



Women's Episiotomy Experience In Selected Healthcare Centres In Rivers State Nigeria

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ABSTRACT

Episiotomy is a medical procedure that has helped achieve healthy birth with limited/no side effects. However, the misconceptions about it has made it difficult for women who had undergone the procedure to deal with the physical and emotional aftermaths as it is seen as an anomaly in the society. This study therefore explored the experiences of women that have undergone the process of episiotomy within a time frame of 2 to 6 months after birth in selected PHCs in Rivers State. The study used a cross-sectional qualitative design to access the physical and emotional experiences of women who had undergone episiotomy within 2-6 months in 13 primary healthcare centres. 102 nursing mothers that had undergone episiotomy during delivery were interviewed using an already prepared interview guide which was analysed using thematic analysis. Pain, discomfort, swellings, lack of sexual desire were identified as the most common physical experience while fear, anger, and depression were the emotional experience. It was recommended among others that, the hospital authority should employ the service of a counselor at every health centre whose main duty is to counsel women who had undergone episiotomy on the best ways to deal with their sexual problem and how to overcome it.

Keywords: Episiotomy, Experience, Healthcare centre, Women

INTRODUCTION

Labour and delivery are important milestones in the journey of pregnancy. One of the experiences during a woman's first delivery is perineal tear, especially, when the delivery is taken outside a healthcare facility. Rather than chancing a tear, a midwife or doctor taking the delivery would give an episiotomy. An episiotomy is a small cut or incision in the perineum that is given by doctors and midwives to make it easier for the baby's head to pass through the birth canal for delivery and to prevent complications or a vaginal tear. Not too long ago, having an episiotomy during childbirth was almost a routine procedure. However, research over the last few decades, shows the procedure may not be as beneficial as doctors once thought (Rathfisch, 2010), hence it is no longer routine. Despite this, an episiotomy is still helpful and necessary in certain circumstances. This cut is made during the second stage of labor right before the baby's head is delivered. After the baby is born, the incision is sutured for proper healing.

An episiotomy is usually not needed in a healthy birth without any complications. Experts and health organizations such as the American College of Obstetricians and Gynecologists (ACOG, 2015) and the World Health Organization (WHO, 2005) only recommend an episiotomy if it is medically necessary (Rigi, 2011). However, if the baby is in danger or having complications, the doctor may do an episiotomy for the safety of the baby. Apart from first pregnancy where the birth canal is not roomy for easy passage of baby's head, an episiotomy could also be done for an older mother as well as in a breech or other challenging birth positions or if the baby is showing signs of distress. Different birth challenges call for the different degrees of incision and thus different experiences (Chang, 2011). Episiotomies were so common for so long because doctors believed that they helped to prevent complications for mothers and babies but research shows that it might not be the case (Lappen & Gossett, 2014). In healthy deliveries, episiotomy may not be needed and hence the associated risks and complications that come with it can be avoided. An example of such complications would include tearing along with the incision and blood loss. A woman may not be able to completely prevent an episiotomy, but there are some things that can be done to reduce the chances of needing one and thus reducing the negative effect of it. These may include but not limited to the woman telling the doctor she would not have it unless the need arises. The woman can promote healthy perineal tissue by eating nutritious foods and staying hydrated and physically active with safe prenatal exercises. The midwife can do perineal massage during delivery and ask the woman to use other birth positions such as sitting upright instead of the traditional lithotomy position (Lappen, 2014)

In most parts of the Africa, especially Nigeria, there are strong cultural and religious considerations that have been a major background to either reject or accept episiotomy (Peters, 2009). It is a usual cultural belief that a woman should naturally give birth without any issue or complication. If there is any issue, then either the woman had sinned or the gods did not accept the child. In times past such children were thrown into the forest or killed instantly. Most marriages could even end in view of this. On the contrary, other cultures accept it (Alayande, 2012). Religion has been another major factor. When individuals from different faiths (for example, a Christian and a Moslem) get into a marriage, their positions on the issue of episiotomy may differ when the condition arises. This has remained serious backdrops over the past decades (Okeke & Ugwu, 2012). Whichever way a particular society perceived it, the experiences of the women who had undergone it remained unique (Pietras, 2012). In more recent times, especially in the last five years, practitioners and stakeholders have conducted researches on the subject of episiotomy. Peter and John (2020) reported a prevalence of episiotomy and perineal tear in a certain tertiary hospital in Port Harcourt, Nigeria. This indicates that these practitioners are seriously observing the trend, benefits and complications that are associated with episiotomy. It is of great interest to note the recent percentage increase in the general acceptance of episiotomy in some major cities in Nigeria and Obio/Akpor in particular (Karthik, 2022). The author reported that a study conducted in selected primary healthcare centers (PHCs) in Obio/Akpor Local Government Area of Rivers State showed a 63% acceptance of episiotomy in 2020 as against 30% in 2005. This increase, according to the report, was attributed to the level of education of women that exposed them to better information and technology (Karthik, 2022).

In several studies conducted in different parts of Nigeria, it was discovered that the overall episiotomy rate was relatively high as compared to the 10% recommended by WHO. This high figure is consistent with findings in other parts of Nigeria and developing countries. The episiotomy rate was 39.6% in Enugu, 39.1% in Port Harcourt, 46.6% in Benin, 34.3% in Ogbomosho, 54.9% in Lagos and 35.6% in Zaria. These figures are higher than the 17.4% reported in Ghana and 6.5% in Zambia (Okeke & Ugwu, 2012). Again, other studies revealed that Episiotomy was associated with more postpartum blood loss. However, early suturing could help to reduce postpartum blood loss. Of the babies with birth asphyxia, 79% of them were delivered without episiotomy. Episiotomy could therefore, be protective against birth asphyxia. Health care facilities in most local government areas in Nigeria are completely left to the management of the local government councils for funding and staffing. This contributes to low quality of the facility, shortage of staff and poor quality of services because of lack of necessary training

and retraining. In the past, it was observed that most care givers did not have the relevant skills to handle women who had gone through episiotomy and hence, the women's experiences were really traumatic. Notwithstanding, it is still a subject of debate in most places as women generally have not come to terms with the experience (Lappen & Isaacs, 2014).

Having an episiotomy can leave the perineum quite sore. The pain and discomfort can last for several weeks especially during walking or sitting. This is one common experience after episiotomy (NHS 2020, RCOG 2020). Some other possible short-term side effects could range from; bleeding, swelling, bladder injury, stitches, tearing into the rectal tissues and anal sphincter muscle which controls the passing of stool. In some cases, the long-term effects of episiotomies can include chronic pain, infections and small linear scar with anorectal dysfunction. These post episiotomy experience by women in Obio/Akpor LGA is not different from those in the developing and developed nations like; Ethiopia, India, England and America (Konar, 2011).

Some women who had episiotomy during childbirth have their stories to tell. A survey was carried out in Ghana (51%), Ethiopia (31%), South Africa (42%), Zambia (58%) and Cameron (61%) concerning their experiences after episiotomy and the result were almost the same as the women explained the beauty of it as it saves their lives when they were really in an uncontrollable state of danger at child birth (Izuka, et al., 2014). An average of 65% of this survey indicated that episiotomy became the necessary option when they could not push the baby themselves. Another 22% was when the labour was highly delayed and baby was stressed. Another of 8% declared that they received episiotomy because their baby was in a breech position or vaginal tear was already taking place (Pietras and Taiwo, 2012). Although, it is done to hasten delivery but the pains, loss of blood during episiotomy, the inconveniences, and especially the long time it takes for most of the wound to heal, have left most women in trauma. The injury from episiotomy can result in long-term problems, including fecal incontinence, or the inability to control bowel movements, proper breast feeding due to inconvenience at sitting position. In Nigeria and Obio/Akpor in particular, this research work explored the experiences of women that have gone through the process of episiotomy within a time frame of 2 months to 6 months after birth based on the available birth records in selected PHCs in the Local Government Area. The study provided answers to the following research questions:

1. To what extent are the physical experiences of women who had undergone episiotomy within 2-6 months in Primary Healthcare Centres in Obio/Akpor LGA, Rivers State?
2. To what extent are the emotional experiences of women who had undergone episiotomy within 2-6 months in Primary Healthcare Centres in Obio/Akpor LGA, Rivers State?
3. To what extent are the long-lasting effects of episiotomy on women who had undergone episiotomy within 2-6 months in Primary Healthcare Centres in Obio/Akpor LGA, Rivers State?
4. To what extent are the coping mechanisms of women who had undergone episiotomy within 2-6 months in Primary Healthcare Centres in Obio/Akpor LGA, Rivers State?

METHODOLOGY

The research design adopted in this study is the cross-sectional qualitative design. The population for the study consisted of 300 mothers that had experienced episiotomy at the fifteen (15) primary healthcare centres in Obio/Akpor Rivers State in the last 6 months. A sample size of 102 was selected using a purposive sampling technique. Qualitative data were obtained through one on one interview conducted by the researcher. An interview guide vetted by the researcher supervisor and experienced healthcare providers was used to conduct the interviews. The study's data underwent thematic analysis, which is a qualitative data analysis method involving the identification, analysis, and reporting of recurring patterns within a dataset.

RESULTS

The results of the study are shown below:

Table 1: Demographic data of respondents

		Frequency	Percentage
Age	18- 25years	39	38.2
	26 – 30 years	23	22.5
	31 –35 years	18	17.6
	36-40 years	10	9.8
	Above 41 years	12	11.8
Total		102	100
Type of Family	Monogamous	81	79.4
	Polygamous	21	20.6
Total		102	100
Occupation	Civil Servant	22	21.6
	Trading	57	55.9
	Others	23	22.5
Total		102	100
Educational Level	Primary	58	56.9
	Secondary	26	25.5
	Tertiary	18	17.6
Total		102	100
Religion	Christian	82	80.4
	Muslim	16	15.7
	Traditionalist	4	3.9
Total		102	100

Table 1 shows the demographic distribution of the respondents; it shows that 39 respondents representing 46.7% of the respondents are aged 18-25 years old, 23 (30.7%) are aged 26-30years, 18 (13.3%) are aged 31-35 years, 10 (9.8%) are aged 36-40 years while 12 (5.3%) are 41 years and above. For family type distribution; 81 (74.7%) has a family that is monogamous in nature, while 21(25.3%) are polygamous; for occupation distribution; 57 (62.7%) are traders, 22 (16%) are civil servant, while 23 (33.3%) are in occupation that the researcher classified as others. For educational level; 18 (13.3%) of the respondents have tertiary education, 26 (41.3%) have secondary school education while 58 (45.3%) have primary school level of education. Furthermore, 82 (82.7%) of the respondents proclaimed Christianity as their religion, 16 (12%) said they are Muslims while 4 (5.3%) are traditionalists. This implies that majority of the respondents are aged 18-25 years old, have a monogamous family, are traders, possess primary school level of education, and practices Christianity as their religion.

The common physical experience extracted from the interviews conducted are as follows:

Pain: one of the most common physical side effect of episiotomy is the pain the women experiences after the procedure. Although, the women are usually given anaesthetic when the procedure is about to be performed; the effect of the drug gradually wears off and the women are left with the pain until the wound heals. Most of the women complained that the pain usually prevent them from performing house duties they enjoyed doing prior to the childbirth that the procedure was performed. According to one of the respondents;

“The procedure was performed during the birth of my child two months ago. Since then I have been experiencing pain in the perineal region where the incision was made. Although the midwife told me the pain will stop overtime; I still feel the pain whenever I perform some movement with my body till now.”

Another respondent also affirmed the experience of pain in an interview with the researcher;
“I don’t know why I still feel the pain after three months of the procedure. When I left the hospital, the pain was quite much. It has reduced in intensity since then. However, I will never forget about the pain I experienced from the procedure.”

Although, most of the women complained about the pain they experienced from the procedure, few of them insisted that the pain is not a big deal. Among them is a respondent from Ozuoba health centre who in the interview stated that:

Although most of my friends who had undergone episiotomy during the birth of their child had complained of the pain they felt afterward and how the pain persisted for long period of time; I have not experienced the pain like they have. Apart from the pain I felt early after the procedure, which subsided after a few days, I do not feel any other pain again.

The above narratives, about the physical experience of pain, from different women; it is evident that pain is a major physical experience of episiotomy that stays in the mind of the women for a long time.

Discomfort: another common theme that can be notice in the transcript of the interview is a physical experience of discomfort. Most of the women complained about the discomfort they felt and still feel due to the episiotomy that was performed during the delivery of their child.

Swellings around the vagina: most of the women complained about the onset of swellings in the perineal area after episiotomy. This swelling, as explained by the women, causes the perineal area to feel larger, tender, and uncomfortable. The women explained that the swelling typically peaks within the first few days after childbirth and gradually subsides over time. Apart from swellings, the women also complained of bruising in the perineal area following episiotomy. The stated that the bruising ranges from mild to more pronounced depending on the individual and the extent of the episiotomy. These swelling and bruising usually contribute to discomfort and pain in the perineal area making it difficult for the women to sit, walk, or perform normal daily activities during the initial healing phase.

Lack of sexual desire: Lack of sexual desire, also known as hypoactive sexual desire disorder, is another emotional experience identified among women who have undergone episiotomy in the study area. They complained that the episiotomy has resulted to physical discomfort and pain during the healing process, which usually persist for several weeks thereby preventing them from performing sexual intercourse with their partner. Furthermore, the presence of sutures, swelling, and tenderness in the perineal area also make sexual activity uncomfortable and painful. Additionally, the fear of experiencing pain or re-injuring the area has significantly diminish their sexual desire.

Also, physical changes resulting from the procedure, such as scarring, swelling, or perceived alterations in the perineal area, has led to feelings of self-consciousness and negatively impact body image. These negative body image perceptions has diminished their confidence and desire for sexual intimacy. They also complained that hormonal fluctuations following childbirth, combined with the demands of caring for a newborn, has contributed to fatigue and decreased libido. Sleep deprivation, hormonal changes, and the physical demands of motherhood was also identified as some major emotional deficiencies as they leave the women feeling exhausted, making it difficult to find energy or motivation for sexual activity.

The common physical experience extracted from the interviews conducted are as follows:

Fear: Fear of the procedure as well as the healing process was one of the emotional experiences of the women. These women fear the intensity and duration of pain during the procedure, as well as the pain they may experience during the healing process afterward. The major factors that were identified that enhances the fear of pain are cultural narratives, previous traumatic experiences, and stories from others. Furthermore, the fear of loss of control over their bodies and childbirth experience was also identified in the interviews. These women fear the loss of their autonomy, causing them to have a feelings of vulnerability and anxiety.

Anger: Another emotional experience expressed by the women is anger. These women feel a sense of violation and anger due to the perceived invasion of their bodies during the episiotomy procedure. This anger is express towards their spouse and medical professionals. They have the trigger feelings of anger towards these individuals as a result of the loss of control and autonomy over their own bodies and these individuals inability to ask for their consent in the decision-making process. Furthermore, due to the postoperative pain and discomfort they are experiencing during the healing process; these women feel a sense of anger against the people that they feel contributes to their pain. This is most noticeable among women who experienced prolonged or inadequate pain management. Another reason for the anger expressed by the women arises from the women perception about how episiotomy has affected their body image and impacted their sexual and intimate relationships. This feeling of anger arises from the perceived alteration of her body, potential scarring, and discomfort during sexual activity.

Depression: most of the women complained about experiencing depression during the healing period after the procedure. This was attributed to hormonal fluctuations during the postpartum period. Most of them complained that the physical trauma of episiotomy, along with the normal hormonal changes after childbirth, have disrupted the delicate balance of their hormones, thereby triggering or exacerbating dormant depressive symptoms. Furthermore, pain resulting from difficulty sitting or moving, and the general discomfort associated with the episiotomy have contributed to the feelings of frustration, helplessness, and sadness, which has further contributed to or intensify depressive symptoms among them.

Additionally, the women complained that episiotomy-related pain and discomfort has impacted their ability to bond with her newborn and engage in infant care activities (such as holding, breastfeeding, and caring for the baby). This a led to them having difficulties in establishing a strong emotional connection with their newborn resulting to a feeling of guilt, inadequacy, and sadness, potentially leading to depression. The lack of emotional support, understanding, and acknowledgment of the emotional challenges associated with episiotomy also contributed to the feelings of isolation and exacerbated depressive symptoms. Some women complained that lack of adequate support from healthcare professionals, partners, family, or friends, has also further hindered their ability to cope with the emotional aftermath of the procedure.

Lack of sexual desire: Lack of sexual desire, also known as hypoactive sexual desire disorder, is another emotional experience identified among women who have undergone episiotomy in the study area. They complained that the episiotomy has resulted to physical discomfort and pain during the healing process, which usually persist for several weeks thereby preventing them from performing sexual intercourse with their partner. Furthermore, the presence of sutures, swelling, and tenderness in the perineal area also make sexual activity uncomfortable and painful. Additionally, the fear of experiencing pain or re-injuring the area has significantly diminish their sexual desire.

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the physical demands of motherhood was also identified as some major emotional deficiencies as they leave the women feeling exhausted, making it difficult to find energy or motivation for sexual activity. Furthermore, most of the women stated that due to the changes that occur after childbirth, including the physical and emotional demands of parenting, their relationship dynamics and intimacy has been affected considerably. Stressors related to adjusting to parenthood, sleep deprivation, and the emotional toll of childbirth has caused a strain in their relationship and decrease their sexual desire. Also, the focus on caring for their newborn has shifted their attention away from their own needs, including their sexual desires. The emotional bonding and attachment to the baby has also precedence over sexual intimacy, leading to a decreased interest in sexual activity.

DISCUSSION OF FINDINGS

The physical experiences of women who have undergone episiotomy varies widely, depending on the severity of the cut and the individual's healing process. The women sampled in the health centres identified pain and discomfort, swellings around the perineal, and lack of sexual intimacy as their major physical experiences. Although the degree of pain and discomfort experienced by the women varies in degrees during the period under study, a common phenomenon among all the women is that they all experienced the pain and discomfort. The pain and discomfort experienced by the women in this study affirmed the findings of the study by Zang *et al.* (2015) which found that women who had undergone episiotomy were more likely to experience pain and discomfort in the perineal area for up to 6 months after childbirth than women who had not had an episiotomy. The study also found that women who had undergone episiotomy were more likely to report difficulty sitting, standing, walking, and urinating for up to 6 months after childbirth.

This study also identified vagina swellings and lack of sexual desires as other physical experiences of women who had undergone episiotomy. The lack of sexual desire identified among the women by this study affirmed the findings of Moghadam *et al.* (2018) which found that women who had undergone episiotomy were more likely to experience dyspareunia (painful intercourse) for up to 12 months after childbirth than women who had not had an episiotomy.

In term of emotional experiences, four major themes were identified by the women; they are fear of the unknown, anger felt as a result of violation of their body, depression during the heeling process, and lack of sexual desire. Fear among the women materialized from the fact that most of them have not experienced the procedure before the one they had. Anger was another emotional experience expressed by the women. Most of the women affirmed that there was a period when they were depressive. Finally, lack of sexual desire was also identified as an emotional experience of episiotomy by the women. Furthermore, changes that occur after childbirth, including the physical and emotional demands of parenting, stressors related to adjusting to parenthood, sleep deprivation, and the emotional toll of childbirth has caused a strain in their relationship and decrease their sexual desire. Also, the focus on caring for their newborn has shifted their attention away from their own needs, including their sexual desires. The emotional bonding and attachment to the baby has also taken precedence over sexual intimacy, leading to a decreased interest in sexual activity.

CONCLUSION

The study concluded that the major physical post episiotomy experience of women who had undergone the procedure at Primary Health centres in Obio/Akpor are pain, discomfort, swellings around the vagina, and lack of sexual desire. Other experiences like bleeding, itching and constipation were also extant among the women; they were not as predominant as the aforementioned. In term of emotional experiences, fear, anger, depression and lack of sexual desire are the most common experiences among the women who had undergone episiotomy at Primary Health centres in Obio/Akpor.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. Furthermore, the hospital authority should employ the service of a counselor at every health centre whose main duty is to counsel women who had undergone episiotomy on the best ways to deal with their sexual problem and how to overcome it.
2. Since most of the physical experience are negative experiences that can be easily resolved with medications and proper counselling; the health authority in the local government should endeavor to provide the needed medications and counseling for all women who undergoes the procedure in the various health centres in the local government area.

REFERENCES

- Alayande BT, Amole IO, Akin D. (2012). Relative frequency and predictors of episiotomy in Ogbomoso, Nigeria
- Alayande, B.T. (2012). Relative frequency and predictors of episiotomy in Ogbomoso, Nigeria. African Journals Online.
- Chang, S.R. (2011). Comparison of the effects of episiotomy and no episiotomy on pain, urinary incontinence, and sexual function. *International Journal of Nursing Stud.*
- Izuka E, Dim C, Chigbu C, Obiora-IzukaC.(2014) Prevalence and predictors of episiotomy among women at first birth in Enugu, South-East Nigeria
- Karthik, K., & Uttekar, P.S. (2022). *What are the four types of episiotomy?* MedicineNet.
- Konar H. (2011): Operative obstetrics. In: Konar H, editor. DC Dutta's Textbook of Obstetrics, 7th ed. London: New Central Books
- Lappen, J.R., & Gossett, D.R. (2014). Changes in episiotomy practice: evidenced-based medicine in action. *Expert Review of Obstetrics and Gynecology*, 5(3).
- Moghadam, M., Zhari, F., Alizadeh, N.S., & Shahsavari, S. (2018). The relationship between the type of delivery and sexual function in mothers referring to Kourdistan health centers. *Grescent Journal of Medical and Biological Sciences*, 6(4), 473-480
- Okeke TC, Ugwu EO, Okezie OA, Enwereji JO, Ezenyeaku CC, IkeakoLC. (2012) Trends and determinants of episiotomy at the University of Nigeria Teaching Hospital (UNTH) Enugu, Nigeria
- Okeke, T.C. (2012). Trends and determinants of episiotomy at the university of Nigeria Teaching hospital, Enugu, Nigeria. *Nigerian Journal of Medicine*.
- Peter, A.A., John, D.H. & Altraide, B.O. (2020). Prevalence and predictors of episiotomy and perineal tear at a tertiary hospital in Port Harcourt, Nigeria. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 9(11).
- Pietras J, Taiwo BF (2012). Episiotomy in modern obstetrics: Necessity versus malpractice.
- Rathfisch, G., Dikencik, B.K., Beji, N.K., Comert, N., Tekirdag, A.I., & Kadioglu, A. (2013). Effects of perineal trauma on postpartum sexual function. *Journal of Advanced Nursing*, 66(12), 2640-2649.
- Rigi, S.H.N., Kerman-Saravi, F., Rigi, M.S., & Abedian, Z. (2011). Cold and reduced episiotomy pain interfere with mood and daily activity. *Shiraz E-Medical Journal*, 12(2), 87-92.
- Zang, Y., Lu, H., Zhang, H., Huang, J., Ren, L., & Li, C. (2015). Effects of upright positions during the second stage of labour for women without epidural analgesia: A meta-analysis. *Journal of Advanced Nursing*, 76(12), 3293-3306