BACKGROUND

Episiotomy is a surgical incision of the vaginal wall and perineum, performed at 1 in 7 births (1).

The requirement for informed consent to episiotomy may be underestimated (2).

Since Montgomery, clinicians must inform about any material – according to the patient – risks and alternatives to a treatment (3).

Studies evaluating the use of episiotomy have failed to consider women’s preferences and views on the procedure (4).

This study explores how women undergoing episiotomy experience and perceive the consent process.

METHODS

- Women with episiotomies on the post-natal ward were invited to participate.
- 15 participants - consecutive sampling.
- Interview topic guide – content and perceptions of consent discussions.
- Interviews recorded, anonymised and transcribed.
- Thematic analysis of interview transcripts – Braun & Clarke’s six-step method (5).

RESULTS

1. Realities of episiotomy practice

I was pretty out of it anyway and in that moments there is not much time to think about it. (P12)

We just wanted the baby out in a healthy way. No matter what the risk on my body was, we would have done it. (P3)

2. Information provision

All she said was: “It is to stop you tearing downwards.” (P2)

They said, “we’re going to do this,” but I don’t remember them telling me, “Oh by the way, this is the alternative.” (P6)

He didn’t mention the risks at all […] then of course there was no conversation about the possibility of the risks […] I was a bit concerned about how serious the cut was. Basically, is it really a simple cut, and how long is it, and what’s the potential result? (P11)

I know what I would have like to have known […] how it might heal or what might happen if it didn’t heal very well. (P13)

3. Voluntariness of consent

At that point consent is a bit off because you are in a situation where there might not be another choice. (P5)

I believe when you have an assisted delivery, you have no other option. (P7)

You are agreeing to it, but you kind of just go along with what the doctors want. (P10)

I said no, and then she said it would be better if she did it, because if I was to tear it could be worse, and I still said no […] I consented in the end. (P8)

I don’t feel like I was even asked […] I felt scared into it. (P2)

CONCLUSION

Consent for episiotomy is not consistently informed and voluntary, and more often takes the form of compliance.

Women consider episiotomy a significant and often undesirable intervention, warranting advanced consent discussions.

Information on the risks, aftereffects and alternatives to episiotomy must be shared to meet legal and professional requirements.