TECHNICAL SPECIFICATION FOR EPISIOTOMY

Indicator	**:**	Percentage of episiotomy practice for mothers who gave birth spontaneous vertex delivery by registered nurses with Midwifery or Community nurses in health care facilities.
Rationale	**:**	Episiotomy is an incision made in the perineum during childbirth to widen the vaginal opening. Current guidance on evidence-based care indicates that episiotomy should not be performed routinely, is not justified by clinical trial and evidence review literature[1,2], and is not recommended by either the World Health Organization (WHO) [3,4,5] The WHO recommends an episiotomy rate of 10% for all normal deliveries. As reviewed in the WHO guidance [3,4,5], episiotomy can negatively impact maternal emotional well-being, cause perineal trauma and pain, infection, longer healing time, difficulty with baby care and breastfeeding, delayed infant bonding, delayed breastfeeding, decreased sexual enjoyment, and fear of future births.
Definition Of Terms		Episiotomy is a surgical enlargement of the vaginal orifice by an incision to the perineum during the last part of second stage labour or delivery and was thought to help prevent more extensive vaginal tears during childbirth and heal better than a natural tear,the procedure was also thought to help preserve the muscular and connective tissue support of the pelvic floor.evidence review literature[6].
Criteria	**:**	**Inclusion:** 1. Episiotomy practice for mothers who gave birth spontaneous vertex delivery, performed by nurse. 2. Labia Tear 3.Clitoris Tear 4.Mucosa Tear 5.Cervical Tear **Exclusion:** 1.Instrumental (forceps / vacuum) 2.Shoulder dystocia 3.Breech 4.3rd and 4th degree tear 5.Caesarean 6.Vaginal Wall Tear 7.Birth Before Arrival (BBA)
Numerator	**:**	Total number of mothers who underwent an episiotomy performed by nurse.
Denominator	**:**	Total number of mothers who gave birth spontaneous vertex delivery and conducted by nurse.
Formula	**:**	Calculation method: $\frac{\text{Numerator}}{\text{Denominator}}$ x100%
Standard	**:**	**≤ 30%**
Data Collection	**:**	1. **Where**: Data will be collected in the Labour Ward / Obstetrics Ward..

		2. **Who**: Data will be collected by Nurse in-charge of the department/ unit. 3. **How to collect**: Data is suggested to be collected from admission & 1. discharge record book/ patient's case notes. 4. **How frequent:** 6 monthly 2. 5. **Who should verify**: All performance data must be verified by Head of Unit (KPJH).
Remarks	**:**	1. Jiang H., Qian X., Carroli G., Garner P. Selective versus Routine Use of Episiotomy for Vaginal Birth. Cochrane Database Syst. Rev. 2017;2017:CD000081. doi: 10.1002/14651858.CD000081.pub3. [PMC free article] [PubMed] [CrossRef] [Google Scholar] 2. Amorim M.M., Coutinho I.C., Melo I., Katz L. Selective Episiotomy vs. Implementation of a Non-Episiotomy Protocol: A Randomized Clinical Trial. Reprod. Health. 2017;14:55. doi: 10.1186/s12978-017-0315-4. [PMC free article] [PubMed] [CrossRef] [Google Scholar] 3. World Health Organization. United Nations Population Fund. United Nations Children's Fund . Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors. World Health Organization; Geneva, Switzerland: 2017. [(accessed on 21 March 2023)]. Available online: https://www.who.int/publications/i/item/9789241550215 [Google Scholar] 4. World Health Organization . WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience. World Health Organization; Geneva, Switzerland: 2018. [(accessed on 21 March 2023)]. Available online: https://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf [PubMed] [Google Scholar 5. World Health Organization Regional Office for the Western Pacific . Early Essential Newborn Care: Clinical Practice Pocket Guide. WHO Regional Office for the Western Pacific; Manila, Philippines: 2014. [(accessed on 21 March 2023)]. Available online: https://apps.who.int/iris/handle/10665/208158 [Google Scholar] 6. Kalis, V., Laine, K., de Leeuw, J., Ismail, K., & Tincello, D. (2012). Classification of episiotomy: towards a standardisation of terminology. BJOG: An International Journal of Obstetrics & Gynaecology, 119(5), 522–526. doi:10.1111/j.1471-0528.2011.03268.