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News Letter

Routine Episiotomies without Consent

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NEWS LETTER

During my reproductive health (RH) clinical rotation in a tertiary care hospital, I got an opportunity to see a spontaneous vaginal delivery (SVD). I was assigned with a nurse on a multiparous woman who was in active labor. Her cervical dilatation was 4 cm when she came into the labor room at around 1130 hours. The patient was having very strong contractions, 5 contractions in 10 minutes with duration of 50 seconds. At 1150 hours, a resident doctor came in, and did the vaginal examination of the patient to see the progress of the labor. She shouted to pull the emergency bell, as she found that the dilatation has reached to approximately 9 to 9.5 cm. The situation was very critical since the assigned nurse was not prepared. We were assisting the client to make the lithotomy position, when the consultant came in. The baby was on -5 station when the consultant applied lidocaine on patient's perineum. After that, she immediately gave episiotomy cut without waiting for the area to get insensitive to pain, and didn't even take the consent for procedure. I asked the nurse that why she received the episiotomy cut despite being multiparous, she replied that it is given to almost every woman regardless of the parity status.

Initially, I felt that it's a kind of injustice with the patient that we are doing something on her without her consent. It gave me a very painful feeling that we as a healthcare professional are engaged in such activities that is overriding the patient's autonomy and giving more pain to them. Deep inside, I perceived it as dishonesty with our responsibilities and profession. This thing left guilt inside me that despite of my prior knowledge about autonomy and onset of drug's action, I did not take stand.

I believe that we follow these malpractices because we take pregnancy equivalent to other disease processes. This in turn makes us to speed up the labor process, so that we could get free from one patient early and take another patient. I agree that we do it so that we could provide service to as many people as we can, but compromising the quality of care is not a good option. Furthermore, it's not only about the patient's autonomy, but also the trust that a woman do on healthcare professionals. Because of this trust she comes to a place to seek care, but she don't even know what is happening with her. In my case, it was the doctor's negligence that she didn't inform patient about the procedure, and didn't even wait for the medication to do its effect without realizing that it could be very painful for the patient. It was the time when the nurse and I would have taken up the advocacy role for patient's right, but we didn't.

Martin in one of her articles mentioned that routine episiotomies are a very common practice to anticipate tearing of the organs of RH, but it does not shorten the time for labor [1]. She further mentioned that "routine episiotomies are not the actual issue, but the more disturbing issue is the lack of consent". I second to her opinion because routine episiotomies without consent is not a good option until and unless there is an emergency. Routine episiotomies are now known as "obstetric violence". The name is given this way because pregnancy is now Running head: Routine Episiotomies without Consent treated as a disease for which we do medical and pharmacological interventions without giving the right to the woman to make decisions about her body [2]. In my case, I can't also deny the fact that doctor made the incision soon after giving the anesthesia. Iincision should not be given soon after the cut [3]. We should give enough time to anesthesia to show its effect. These all things occur because of three main reasons: first is the unawareness of the mother not only about the procedures but also about the rights she has as a human being and as a health seeker. Second is the over burden on the healthcare professional because of which they speed up the care process focusing just on the quantity rather than quality. Third is the irresponsible behavior of the staff of not informing and taking consent from patient for each and every procedure. However, there is a possibility that the patient had some complication that I missed in my case. There could another perspective regarding the scenario, but consent has to be taken in either case. I have seen some cases before when the doctor informs the client about the procedure once it has been done. Remember, a thing cannot be reverted back once it has been occur; therefore, prior consent is very important.

I can conclude few things from this case. Patient education is the prime aspect of resolving the issue. I believe that patient care about them the most, and if they will know about the things and the procedures, they will take stand for themselves to stop wrong doings with them. Secondly, we as a healthcare should realize that consent is not a thing to be neglected. It is only neglected when there is a high risk of complication. WHO (2018) emphasizes to give mother informed choices, and safeguard her rights as a human. We have to keep this in mind that our job is to analyze the situation and give mother informed choices; however, it's the mother or family to take the decision [4].

The things that I can do as a nursing student is to give awareness about the procedure and the consent that will help people to clarify their misconceptions about normal child birth. This is very important as people perceive episiotomy a part of routine intrapartum care. Secondly, I can advocate for patient's rights if I encounter similar situation in the near future. Being a nurse, it's my responsibility to take up the advocacy role where needed.

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