

A SCORING SYSTEM FOR PERFORMING EPISIOTOMY

ASIS KUMAR CHATTERJEE,

SUMMARY

A clinical scoring system for selection of cases for episiotomy was devised by the author & a study conducted in DSP Hospital. This depends on 8 clinical criteria viz: (1) Parity; (2) Maternal Age; (3) Duration of gestation; (4) Estimated fetal size; (5) Rigidity of perineum; (6) Frequency of uterine contraction; (7) Duration of uterine contraction & (8) Hardness of fetal head. Each criterion carries a point of 0 to 2. Total points (= score) of any patient is calculated (0 - 14). Episiotomy performed upto a score of 8 & no episiotomy if the score is more than 8(9-14). Total 86 cases were studied & compared with a control group of another 86 cases with similar parity-wise distribution. Results show that in all the 3 parity groups (Gr A = Primi, P 0; Gr B = Multi P1-4; & Gr C = Grande Multi, P5 & above) the number of episiotomies performed is LESS in the study group to a significant number. Maternal injuries were similar in the study & control groups. No fetal injury detected in either group.

Inference drawn is that this simple clinical scoring system has a definite value in reducing the number of episiotomies.

INTRODUCTION:

In all hospitals, it is customary that almost, if not all, primi gravidas & a large number of multigravidas are delivered by giving an episiotomy. However, there is no rule as to when to perform an episiotomy. Though there are several papers in the literature on the method(s), outcome & long term effect of episiotomy, there is

no definite rule regarding the case selection. To overcome this, a clinical scoring system devised by the author was applied in 86 cases in DSP Hospital. This paper is a preliminary report on this scoring system.

MATERIAL & METHOD

In total 86 cases (all normal vaginal deliveries) were selected. Of these, 36 were primi, 30 between P1 to P4 & 20 P5 & above. the scoring system was applied on these. Side by side, as a control, 86 cases were taken (with similar distri-

*Dept. of Obst. & Gyn. Durgapur Steel Plant.
Durgapur.*

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buton parity-wise), where the scoring system was not applied.

The outcome was studied & compared in two groups on the following points:

- 1) Total number of episiotomy done.
- 2) Maternal injury (i) Vaginal & Paraurethral tears (ii) C.P.T.
- 3) Fetal Injury

THE SCORING SYSTEM

The clinical scoring system, depends on 8 criteria & points (SCORE) were allotted to them as below.

Episiotomy was done where the score is 0-8 No. episiotomy was done if the score is more than 8.

THE SCORING SYSTEMS

1. Parity	Primi (P O)	P2-P4	P5 & above
Score	0	1	2
2. Maternal age	Less than 18 yrs	18-30 yrs	More than 30 yrs
Score	0	2	1
3. Duration of gestation	Less than 37 wks.	37-41 wks	More than 41 wks
Score	0	1	0
4. Estimated fetal Size/weight	Less than average (below 2.5 kg)	Average (2.5 - 3.0 kg)	Larger than average (above 3.0 kg)
Score	2	1	0
5. Laxity of introitus of Rigidity of Perineum	Tight introitus Rigid perineum	Medium	Lax introitus & soft perineum
Score	0	1	2
6. Frequency of Uterine-contractions	Less than 2 per 10 mins	2-5 per 10 mins	More than 5 per 10 mins
Score	2	1	0
7. Intensity of uterine contraction	very strong	Average	Less than average (week)
Score	0	2	1
8. Hardness of fetal head	Very hard	Medium	Soft
Score	0	1	0

Maximum point = 14

Episiotomy = 0-8

No episiotomy = 9-14

RESULTS

(Table - II & III)

A. Total number of episiotomies done :

In control group all primis & many multi-gravidas were subjected to episiotomy.

In study group, the number of episiotomies in any given group were less than the control group (Table I).

B. Maternal Injuries:

The incidence of maternal injuries were not increased significantly in the study groups

C. Fetal Injuries:

No fetal injury was found in either group.

DISCUSSION:

1. From Table I it is seen that the number of patients saved from unnecessary episiotomies in the study group is 13 primi, 6 multi & 1 grande multi.

This is highly significant.

TABLE I

Total number of episiotomy done:

Patient	Group	No. of cases	Episiotomy done (% age)
Primi (PO)	Study	36	23 (64%)
	Control	36	36 (100%)
Multi (P1 -P4)	Study	30	12 (40%)
	Control	30	18 (60%)
Grande Multi (P5 & above)	Study	20	Nil (0%)
	Control	20	1 (5%)

TABLE II

Maternal injuries in Non-episiotomy cases:

Patient	Group	Total cases	Non-Epi	P. tear	P.U.Tear	C.P.T.
Primi	Study	36	13	3	0	0
	Control	36	Nil	Nil	2	0
Multi	Study	30	18	2	0	0
	Control	30	12	2	1	0
Grande Multi	Study	20	20	1	0	0
	Control	20	19	3	1	0

* P.T. = Perineal tear

** P.U. Tear = Para Urethral tears

*** C P T = Complete Perineal tear

TABLE III

Maternal Injuries in total cases:

Patients	Group	No. of Total cases	Perineal Tear	P.U. Tear	C.P.T.
Primi	Study	36	4	1	0
	Control	36	0	3	0
Multi	Study	30	2	0	0
	Control	30	3	1	0
Grande Multi	Study	20	1	0	0
	Control	20	4	2	0

- From Table II & III it is evident that maternal injuries were not increased in the study group when compared to the control group.
- Among those patients who were not subjected to episiotomy depending on the scoring system, the incidence of maternal injuries was not significant.
- There was no fetal injury in either group.

CONCLUSION:

This scoring system is purely clinical requiring no special gadgete. It can be applied anywhere & can be practised by any obstetrician or even midwives. It is very simple & costs

nothing.

Yet, this can save a significant number of mothers from unnecessary episiotomies with potential short & long term ill-effects.

Hitherto there were no scientific criteria to select cases for episiotomy. This is an attempt on scientific basis and it deserves at trial by others.

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