

Use of episiotomy in a high-risk reference maternity hospital and its associated factors

Prevalência de episiotomia em uma maternidade de referência em alto risco e seus fatores associados
Título do estudo em Espanhol Título do estudo em Espanhol Título do estudo em Espanhol Título do estudo em Espanhol

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Abstract

Objective: To analyze the practice of episiotomy in a high-risk maternity hospital and its associated factors **Methods:** This is a cross-sectional study, which analyzed a total of 333 obstetric records attached to the medical records of puerperal women in a high-risk maternity hospital from January to December 2021. Data were collected from August to December 2022. The analysis was performed descriptively, using the Chi-Square test in order to compare and delineate the proportions of the groups of samples of interest. **Results:** In 5.41% (18) of the parturients, an episiotomy was performed, 66.67% (12) had a history of hypertensive syndrome during pregnancy, 55.56% (10) were in the age group of 20-29 years, of the parturients 94.44% (17) gave birth in a lithotomic position; 94.44% (17) were primiparous, unaccompanied at the time of delivery 88.89% (16) and had assistance provided by a medical professional 66.11% (11). **Conclusion:** There are many barriers to be faced to promote and emphasize the role of women during the process of delivery. The information brought by this study allowed us to conclude the continuity of episiotomy practice. Thus, it is expected that the study will contribute to change, readjustment and sensitization of professional obstetric practices, so that a transformation of this scenario occurs.

Descriptors: Episiotomy; Obstetric Nursing. Normal delivery.

What is already known on this?

The role of episiotomy in obstetric emergencies has not yet been clearly established.

What this study adds?

Even with all the progress on good practices of delivery care, and the role of episiotomy not being defined, it is still performed.



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Resumo

Objetivo: Analisar a prática da episiotomia em uma maternidade de alto risco e seus fatores associados **Método:** Trata-se de um estudo transversal que analisou um total de 333 fichas obstétricas anexadas aos prontuários de puérperas de uma maternidade de alto risco no período de janeiro a dezembro de 2021. Os dados foram coletados de agosto a dezembro do ano de 2022. A análise foi realizada de forma descritiva, utilizando-se o teste Qui-Quadrado a fim de comparar e delinear as proporções dos grupos de amostras de interesse. **Resultados:** Em 5,41% (18) das parturientes, realizou-se episiotomia; 66,67% (12) tinham histórico de síndrome hipertensiva na gestação; 55,56% (10) encontravam-se na faixa etária de 20- 29 anos; das parturientes, 94,44% (17) pariram em posição litotômica; 94,44% (17) eram primíparas, sem acompanhante na hora do parto, 88,89% (16); e 66,11% (11) tiveram assistência prestada por profissional médico. **Conclusão:** Muitas são as barreiras a serem enfrentadas para promover e ressaltar o protagonismo da mulher durante o processo de parir, as informações trazidas por este estudo permitiram concluir a continuidade da prática da episiotomia. Com isso, espera-se que o estudo contribua para mudança, readequação e sensibilização das práticas obstétricas profissionais para que ocorra uma transformação desse cenário.

Descritores: Episiotomia; Enfermagem Obstétrica; Parto Normal.

Resumen

Objetivo: Analizar la práctica de la episiotomía en una maternidad de alto riesgo y sus factores asociados **Métodos:** Se trata de un estudio transversal, en el que se analizó un total de 333 registros obstétricos adjuntos a los prontuarios de puérperas en una maternidad de alto riesgo en el período de enero a diciembre de 2021. Los datos fueron recolectados de agosto a diciembre de 2022. El análisis se realizó de forma descriptiva, mediante la prueba de Chi-Cuadrado para comparar y delimitar las proporciones de los grupos de muestras de interés. **Resultados:** Se realizó episiotomía al 5,41% (18) de las gestantes, el 66,67% (12) tenía antecedentes de síndrome hipertensivo durante el embarazo, el 55,56% (10) tenían entre 20 y 29 años, el 94,44% de las parturientas (17) dio a luz en posición de litotomía; El 94,44% (17) eran primíparas, sin acompañante al momento del parto el 88,89% (16) y contó con asistencia brindada por un profesional médico el 66,11% (11). **Conclusión:** Son muchas las barreras que se deben enfrentar para promover y enfatizar el papel de la mujer durante el proceso del parto, las informaciones aportadas por este estudio permitieron concluir la continuidad de la práctica de la episiotomía. Con esto, se espera que el estudio contribuya al cambio, reajuste y concientización de las prácticas profesionales obstétricas, para que ocurra una transformación de este escenario.

Descritores: Episiotomía; Enfermería Obstétrica; Parto normal.

INTRODUCTION

The parturient is exposed to the occurrence of perineal traumas, such as spontaneous or intentional lacerations, associated with care, such as episiotomy. Some implications may arise after perineal trauma to the puerperal woman, such as pain at the perineorrhaphy site, in addition to changes in sleep pattern and appetite, decreased libido, irritability, restrictions on functional activities and limited mobility.⁽¹⁾

Episiotomy consists of a surgical procedure aimed at enlarging the vaginal opening through an incision in the perineum during the expulsion period of delivery.^(2,3) This technique was proposed by the Irish obstetrician Fielding Ould in 1742 with the aim of facilitating difficult deliveries. He believed that the procedure was able to spare mother and baby from greater suffering. However, a procedure that was intended to protect is actually a second-degree injury in itself.⁽³⁾

Evidence-based studies contradict this practice, reporting that episiotomy can enlarge the extent of perineal lacerations, in addition to increasing the risk of infection for women, hemorrhage, pelvic floor dysfunction, dyspareunia, rectovaginal fistulas and hematomas.⁽²⁾

In Brazil, the National Guidelines for Assistance to Normal Birth report that the routine or liberal use of episiotomy is not recommended for women undergoing spontaneous vaginal delivery, and there is no evidence to support the need for episiotomy in routine care and an “acceptable” rate of episiotomy is difficult to determine. The role of episiotomy in obstetric emergencies has not yet been clearly established.⁽⁴⁾

The intense and routine use of episiotomy during delivery care in Brazil can mean a model of interventionist delivery care, as well as weakness of the team in conducting the obstetric emergency and in the natural physiology of the expulsive period. Such conduct may be associated with the fact that professionals consider pregnancy as a disease and normal delivery as a dysfunctional, dangerous process dependent on continuous interventions.^(5,6)

Therefore, the existence of barriers when facing an entire medicalized structure is present, but it is possible to appropriate the new conducts, with collaborative and shared care with integrated and joint action between a multidisciplinary team, providing a reduction in interventions and greater satisfaction of women, with humanized practices, based on respect and shared decisions.^(4,7)

In this sense, delivery is an event that integrates the list of the most significant human experiences for those involved. However, it is often permeated by violence, perpetrated precisely by who should be the main actor in care, the health professional, resulting in a significant impact on the life of this woman causing physical and/or psychological damage.^(8,9)

In view of the above, the need for the use of humanized obstetric practices by health professionals is notorious, since, in countless cases, most interventions are unnecessary and end up bringing harm to parturients. Thus, the study aimed to analyze the practice of episiotomy in a high-risk maternity hospital and its associated factors.

METHODS

Type of study

Cross-sectional study with a quantitative approach.

Study Location

Data were collected in a high-risk maternity hospital focused on maternal and child care, located in the city of Recife, Pernambuco, Brazil. The institution has a teaching character and offers residency programs aimed at training nurses and physicians specialized in obstetrics.

Population/sample

The population consisted of about 2400 records of parturients. However, a sample calculation was performed due to the high number of care provided at the institution through the prevalence study formula, in the OpenEpi version 3 software, taking into account the size of the patient population, the confidence interval was 95%, standard error of 5% and the expected proportion of the unknown outcome of 25%, plus 20% for possible losses. In order to cover all months of 2021, it was chosen to select one medical record every seven, totaling 356. After applying the inclusion and exclusion criteria, 333 medical records were selected to fulfill the sample of the present study.

Selection criteria

The study adopted as inclusion criteria medical records of parturients with a diagnostic hypothesis classified as high risk, in addition to vaginal delivery with a single live fetus, performed in the hospital chosen by the study and instrumentalized delivery. As exclusion criteria, medical records of women who had a normal delivery on the way to the hospital; normal delivery with a dead fetus; normal delivery of a pregnant woman with a multiple fetus and medical records with incomplete or ineligible written data.

Data collection instrument

Data collection had the purpose of extracting information from the description form of delivery care, already existing in the hospital records, appropriate to the questions necessary for the production of this manuscript. A database was created in the Excel software (Version 2013) for storing and recording the data.

In all, the instrument had 12 variables, being divided into obstetric characterization (age group, type of pathology in pregnancy, number of previous vaginal deliveries, and gestational age); Assistance characterization of the parturients (episiotomy or laceration in the current delivery, position adopted at delivery, presence of companion at the time of delivery, and professional who provided assistance); and Characterization of the newborn (Apgar in the first and fifth minutes of life, weight and sex).

Technique for data analysis

Data from 333 patient records with information arranged in 12 variables were observed. In addition, all variables in the study are categorical, so the absolute frequencies, percentages and valid percentages were calculated. In the execution of the analyses, the SPSS software version 18 was used. The Chi-Square of Independence test was used in order to compare the proportions of the groups of samples of interest, with a 95% confidence interval, in which, through the analysis of the p-value, it is possible to affirm whether the hypothesis tested was significant or not.

Ethical aspects

The present research complied with the ethical precepts of Resolution 466/12 of the National Health Council, which provides for guidelines and regulatory standards on research involving human beings. And it was approved by the CEP - Ethics and Research Committee of the Federal University of Pernambuco (UFPE) with Opinion number 5.474.599 approved in July 2022.

A Letter of Consent with Authorization for data use was requested from the Hospital and granted to the researchers with the release and access to the hospital file and medical records. The data collected

were used, solely and exclusively, to carry out the research in question. The results of the research are being released anonymously, and no initials or any other indications that may identify the research participant were used.

RESULTS

The study analyzed 333 medical records of puerperal women who had normal delivery of a single fetus in a high-risk maternity hospital in the city of Recife-Pernambuco, Brazil. The results were initially subdivided into obstetric and care characterization of the parturients, as well as characterization of the newborn, respectively. Then, only the parturients who experienced episiotomy were analyzed.

For both, the Chi-Square of Independence test was used in order to compare the proportions of the groups of samples of interest. It was observed that the *p-value* statistic was significant in all comparisons, that is, $p < 0.05$, that is, there was a significant difference between the proportions of the groups of each variable.

Obstetric and care characterization of parturients

Regarding the obstetric characterization, 157 (47.15%) of the records reported that the parturients were aged between 20 and 29 years and that 203 (60.96%) had the pathology of gestational hypertensive syndrome. Regarding the number of previous vaginal deliveries, 172 (51.65%) of the parturients had no vaginal deliveries prior to the study. Regarding gestational age, 272 (81.93%) of the parturients had a term duration.

In the care characterization, 288 (92.60%) of the parturients experienced the lithotomy position, in the aspect of episiotomy or laceration 118 (35.44%) had first-degree laceration, while 18 (5.41%) experienced episiotomy in delivery. In addition, 223 (66.97%) of the medical records reported the absence of companions. Regarding the professional who provided delivery care, it was found that 235 (70.57%) of the deliveries were performed by resident physicians.

Table 1. Obstetric and care characterization of parturients. Recife, Pernambuco, Brazil, 2023.

Variables	Categories	N	%	% valid	P-value
Diagnostic possibilities	Chronic hypertension	26	7.81	7.81	< 0.001
	Gestational hypertensive syndrome	203	60.96	60.96	
	Gestational diabetes	41	12.31	12.31	
	Diabetes and Gestational Hypertension	22	6.61	6.61	
	Other	41	12.31	12.31	
Age group	10 to 14 years	5	1.5	1.5	< 0.001
	15 to 19 years	64	19.22	19.22	
	20-29 years	157	47.15	47.15	
	30 to 39 years	91	27.33	27.33	
	40 to 49 years	16	4.8	4.8	
Labor position	Lithotomy	288	86.49	92.6	< 0.001
	Vertical	15	4.5	4.82	
	Other	8	2.4	2.57	
	Total	311	93.39	100	
	Ignored/absent	22	6.61		
Number of vaginal deliveries	None	172	51.65	51.65	< 0.001
	One	79	23.72	23.72	
	Two	45	13.51	13.51	
	Three	23	6.91	6.91	
	More than three	14	4.2	4.2	
Episiotomy or laceration during current delivery	First degree	118	35.44	35.44	< 0.001
	Second degree	93	27.93	27.93	
	Third degree	1	0.3	0.3	
	None	103	30.93	30.93	
	Episiotomy	18	5.41	5.41	
Presence of a companion during delivery	Yes	86	25.83	27.83	< 0.001
	No	223	66.97	72.17	
	Total	309	92.79	100	
Duration of gestation	Ignored	24	7.21		< 0.001
	Pre-Term	59	17.72	17.77	

	Term	272	81.68	81.93	
	Post-Term	1	0.3	0.3	
	Total	332	99.7	100	
	Ignored/absent	1	0.3		
	Resident Physician	235	70.57	70.57	
Professional who provided assistance	Obstetrician	80	24.02	24.02	< 0.001
	Resident nurse	12	3.6	3.6	
	obstetrician nurse	6	1.8	1.8	
Total		333	333	100	100

Source: research data (2023).

Characterization of the Newborn

In the characterization of the newborn, 299 (89.79%) scored between 8-10 points on the APGAR scale in the first minute of life, with an increase to 327 (98.20%) in the score between 8-10 points in the fifth minute of life. Still regarding the characterization of the newborn, regarding weight, 127 (38.14%) presented weight between 3 kg and 3.5 kg. Regarding the sex of the newborn, 177 (53.15%) of the newborns were registered as male.

Table 2. Characterization of the Newborn. Recife, Pernambuco, Brazil, 2023.

Variables	Categories	N	%	% valid	P-value
Apgar 1 st minute	1 to 4	7	2.10	2.10	< 0.001
	5 to 7	27	8.11	8.11	
	8 to 10	299	89.79	89.79	
5 th minute APGAR	1 to 4	1	0.30	0.30	< 0.001
	5 to 7	5	1.50	1.50	
	8 to 10	327	98.20	98.20	
Newborn weight	Less than 1 kg	1	0.30	0.30	< 0.001
	1kg -- 2kg	14	4.2	4.2	
	2kg -- 3kg	112	33.64	33.64	
	3kg -- 3.5kg	127	38.14	38.14	
	Greater than 3.5kg	79	23.72	23.72	
Sex of newborn	Female	156	46.85	46.85	0.25
	Male	177	53.15	53.15	
Total		333	100.00	100.00	

Source: research data (2023).

Obstetric and care characterization of parturients with episiotomy

In the aspect of the parturients who had the episiotomy in all 18 (5.41%) of all participants experienced the practice. Regarding obstetric characterization, the records show that 10 (55.56%) parturients were aged between 20 - 29 years, and 12 (66.67%) had the pathology of gestational hypertensive syndrome. It is possible to verify that 17 (94.44%) of the parturients had not had vaginal deliveries prior to the study and regarding gestational age 14 (77.78%) parturients had term gestational age.

In the care characterization, 17 (94.44%) of the parturients experienced delivery in the lithotomic position, while 16 (88.89%) did not have a companion during delivery. Regarding the professional who provided delivery care, 11 (61.11%) were assisted by a resident medical professional.

Table 3. Obstetric and care characterization of parturients with Episiotomy. Recife, Pernambuco, Brazil, 2023.

Variables	Categories	N	%	% Valid	P-value
Diagnostic possibilities	Hypertensive syndrome during pregnancy	12	66.67	66.67	< 0.001
	Gestational diabetes mellitus	2	11.11	11.11	
	Other	4	22.22	22.22	
Age group	15 to 19 years old	5	27.78	27.78	< 0.001
	20-29 years	10	55.56	55.56	
	30 to 39 years	3	16.67	16.67	
Labor position	Lithotomy	17	94.44	100	< 0.001
	Absent/Ignored	1	5.56		
	None	17	94.44	94.44	

Number of vaginal deliveries	Two	1	5.56	5.56	< 0.001
Presence of a companion during delivery	Yes	2	11.11	11.11	
	No	16	88.89	88.89	< 0.001
Professional who provided assistance	Resident Physician	11	61.11	61.11	
	Obstetrician	7	38.89	38.89	< 0.001
Duration of gestation	Pre-Term	4	22.22	22.22	
	Term	14	77.78	77.78	< 0.001
Total		18	100	100	

Source: research data (2023).

The evaluation of the Apgar score in the 1st minute of life showed that 2 (11.11%) obtained a value between 1-4 on the scale; 1 (5.56%) scored between 5-7 on the scale and 15 (83.33%) scored between 8-10 points on the Apgar scale. Regarding the Apgar score at the 5th minute of life, 2 (11.11%) scored between 5-7 on the scale and 16 (88.89) scored between 8-10 on the Apgar scale.

Regarding the weight of the newborn, 2 (11.12%) weighed between 1 kg and 2 kg; 4 (22.23%) weighed between 2 kg and 3 kg; 7 (27.78%) weighed between 3 kg and 3.5 kg and 5 (27.78%) weighed more than 3.5 kg. It is observed that in relation to the sex of the newborn, 7 (38.89%) were female and 11 (61.11%) were male.

Table 4. Characterization of the Newborn of mothers with Episiotomy. Recife, Pernambuco, Brazil, 2023.

Variables	Categories	N	%	P-value
Apgar 1 st minute	1 to 4	2	11.11	
	5 to 7	1	5.56	< 0.001
	8 to 10	15	83.33	
5 th minute APGAR	5 to 7	2	11.11	
	8 to 10	16	88.89	< 0.001
Weight of the newborn	1kg -- 2kg	2	11.12	
	2kg -- 3kg	4	22.23	< 0.001
	3kg -- 3.5kg	7	38.89	
	Greater than 3.5kg	5	27.78	
Sex of the newborn	Female	7	38.89	
	Male	11	61.11	< 0.001
Total		18	100.00	

Source: research data (2023).

DISCUSSION

As a prevalent diagnostic hypothesis in the study, we have hypertensive syndromes, which are the most common clinical complications of pregnancy and represent the main cause of maternal morbidity and mortality in the world. They are associated with major complications such as pulmonary edema, hypertensive encephalopathy, heart disease, cerebral hemorrhage and renal failure. Among the fetal complications, fetal growth restriction, placental abruption and perinatal death stand out. From the first consultation, the assistant team should provide guidance on the various aspects that involve these pregnant women, such as eating habits, physical exercise and suspension and/or adequacy of medications in use, as well as guidance on labor and rights of pregnant women.⁽¹⁰⁾

Women who are unaware of the mechanisms of delivery and the rights of pregnant women, arrive at hospital units devoid of valuable information that would instrument them in adopting an active posture in the face of the conduct of the health team, which causes more anxiety, and consequently a more painful and unsafe experience, which can often be minimized by the presence of a companion.^(8,9,11)

The women of the present study, in their supremacy, could not count on the support of their companions at the time of delivery, still having their right guaranteed during prepartum, delivery and postpartum, through Law 11.1008/2005, which ensures a companion of their choice, especially those who underwent episiotomy were without companions confirming the fragility and vulnerability to which these women were exposed. The presence of a companion should help in actions that result in physical comfort, such as walking, bathing and breathing exercises, emotional comfort, resulting in a shorter duration of labor, favoring the guarantee of non-application of obstetric violence.^(8,9,11)

During the research, the Covid-19 pandemic was experienced, which may justify the absence of a companion in most of the assistance provided. Isolation before, during and after delivery was adopted as

a form of prevention. However, measures such as no relays and the visitor not belonging to groups at risk for Covid-19, adopting gowning protocols and other protection and prevention strategies, in order to avoid infection with the virus and ensure the rights of pregnant women could have been taken at the research institution.⁽¹²⁾

Another important point still observed was that, in delivery care, the lithotomy position still predominates, as was evident in the study. However, the parturient should have the freedom of choice and should be encouraged to adopt more comfortable positions, including vertical ones, such as semi-seated, squatting or sideways. These positions have the potential for a small reduction in the duration of the expulsive period, a reduction in the instrumentalized delivery rate, and a reduction in the practice of episiotomy.^(4,11)

Although the procedure is not recommended, the practice of episiotomy is still observed in Brazil and in 75% of cases in primiparous women. This conduct was also observed and confirmed in this study, with a prevalence of primiparous women undergoing episiotomy. However, what is apparently being done to solve one problem can cause others, due to perineal trauma caused unnecessarily.⁽¹³⁾

A prospective, comparative cohort study conducted in Beijing-China in 2022 showed that women in the episiotomy group had a higher incidence of urinary incontinence due to lower pelvic muscle electrical activity than those in the non-episiotomy group.⁽¹⁴⁾

The change in the model of delivery care can occur through the adequate training of new professionals.⁽¹⁵⁾ The institution in which the research was carried out has a formative character through the medical and nursing residency program, training both professionals specialized in obstetrics. However, the predominance of assistance provided by medical professionals was evident, and all episiotomies in this study were performed by this category of professionals, as shown in tables 1 and 3 of this study.

In this context, obstetric nursing plays a very important role during birth, building human and quality care, generating significant changes, such as the reduction of unnecessary interventions and access to good practices during delivery care. These professionals are gradually making a specific story, presenting their skills, talent and influence, combined with safety and practice in the birthing process, always protecting the physical and emotional circumstances and principles of women.^(10,16)

In the study, some associated neonatal factors were also observed, since studies argue that certain professionals still perform episiotomy with the justification that the delivery is premature, or NB has fetal macrosomia, in case of shoulder distortion or abnormal fetal cardiac function causing impaired oxygenation of the fetus.^(4,17) However, none of this type of justification was described in the medical records of puerperal women who underwent episiotomy in the study. It is evident that all newborns are assigned an Apgar score greater than or equal to eight in the first and fifth minutes of life, indicating that they were born with good vital conditions. In addition, most of them are within the appropriate weight standard, and fetal macrosomia is not a possible justification for this practice.

Thus, the need for health education of pregnant women is visualized, especially during prenatal care, in relation to their rights and especially on obstetric violence, which is defined as practices against the sexual and reproductive health of pregnant women, and can also be considered as an appropriation of the woman's body. This violence can be physical or psychological, carried out by professionals who exercise a dehumanized, medicalized and pathological treatment in the face of the natural processes of the woman's body.^(8,9)

It is possible that the scarcity of care by nurses, even though it is a field of practice and education in the training of nurses specialized in obstetrics, is a limitation of this study. In addition to a physical structure that does not favor the protection of intimacy in the adoption of the position that the woman wishes to give birth, in addition to the vulnerability of the parturient evidenced by the absence of a companion.

The study brings relevance and draws attention to the importance of good practices in obstetric care, as well as encouraging the readjustment of the obstetric and biomedical model that prevailed in the aforementioned study, and encourages professionals to provide more humanized care, with the parturient as the protagonist from the moment respecting her rights, choices and reinforces the importance of the performance of obstetric nursing in the service.

CONCLUSION

There are many barriers to be faced to promote and emphasize the role of women during the process of giving birth. The information brought by this study allowed us to conclude the continuity of the

practice of episiotomy in primiparous parturients, with hypertensive syndrome, who gave birth in a lithotomy position, without a companion, with term gestation time and assisted by medical professionals, with NB of adequate weight at birth, with good vital conditions at birth and predominantly male. Thus, it is expected that the study will contribute to change, readjustment and sensitization of professional obstetric practices, so that a transformation of this scenario occurs.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Lucena NA. Contributed to data collection: Lucena NA, Lemos MAS, Ferreira BS. Contributed to the analysis and/or interpretation of data: Lucena NA, Lemos MAS, Ferreira BS. Contributed to article writing or critical review: Lucena NA, Barbosa DM, Monteiro BR, Barbosa SMC. Final approval of the version to be published: Barbosa DM, Monteiro BR, Barbosa SMC.

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