

Reviewer's report

Title: The outcomes of midline versus medio-lateral episiotomy

Version: 1 **Date:** 21 September 2006

Reviewer: Tippawan Liabsuetrakul

Reviewer's report:

General

There is evident that the restricted episiotomy is less harmful than the routine episiotomy; however, there is not enough evidence to compare the types of episiotomy. Therefore, this study aimed to identify the incidence of deep perineal tear, pain scores, wound infection rate and other complications between midline and mediolateral episiotomy. A large prospective cohort study was conducted but the details of methods were not well-described such as the outcomes and their definitions, esp. deep perineal tear as the primary outcome, the person who evaluated the tear or interviewed the pain scores or no identification of outcomes for analysis. There were approximately half of recruited women who could be assessed for pain scores and wound infection at 48 hours and one-fourth at 6 weeks of postpartum. According to the relevant standards for reporting and data deposition, the abstract was missing from the manuscript. There was high power (99%) for the outcome of deep perineal tear but the sample size was small for other outcomes due to rare events. The discussion and conclusions were balanced and supported by the data; however, there were not discussed about the incidence of deep perineal tear in this study compared with other studies, the associated factors such as the angle of episiotomy or length of perineal body, etc., the limitation of the study such as low follow up rate or sufficient sample for only deep perineal tear, but not for the other outcomes because they had a low incidence. The writing is needed to be edited.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Abstract

There is no abstract in the manuscript.

Background

The brief descriptions on the benefits and risks of midline and mediolateral are needed to be mentioned. Although there was no trial included in the Cochrane review, there were previous published studies which are necessary to discuss here.

Methods

- 1) The sample size calculation was not described.
- 2) The details of person who interviewed the sample or evaluated outcomes are needed.
- 3) Why were the recruited women in the study interviewed by phone for pain score, wound infection and dyspareunia at 6 weeks of postpartum? Did they not come to hospital for routine postpartum check up? Were all recruited women contacted by phone?
- 4) The outcomes and their definitions are needed to be described and its relation to the statistical analysis. For example, what is the definition of deep perineal tear in this study? Only fourth or both third and fourth. Then the definition will be shown. The Royal College of Obstetricians Gynaecologists was defined as follows:
First degree: laceration of the vaginal epithelium or perineal skin only
Second degree: involvement of the perineal muscles but not the anal sphincter
Third degree: disruption of the anal sphincter muscles, further subdivided into:
3a: <50 percent thickness of external sphincter torn
3b: >50 percent thickness of external sphincter torn
3c: internal sphincter torn also
Fourth degree: a third degree tear with disruption of the anal epithelium

Results

- 1) I wondered why the assessment of pain scores and wound infection at 48 hours after delivery could be done in 52% in midline episiotomy and 61% in mediolateral episiotomy even if the interview was described

in the method. The loss follow up for the outcomes was high. The exploration to show whether or not there is any difference of deep perineal tear or other related factors to pain or wound infection between the groups of follow up and loss of follow up is needed to inform.

2) The authors described that “there were 24.0% of studied women who were assessed at six postpartum” is not sufficient result. The authors would describe whether the phone was called to all recruited women or how much successful contact by phone and why there was the low assessment of outcomes at 6 weeks.

Discussion

1) Whether or not the incidence of perineal tear in this study is similar or different from other studies and the reasons are essential but the authors did not discussed about this issue.

2) The authors would discuss the point of low follow up rate of pain scores and wound infections at 48 hours.

References

1) The reference was not up-to-date.

Suggested references for review

- Eogan M, Daly L, O’Connell P, O’Herlihy C. Does the angle of episiotomy affect the incidence of anal sphincter injury? BJOG 2006; 113:190–194.

- Andrews V, Sultan AH, Thakar R, et al. Risk Factors for Obstetric Anal Sphincter Injury: A Prospective Study. BIRTH 2006; 33:117-122.

- Angioli R, Gomez-Marin O, Cantuaria G, O’Sullivan MJ. Severe perineal lacerations during vaginal delivery: the University of Miami experience. Am J Obstet Gynecol 2000;182:1083–5.

- Aytan H, Tapisiz O, Tuncay G, et al. Severe perineal lacerations in nulliparous women and episiotomy type. European Journal of Obstetrics & Gynecology and Reproductive Biology 2005;121:46–50.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1) Background

- paragraph 1, line 7: “that it prevented pelvic relaxation” change to “the prevention of pelvic relaxation”

- paragraph 1, line 9: “Thus its routine use has been questioned” should be deleted because the Cochrane review concluded thus there is no questioned on routine or restricted use of episiotomy.

- paragraph 2, line 10: Please change to “In Cochrane Database of Systematic Review 1999, there recommended a restrictive use of episiotomy rather than routine use of episiotomy; however, there was not described the indications of episiotomy in terms of the assisted vaginal delivery,.....

- paragraph 3, line1-3: The objectives of this study aimed to evaluate the deep perineal tear, pain scores,..... and other complications.....in 48-hour and 6-week postpartum periods. In the other parts of manuscript, the main outcome was used “deep perinear tear” but in the background was used “extended perineal tear” which it needs the consistency.

2) Results

- paragraph 2, line 7: “There was only one case of episiotomy.....group” should be moved to paragraph 3 because it was evaluated at 48 hours.

- paragraph 3, line 5-6: “Among studied women, 312 (24.0%) were We found no statistical significance between.....

3) Discussion

- paragraph 3: The first sentence of reference 12 is not related to this manuscript.

- paragraph 3, line7: The original article of reference 14 should be cited rather than book.

4) References

- Reference 3: please change author names to “Carroli G, Belizan J”

5) Table

Please change the format of table to be standard as only horizontal lines of the heading and the bottom line.

Table 1:

- Please change the presentation of Apgar score with median, not mean and sd, because Apgar score is no decimal. Using mean and sd is incorrect and make the Apgar score to be >10 (9.2+/-1.1, 8.9+/-1.3).

- Please indicate the significance in the Table.

Table 2:

- Should Table 2 be deleted? Because there were low number of assessment and presentation by text may be better.

Discretionary Revisions (which the author can choose to ignore)

None.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.