomy dehumanizes women and impairs their pride and integrity*	2	7	31	23	1.81	0.76	11	15	43	48	1.91	0.96	-.692	0.490
Episiotomy has some benefits e.g. prevents injury to baby and mother	32	26	4	1	3.14	0.69	50	48	9	10	3.18	0.91	1.784	0.076
Episiotomy is associated with many risks e.g. extension and infections	8	25	24	6	2.56	0.84	28	41	38	10	2.74	0.92	-1.348	0.179
The risks associated with episiotomy outweigh its benefits*	3	9	28	23	1.87	0.83	9	21	45	42	1.97	0.92	-0.726	0.469
Mean of means					2.46	0.26					2.50	0.30	-0.674	0.501

*Negative items and the lower the mean score, the more positive the attitude towards episiotomy and vice versa. Abbreviations: SA = Strongly agree; A = Agree; D = Disagree; SD = Strongly disagree; Sd = standard deviation.

Table 5. Parturients' acceptance of episiotomy

Acceptance of Episiotomy	First-time N = 63	Multiparous N = 117	Total N = 180	χ^2	*P*-value
Would you like to have episiotomy during your childbirth?					
Yes	15 (23.8%)	25 (21.4%)	40 (22.2%)	0.141	0.707
No	48 (76.2%)	92 (78.6%)	140 (77.8%)		
What are your reasons for accepting episiotomy?					
Episiotomy facilitates childbirth	5 (33.3%)	5 (20.0%)	10 (25.0%)		
It prevents haphazard tearing of the perineum	6 (40.0%)	17 (68.0%)	23 (57.5%)	6.991	0.136
It relieves intra-partum foetal and mental distress	2 (13.3%)	0.0 (0.0%)	2 (5.0%)		
It prevents sagging of the perinea tissues	1 (6.7%)	0 (0.0%)	1 (2.5%)		
It is a must do for every child birth	3 (20.0%)	3 (12.0%)	6 (15.0%)		
What are your reasons for not accepting episiotomy?					
I can deliver normally without tearing	27 (56.3%)	36 (39.1%)	63 (45.0%)		
Tear heals faster than a cut	2 (4.2%)	5 (5.4%)	7 (5.0%)		
Both tears and episiotomy are sutured and painful	18 (37.5%)	57 (62.0%)	75 (53.6%)	8.537	0.074
It is a surgical procedure and as such as inconveniencing as every other surgery	1 (2.1%)	7 (7.6%)	8 (5.7%)		
Others (painful, Nurses stitch without Pain reliever)	0 (0.0%)	3 (3.3%)	3 (2.1%)		

Table 6. Alternative interventions to episiotomy

Alternative Interventions to Episiotomy	First-time	Multiparous	Total	χ^2	*P*-value
Antenatal perineal massage and exercises	14 (29.2%)	28 (30.4%)	42 (30.0%)		
Warn compress	2 (4.2%)	1 (1.1%)	3 (2.1%)		
Birth in upright of the perineum during childbirth	0 (0.0%)	4 (4.3%)	4 (2.9%)		
Cesarean section	5 (10.4%)	6 (6.5%)	11 (7.9%)	5.718	0.456
Skilful guarding of the perineum during childbirth	15 (31.3%)	31 (33.7%)	46 (32.9%)		
No intervention, the events of labour should be allowed to take its natural course	6 (12.5%)	19 (20.7%)	25 (17.9%)		
Others (anything that can reduce size of the baby)	0 (0.0%)	1 (1.1%)	1 (0.7%)		

77 (43.0%) and very few 7 (1.1%) of them women got it correct as when vagina is tight, baby is large and when labor is assisted with forceps or vacuum delivery respectively. This was in line with the findings of Wey et al in Brazil that some participants associated the need for episiotomy with the baby's size as a way of facilitating the delivery [3].

Sources of information to first-time and multiparous pregnant women concerning the procedure of episiotomy

The findings showed that among the 180 women that had heard of episiotomy, when multiple choice was allowed for source of information, majority of them 108 (60.0%), indicated doctors/midwives, 57 (31.7%) indicated neighbours/friends, 52 (28.9%) indicated mother/grandmother, while 20 (11.1%), 6 (3.3%) and 3 (3.3%) indicated books (magazines and journal), media and internet respectively as their sources of information. This was statistically significant between the first time and multiparous women ($P<0.05$) such that more multiparous women heard of episiotomy from doctors/midwives than the first time pregnant women. This was corroborated with Oluwasola and Bello study in Ibadan, Nigeria where the health workers were the main source of information [19].

Attitude of first-time and multiparous pregnant women towards the procedure of episiotomy

The findings of the study showed that both the first-time and multiparous pregnant women that participated in the study feel that episiotomy; is very painful and as discomforting as the childbirth itself, facilitates childbirth, saves them and their babies from the ordeal of childbirth, should be a childbirth intervention only in certain life threatening circumstances, prevents haphazard tearing of the perineum, has some benefits and it is associated with many risks. Also, the findings of the study showed that both the first-time and multiparous pregnant women used in the study do not feel that episiotomy; is not too painful but itchy and discomforting, is as incapacitating as any other

surgery, is uncalled for, is a necessary aspect of vaginal delivery for every woman in labor, is a mutilation of the female reproductive organ, worsens birth experience and sexual experience afterwards, dehumanizes women and impairs their pride and integrity and that its associated risks outweigh its benefits. This agrees with the findings of Wey et al in Brazil [3] that only a few women reported that episiotomy were not necessary and could be abolished but disagrees with the findings of Isife in Nigeria [18] that more than half of the respondents perceived episiotomy as a routine childbirth intervention. However, the multiparous women feel that episiotomy makes childbirth and motherhood horrible whereas the first-time women do not.

Acceptance of episiotomy among the first-time and multiparous pregnant women of Enugu

The findings of the study showed that out of the 180 women that have heard of episiotomy, only few of them 40 (22.2%) would like to have episiotomy during their childbirth, while majority of them 140 (77.8%) would not like to have episiotomy during their childbirth. This was in line with the findings of Breitkreuz in Canada [20] that only 7% of the participants reported that they accepted having episiotomy and those of Oluwasola and Bello in Ibadan, Nigeria [19] that only 60 (19.7%) are ever willing to accept episiotomy while 172 (56.6%) will advise friends and relatives against acceptance. Among these 40 women who would like to have episiotomy during their childbirth, the major reasons given for accepting it is because it prevents haphazard tearing of the perineum, 23 (57.5%). The 140 women who would not like to have episiotomy during their childbirth gave the major reasons that both tears and episiotomy are sutured and painful 75 (53.6%) and they can deliver normally without tearing 63 (45.0%). This was in line with the findings of Wey et al in Brazil [3] that the opinion of the few women that rejected episiotomy was justified by perineal pain and discomfort caused by the procedure and its stitches during the post-partum period.

Alternative interventions that the first-time and multiparous pregnant women may prefer to have during labor in place of episiotomy

Out of the 140 (77.8%) who would not like to have episiotomy during their labor, 46 (32.9%) would prefer skillful guarding of the perineum during childbirth and 42 (30.0%), antenatal perineal massage and exercises. This is not significant between the first time and multiparous women (P>0.05). This was in line with the findings of Isife in Nigeria [18] that 62.6% of the subjects preferred skillful guarding of the perineum during birth to episiotomy while 43.3% preferred antenatal perineal massage. This finding concurred with Ugwu et al in Enugu, Nigeria [21] which concluded that antenatal perineal massage reduces the incidence of episiotomy and increases the incidence of women with an intact perineum after vaginal delivery. It also reduced the risk of flatus incontinence after childbirth without increased maternal or neonatal complications. Women should therefore, be counseled on the likely benefits of antenatal perineal massage and the information provided during antenatal care. Obstetricians should consider the technique as routine perinatal care for nulliparous women so as reduce the incidence of perineal trauma during vaginal birth.

Strength and limitation

The strength of the study was that, to our knowledge, this is the first comparative analysis of episiotomy among parturient women in Enugu, Nigeria, and so the knowledge too will ultimately add to our current medical knowledge. Although, this is multi-center in design, the limitation was that this study was restricted to only one region of the country which may affect the generalization of findings to Nigerian population.

Conclusion

Majority of the respondents got the information they have about the procedure of episiotomy from unreliable sources; mostly their family and friends instead of professionals in the field. This has contributed significantly to the respondents' wrong perceptions and negative attitude towards episiotomy. Hence, it becomes very necessary that professionals in obstetrics (doctors and midwives) educate their clients well on episiotomy and possibly other issues in birth preparedness and complication readiness. This is to ensure that these women get reliable first-hand information and can be achieved by discussing episiotomy as a topic during antenatal teaching sessions, childbirth counseling classes and similar media. It is

therefore recommended that it be included in antenatal teaching sessions and childbirth counseling sessions to enhance the knowledge of expectant mothers on the procedure, promote informed choice and consent and correct misconceptions.

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Disclosure of conflict of interest

None.

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References

[1] Ugwu EO, Dim CC and Eleje GU. Effects of mode of delivery on sexual functions of parturients in Nigeria: a prospective cohort study. Int Urogynecol J 2020.

[2] Mojekwu JN and Ibekwe U. Maternal mortality in nigeria: examination of intervention methods. Int J Humanit Soc Sci 2012; 2: 135-149.

[3] Wey CY, Salim NR, Pires H, Santos Junior HP, Maria D and Gualda R. The practice of episiotomy: a qualitative descriptive study on perceptions of a group of women. Online Brazilian J Nurs 2011; 10: 4285.

[4] Trinh AT, Khambalia A, Ampt A, Morris JM and Roberts CL. Episiotomy rate in vietnamese-born women in australia: support for a change in obstetric practice in Viet Nam. Bull World Health Organ 2013; 91: 318-388.

[5] Trinh AT, Roberts CL and Ampt AJ. Knowledge, attitude and experience of episiotomy use among obstetricians and midwives in Viet Nam. BMC Pregnancy Childbirth 2015; 15: 1-6.

[6] Inyang-Etoh EC and Umoiyoho PL. The practice of episiotomy in a university teaching hospital in nigeria: how satisfactory? Int J Med Biomed Res 2012; 1: 68-72.

[7] Ibrahim MS, Zakaria B and Lawal BB. Knowledge and perception of episiotomy among women attending antenatal clinic in a secondary health facility in North-West Nigeria. Niger J Clin Pract 2018; 21: 865-869.

[8] Okeke TC, Ugwu EO, Okezie OA, Enwereji JO, Ezenyeaku CC and Ikeako LC. Trends and determinants of episiotomy at the University of Nigeria Teaching Hospital (UNTH), Enugu, Nigeria. Niger J Med 2012; 21: 304-7.

[9] Bertozzi S, Londero AP, Fruscalzo A, Driul L, Delneri C, Calcagno A, Di Benedetto P and Marchesoni D. Impact of episiotomy on pelvic floor disorders and their influence on women's wellness after the sixth month postpartum: a retrospective study. BMC Women's Health 2011; 11: 12.

[10] Storck S. Episiotomy. Medline Plus Medical Encyclopedia. 2012[updated on 22/4/2012; cited 2014 Sept 16]. Available from: http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000482.htm.

[11] Damilare OK and Funmilola AK. Knowledge and practice of episiotomy among midwives at adeoyo maternity hospital Ibadan oyo state Nigeria. Galore Int J Heal Sci Res 2018; 3: 21-7.

[12] Cunha CMP, Katz L, Lemos A and Amorim MM. Knowledge, attitude and practice of brazilian obstetricians regarding episiotomy. Rev Bras Ginecol Obstet 2019; 41: 636-646.

[13] Lazzerini M, Semenzato C, Kaur J, Covi B and Argentini G. Women's suggestions on how to improve the quality of maternal and newborn hospital care: a qualitative study in Italy using the WHO standards as framework for the analysis. BMC Pregnancy Childbirth 2020; 20: 200.

[14] Khresheh R and Barclay L. Knowledge, attitude and experience of episiotomy practice among obstetricians and midwives in Jordan. Women Birth 2020; 33: e176-e181.

[15] Çalik KY, Karabulutlu Ö and Yavuz C. First do no harm - interventions during labor and maternal satisfaction: a descriptive cross-sectional study. BMC Pregnancy Childbirth 2018; 18: 415.

[16] Izuka EO, Dim CC, Chigbu CO and Obiora-Izuka CE. Prevalence and predictors of episiotomy among women at first birth in Enugu, South-East Nigeria. Ann Med Heal Sci Res 2014; 4: 928-32.

[17] Abubakar M and Suleiman M. Perception of episiotomy among pregnant women in Kano, North-Western Nigeria. Niger J Basic Clin Sci 2015; 12: 25-29.

[18] Isife AA. Perception and attitude of first-pregnant women towards episiotomy incision during labour at Antenatal clinic, University of Nigeria Teaching Hospital Ituku/Ozalla. Enugu: University of Nigeria Press. 2014.

[19] Oluwasola TAO and Bello FA. Knowledge and perception of pregnant women to episiotomy in Ibadan. J Basic Clin Reprod Sci 2018; 2278.
[20] Breitkreuz L. Characteristics, knowledge and perceptions of women who receive episiotomy. edmonton, Alberta, Canada. University of Canada; 1998.
[21] Ugwu EO, Iferikigwe ES, Obi SN, Eleje GU and Ozumba BC. Effectiveness of antenatal perineal massage in reducing perineal trauma and post-partum morbidities: a randomized controlled trial. J Obstet Gynecol Res 2018; 44: 1252-1258.