



Surge of episiotomies in Pakistan: a call for better practices

Mohammad Osama ¹, Nawazish Ali ¹, Rida Asghar ¹ 

THIS ARTICLE MAY BE CITED AS: Osama M, Ali N, Asghar R. Surge of episiotomies in Pakistan: a call for better practices. *Khyber Med Univ J* 2026;18(1):122-24. <https://doi.org/10.35845/kmu.2026.24375>

I: Gomal Medical College, Dera Ismail Khan, Pakistan

Email: ridaasghar3102@gmail.com

Contact #: +92-317-0407987

Dear Editor,

An episiotomy is a planned incision made through the perineal body to widen the vaginal opening and facilitate delivery during the second stage of labor. This intervention is among the most frequently performed procedures in the delivery room. It has been suggested that episiotomy may benefit the fetus by shortening the second stage of labor and reducing the risk of fetal skull fractures and cephalohematomas. Although episiotomy is a frequently performed surgical procedure globally, the decision to perform it depends on various factors and indications, such as fetal position, shoulder dystocia, breech delivery, fetal macrosomia, and assisted vaginal delivery using instruments like vacuum extractors or forceps.

As childbirth transitioned from a home-based natural process to a hospital-based medical procedure, episiotomy was initially recommended by clinicians to prevent maternal injury and improve fetal outcomes.¹ Current guidelines now advocate a more restrictive use of episiotomy, with the World Health Organization (WHO) recommending that it be performed in no more than 10% of normal deliveries.² Despite this, there is an alarming increase in the rate of episiotomy, particularly among primigravida women in resource-limited countries such as Pakistan. A study by Majeed T, et al., reported an incidence of routine episiotomy of 80% in primigravida during normal vaginal delivery.³ A similar rate of 78% was reported by Khan N, et al., in Karachi,⁴ raising concerns regarding obstetric practices and emphasizing the need for a restrictive rather than routine use of episiotomy. In comparison, rates in developed countries such as the United States have significantly declined, reaching 4.6% in 2022 compared to 67% in 2012. In France, the prevalence

of episiotomy has been reported at 19.4%, while in the United Kingdom it ranges between 12% and 15%. In contrast, developing countries such as India, Oman, and Taiwan continue to report widespread use of episiotomy, with high rates of the procedure performed during vaginal deliveries.⁵

While episiotomy was originally intended to prevent complications such as postpartum pain, incontinence, and sexual dysfunction, evidence suggests that it may, in fact, contribute to these outcomes. Consequently, many experts recommend limiting the procedure to cases where significant perineal trauma is imminent. Modern medical practice has therefore shifted towards a more restrictive approach, abandoning the traditional liberal use of episiotomy.

The routine practice of episiotomy should be discouraged, as evidence shows no significant difference in outcomes between women undergoing vaginal delivery with or without episiotomy.⁶ Pregnant women should receive comprehensive antenatal counseling regarding the potential complications associated with episiotomy during and after delivery. Furthermore, regular training and awareness programs should be conducted for healthcare personnel and traditional birth attendants, such as lady health visitors (LHVs) and Dais, to highlight the benefits of normal vaginal delivery and discourage the routine use of episiotomy. In developing countries like Pakistan, where hospital-acquired infection rates are high and follow-up attendance is often poor, the routine use of episiotomy is particularly questionable. Adoption of evidence-based practices is essential to reduce its unnecessary use.

REFERENCES

1. Alsurraykh LA, Alnadawi AA, Alharbi A, Alhumaidi KA, Alhabardi N,

Almarshud R. Women's perceptions and knowledge toward episiotomy in Qassim Region, Saudi Arabia. *Cureus* 2024;16(3):e55383. <https://doi.org/10.7759/cureus.55383>

2. Sadek O, Fahim N, Yehia H, Elmashad M, Alaa F, Rakha A, et al. Incidence of episiotomy in Kasr Alainy OBGYN Hospital in Cairo, Egypt: a cross-sectional study. *Obstet Gynecol Int* 2025;2025:4044738. <https://doi.org/10.1155/ogi/4044738>

3. Majeed T, Waheed F, Naheed M, Afzal S, Mahmood Z. The changing trends in episiotomy in the Allied Teaching Hospitals of Rawalpindi Medical College. *Pak J Med Health Sci* 2018;12(2):595-7.

4. Khan NB, Anjum N, Hoodbhoj Z, Khoso R. Episiotomy and its complications: a cross sectional study in secondary care hospital. *J Pak Med Assoc* 2020;70:2036-8. <https://doi.org/10.5455/jpma.290331>

5. Djusad S, Permatasari II, Futihandayani A, Shahnaz P, Hadiwinata D, Herianti HF. Analysis of episiotomy incidence and risk factors in vaginal deliveries: a single-center. *Am J Obstet Gynecol Glob Rep* 2024;4:100371. <https://doi.org/10.1016/j.xagr.2024.100371>

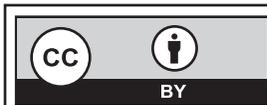
6. Wahab S, Kamran Q, Karim R, Khan R, Pervaiz M. Assessment of immediate perineal complications of normal vaginal delivery versus vaginal delivery with episiotomy in term pregnancy in a tertiary care hospital. *J Med Sci* 2023;31(1):31-5. <https://doi.org/10.52764/jms.23.31.1.6>

CONFLICT OF INTEREST

Authors declared no conflict of interest, whether financial or otherwise, that could compromise the integrity, objectivity, or validity of their opinions.

GRANT SUPPORT AND FINANCIAL DISCLOSURE

Authors declared no specific grant for this opinion from any funding agency in the public, commercial or non-profit sectors.



This is an Open Access article distributed under the terms of the [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

KMUJ web address: www.kmuj.kmu.edu.pk

Email address: kmuj@kmu.edu.pk

CALL FOR JOINING KMUJ AS PEER REVIEWER

KHYBER MEDICAL UNIVERSITY JOURNAL (KMUJ) is a PEER REVIEWED journal that follows the *uniform requirements for Manuscripts submitted to Biomedical journals*, updated on icmje.org

KMUJ is aiming to expand its panel of peer-reviewers with established expertise in relevant specialties. All those researchers and faculty members of medical institutions who have at least three publications to their credit and who are interested to join our panel of reviewers are requested to send their CVs and following undertaking via email to kmu@kmu.edu.pk

Reviewers must have their own active email account for correspondence as KMUJ is having online review system and all correspondence with reviewers are carried out through email.

I _____ hereby

accept the offer of being the reviewer of the manuscripts submitted to KMUJ.

My field/topics of interests for review are _____

I agree with the reviewer's policy of the journal.

Full Name: _____

Qualifications: _____

Designation: _____

Postal Address: _____

Email: _____

Phone Nos.

Office _____ Cell _____