



14.5. Episiotomy (MN-5)

14.5.1. Documentation sheet

Description	Percentage of women who delivered vaginally and had an episiotomy.
Calculation	Numerator: number of live newborns of a given year for whom episiotomy during delivery has been recorded. Denominator: all vaginal live births of the considered year. Results are presented by region. Variability among hospitals is also presented.
Rationale	The aim of an episiotomy is to prevent severe perineal tears. Its use became more common in the first half of the 20th century, with the move from home to hospital births and the greater involvement of obstetricians in maternity care. Policies of routine episiotomy were instituted in some settings, particularly in the United States and Latin America, but also in Europe. ¹ The increasing use of interventions during labour and delivery, including episiotomy, has caused worldwide concern in the recent years. ^{2,3} The routine use of episiotomies has been questioned by trial studies and by women who want a more “normal” birth. ¹ A Cochrane review to assess the effects of restrictive compared with routine use of this procedure during vaginal birth concluded that restrictive episiotomy policies appeared to have a number of benefits compared to its routine use. ⁴
Data source	Statbel (Direction générale Statistique - Statistics Belgium), CEpiP, SPE
International comparability	Euro-Peristat (not available)
Related indicator	Proportion of women with (third- and fourth-degree) tears to the perineum (data not available).
Performance Dimension	Quality (appropriateness); Variability of care

14.5.2. Results

In 2015, 40.8% of the women who delivered vaginally in Belgium had an episiotomy. This proportion decreased by 7.1 points of percentage between 2010 and 2015. Flanders has the highest proportion of episiotomy (46.6% in 2015) whereas Brussels has the lowest proportion of episiotomy (30.1% in 2015) and Wallonia had a proportion of 35.9% in 2015 (Table 140, Figure 219).

During the last few years, the rate of episiotomy is constantly decreasing in the three regions of the country (Table 140, Figure 219).

Using CEpiP and SPE data (de facto data) instead of Statbel data (law data) to estimate episiotomy rate, we observed that the rate of episiotomy is higher for women delivering in Brussels than for women living in Brussels but the trend is still the same than using Statbel data, i.e. a decrease of the episiotomy rate in Brussels in the last years (Table 141).

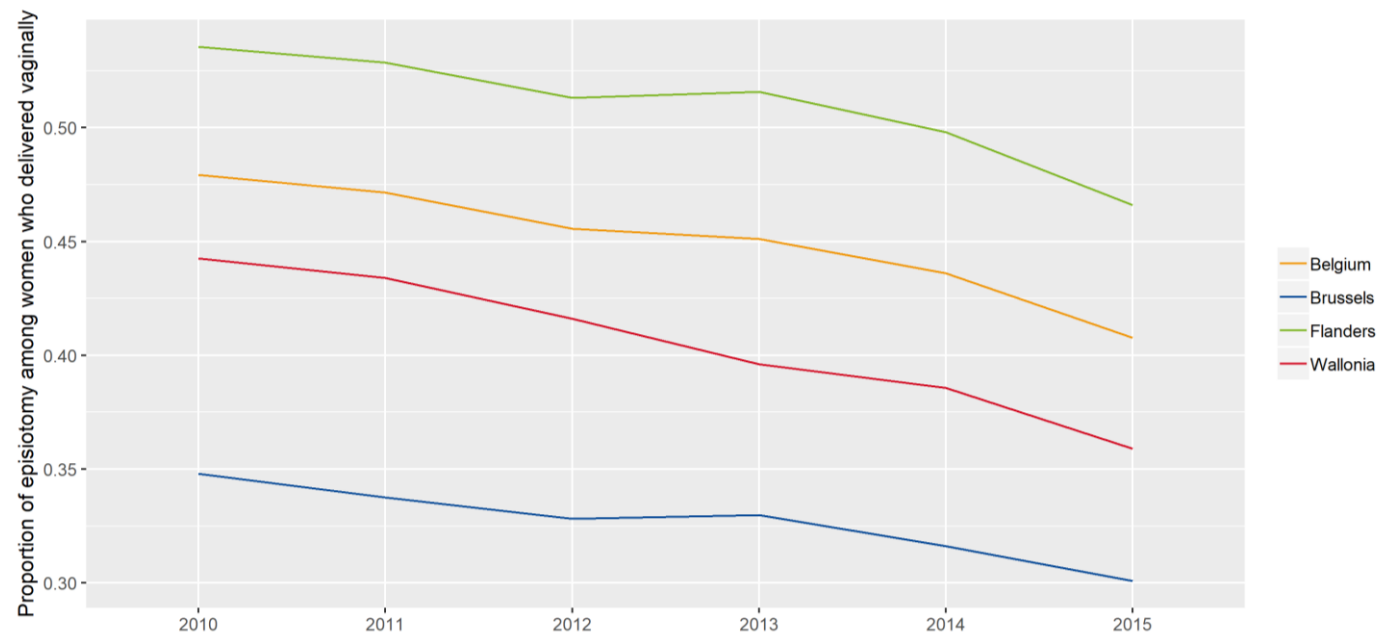
Variation of episiotomy practice among Belgian maternity units

Very important variation of episiotomy practice exists among Belgian hospital as the episiotomy rate ranged from 8 to 84% in 2015. Average episiotomy rate was 44.7% in 2015. Note that this analysis does not control for the case-mix, which can partially explain differences in episiotomy rates among hospitals (Figure 220).


Table 140 – Percentage of women who delivered vaginally (live birth) and had an episiotomy, by region, 2010-2015

	2010	2011	2012	2013	2014	2015	Average annual difference 2010-2015
Belgium	47.9%	47.2%	45.6%	45.1%	43.6%	40.8%	-1.43%
Brussels	34.8%	33.8%	32.8%	33.0%	31.6%	30.1%	-0.94%
Flanders	53.6%	52.9%	51.3%	51.6%	49.8%	46.6%	-1.39%
Wallonia	44.3%	43.4%	41.6%	39.6%	38.6%	35.9%	-1.67%

Data source: Statbel; Calculation: KCE

Figure 219 – Proportion of women who delivered vaginally and had an episiotomy, by region, 2010-2015


Data source: Statbel; Calculation: KCE

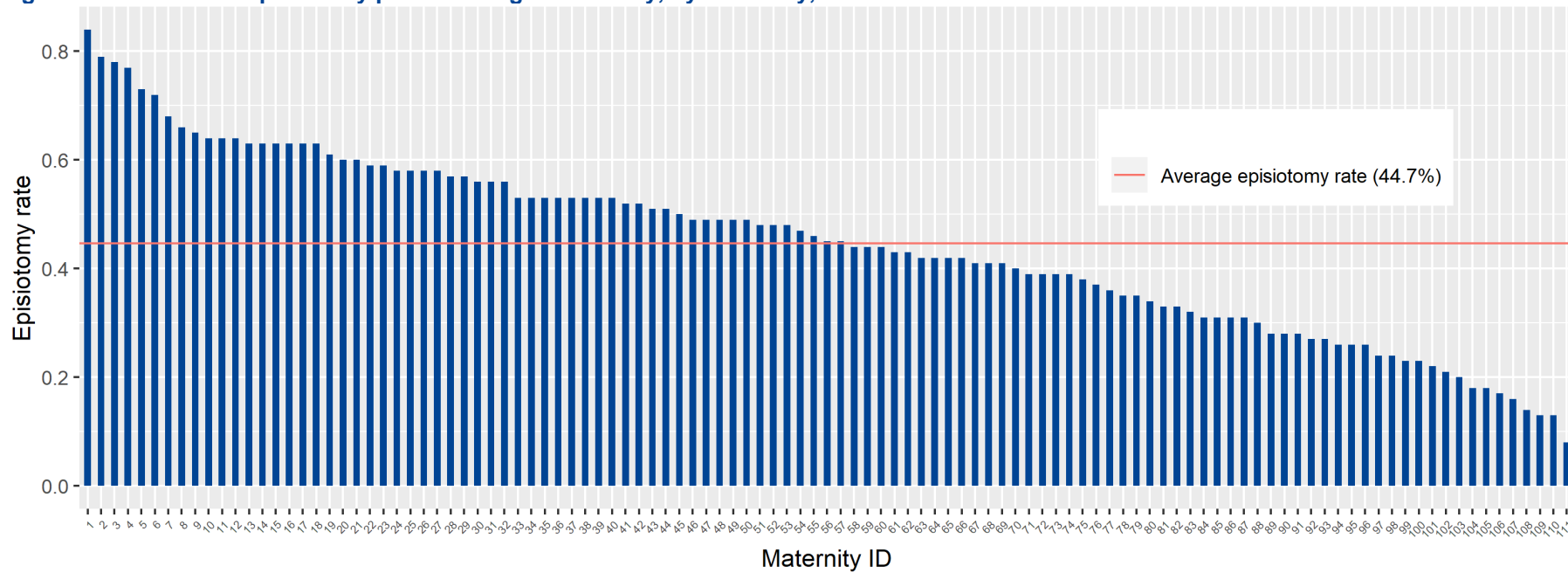


Table 141 – Percentage of women who delivered vaginally and had an episiotomy, by region, 2009-2016

	2009	2010	2011	2012	2013	2014	2015	2016	Average annual difference 2009-2016
Brussels*	38.11%	36.29%	34.65%	33.74%	34.05%	32.22%	31.06%	28.56%	-1.36%
Flanders*	55.30%	54.24%	53.58%	52.20%	52.18%	49.77%	47.37%	44.71%	-1.51%
Wallonia	46.09%	45.62%	44.82%	42.61%	40.66%	39.61%	36.73%	35.83%	-1.47%

* UZ Brussels is double counted, i.e. in Brussels & Flanders regions; Data source: CEpiP (BRU-WAL) & SPE (FLA); Calculation: KCE

Figure 220 Number of episiotomy per 1 000 vaginal delivery, by maternity, 2015



Data source: Statbel; Calculation: KCE



Key points

- **In Belgium, the proportion of women who delivered vaginally and had an episiotomy is 40.8% in 2015 and decreased by 7.1 points of percentage between 2010 and 2015.**
- **The episiotomy rate is decreasing in every Belgian region between 2010 and 2015, but is still the highest in Flanders and the lowest in Brussels.**
- **Important variation of episiotomy practice exists among Belgian hospital as the episiotomy rate ranged from 8 to 84% in 2015.**

References

- [1] Zeitlin J, Mohangoo A, Delnorn M, Alexander S, Blondel B, Bouvier-Colle M, *et al.* European Perinatal Health Report. The health and care of pregnant women and babies in Europe in 2010. 2013.
- [2] Seijmonsbergen-Schermers A, de Jonge A, van den Akker T, Beeckman K, Bogaerts A, Barros M, *et al.* Variations in childbirth interventions in high-income countries: protocol for a multinational cross-sectional study. *BMJ open.* 2018;8(1):e017993.
- [3] The Royal College of Midwives. Interventions in Normal Labour and Birth. 2016.
- [4] Jiang H, Qian X, Carroli G, Garner P. Selective versus routine use of episiotomy for vaginal birth. *The Cochrane Library.* 2017.