

BACKGROUND/SIGNIFICANCE

- Obstetric perineal trauma commonly occurs in vaginal births and has been related to a variety of complications. These include difficulty breast feeding, urinary and fecal incontinence, and pain. (H. Al-Zein et al., 2013)
- Trauma or significant pain that occurs during the birthing process has been related to interfering with the bonding process between the mother and baby. (H. Al-Zein et al., 2013)
- Episiotomies occur in an estimated 35.2% of all vaginal deliveries in the United States and is currently the most frequent type of surgery performed on women. (H. Al-Zein et al., 2013)
- The current positioning of women is greatly influenced by social and cultural norms regardless of the evidence presented related to numerous factors. (F. Dorgu et al, 2016)

CLINICAL QUESTION

Among laboring women delivering in the hospital, how do positions other than lithotomy position affect incidence of perineal injuries?

SEARCH STRATEGY

- The search strategy includes finding articles that are related to perineal injuries and birthing positions in vaginal births.
- Key Words: Perineal Injury , Labor Positions, Episiotomy
- Nursing & Allied Health Source, Cochrane Library, and Wiley Library databases were used.
- Exclusion criteria- articles prior to 2012, those not in hospital or birthing environment, Caesarian births



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SYNTHESIS OF THE EVIDENCE

Question:		Picot Question					Evidence Rating	
Article #	Author and Date	Evidence Type	Sample Size	Study findings	Limitations		Level/Quality	
1	Gupta, J., 2017	Systematic Review with meta-analysis	7,280	Sitting in an upright position led to a reduction in the need for episiotomy compared to laying supine but resulted in an increase of second-degree perineal tears	Bias within single study results		I	B
2	Silva, F., 2012	Pre-posttest Quasi-Experimental	1,079	The use of semi-sitting positions are often associated with second-degree lacerations and episiotomy. The use of lying down positions could reduce the risk of perineal trauma.	One birthing center, second stage of labor only		II	B
3	Dorgu, F.,	Non-Experimental Study	8	Adopting an upright birthing position takes advantage of gravity and results in fewer episiotomies.	Recorded interviews influence communication, small sample size from similar region		III	C
4	De Jonge, A., 2012	Pre-Posttest Quasi Experimental	1,646	Women in a sitting position were less likely to have an episiotomy but more likely to have a perineal tear compared to dorsal recumbent position.	Spontaneous vaginal delivery only		II	B

FINDINGS

- 3 out of 4 found that women who gave birth in upright positions led to fewer episiotomies.
- 3 out of 4 articles concluded that birthing in an upright position increase the chance of second-degree perineal lacerations occurring.
- 2 out of 4 studies stated that using variation of positions laying down resulted in a reduction of perineal trauma, more specifically second-degree lacerations.

IMPLICATIONS FOR PRACTICE

- Placing a woman in an upright position puts her at decreased risk of needing an episiotomy.
- Placing a laboring mother in a supine position leads to a decrease in natural perineal lacerations.
- With more research and evidence a change in practice of deliveries may be needed.
- More studies are needed to explore the direct relationship of birthing positions to perineal injury.

SUMMARY

-Evidence on the association between birthing positions and perineal trauma is not conclusive. (A. De Jonge et al., 2012)
-In general, upright positions lead to a decrease use of episiotomies (F. Dorgu et al., 2012)
-Placing women in a position in which they must lay on their back, decreases their risk of perineal injury. (F. Silva et al., 2012)
-Evidence is inconclusive on the significance of harm that perineal lacerations compared to episiotomies have on the mother.
-Evidence on specific variations of upright or laying down positions have inconclusion relationship with perineal injury.

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