**Title page**

**Title:** **Women’s experience of episiotomy: a qualitative study from China**

**\*Corresponding author:** Xu Qian, Mailbox 175, 138 Yixueyuan Road, Shanghai, 200032, China; email: xqian@shmu.edu.cn; Tel: +86 021 5427267

**All co-authors:**

#Siyuan He

Department of Maternal, Child and Adolescent Health, School of Public Health, Fudan University, Shanghai, China.

Shanghai Municipal Center for Health Promotion, Shanghai, China.

#Hong Jiang

Department of Maternal, Child and Adolescent Health, School of Public Health, Fudan University, Shanghai, China.

\*Xu Qian

Department of Maternal, Child and Adolescent Health, School of Public Health, Fudan University, Shanghai, China.

Paul Garner

Centre for Evidence Synthesis in Global Health, Department of Clinical Sciences, Liverpool School of Tropical Medicine, Liverpool, UK.

SH and HJ contributed equally to this work.

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**ABSTRACT**

**Objectives** To describe women’s experience of episiotomy in urban China.

**Design** Semi-structured, in-depth interviews with women after episiotomy. We analyzed transcriptions using thematic analysis in Chinese. Emerging themes were debated in English to finalize interpretation.

**Settings** Two community health centers and four hospitals in Shanghai, China.

**Participants** Purposive sampling of30 postpartum women who had experienced episiotomy; twenty-five were primiparous, and four had deliveries by forceps. We interviewed health providers to complement the data.

**Results** We identified four main themes: a) Women’s views of the procedure vary considerably; b) The pain interferes with daily life for weeks; c) Long term anxiety is a consequence for some, described as a “psychological shadow”; d) Societal norms assume women will not complain.

**Conclusion** Women receive little information in advance about episiotomy, yet the procedure has a wide range of physical and psychological consequences. This includes long term anxiety about the damage done to them as women.

**Key words:** episiotomy, perineal trauma, women’s experience

**Strengths and Limitations of this study**

* This study was one of a few qualitative studies to explore women’s experience of episiotomy after childbirth
* The study identified an effect of episiotomy described in Chinese as a "psychological shadow”, and that societal norms meant women felt they were expected to suffer alone and not complain
* We interviewed women at different times after episiotomy, and were not able to evaluate whether their perceptions changed over time

**INTRODUCTION**

Doctors introduced episiotomy as a surgical procedure in the 1950’s to reduce the risk of severe perineal tear, shorten delivery, and prevent damage to the pelvic floor.1 However, the procedure can cause pain in the immediate postpartum period, the wound can become infected, and the scar can cause long-term dyspareunia. Indeed, the benefits of routine episiotomy have been contested.2 This balance between benefits and harms has been evaluated in randomized controlled trials. These are summarized in the Cochrane review, and this shows that there is no evidence that routine episiotomy has the benefits originally assumed; and that more restricted use results in fewer women experiencing severe perineal or vaginal trauma.3

International institutions and professional societies now recommend episiotomy only when there is a clear clinical indication.4-7 Practices in most European countries8 show rates have fallen. However, episiotomy rates in vaginal births are still high in some countries; for example, 53.2% in Chile9 (from hospital records), 73% from a hospital in Lebanon,10 and 92% from a hospital in Cambodia.11

Pushback from consumers in the early 1990’s may have contributed to the decline in routine episiotomy in the UK, but in general recommendations for episiotomy have been set up mainly from the health provider’s medical standpoint, with little reference to the views or preferences of women. The Cochrane review (2017) pointed out that trials inadequately considered women’s preferences, views on the procedures, or the outcomes that are important to them.3

More recently, the World Health Organization recognized the need for a “positive childbirth experience”,4 which corresponds to the new Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030). With an increase in emphasis to women-centered outcomes in clinical decision making, women’s experience of episiotomy is highly relevant.

In China, episiotomy used to be a routine practice for vaginal deliveriy.12 13 In the last decade, hospital data reported levels of 47.4% to 84.7%;14-17 and, some multi-center studies reported hospital rates from 41.2% to 69.7%.18 19 For China, where there were 17.23 million births in 2016,20 there could be as many as 7.33 million episiotomies a year (given a vaginal birth rate of 61.0% and episiotomy rate of 69.7% among vaginal birth).18 Although the Chinese national obstetric guideline has recommended restrictive use of episiotomy since 2016,it has not been implemented.21

We found no data in the published English literature on the experience of episiotomy in women in China, and therefore carried out this study. Through this qualitative study, we aimed to describe how women experience in urban China.

**METHODS**

**Approach, setting and sampling strategy**

We used standard qualitative methods with semi-structured, in-depth individual interviews. The details of the methods were reported according to the SRQR reporting checklist (see Supplementary File 1).22 We conducted the study in Shanghai (population 24.2 million (2016)). The city has had a policy of routine episiotomy from 1999; and the rate around 35.8% to 86.67% from 2011 to 2014.23-25 Community health centers hold pregnancy registration and information to allow home visits in the postnatal period for clients in their catchment area, while clinical services for childbirth are provided by higher level of hospitals, and episiotomy practices vary between hospitals. Compared with general hospitals, maternal and child health (MCH) hospitals are more likely to adopt restrictive episiotomy policy since their midwives are experienced and well trained, and women at these settings tend to be low-risk. We used the two community health centers where we had worked previously and thus staff were familiar with us: one in Pudong District, east of Shanghai (1459 pregnant women registered in 2017); and one in Xuhui District, west of Shanghai (775 pregnant women registered in 2017).

We used purposive sampling strategy, seeking women over 18 years old who had undergone an episiotomy in her last birth. We recruited women from three different postpartum periods (within two weeks, no more than six months and six months above after childbirth); we also took account of the types of hospitals to ensure a mix of experiences. Women being invited for this study delivered in various types of hospitals including municipal MCH hospital, tertiary general hospital, district MCH hospital and secondary general hospital. Experienced health care providers who had over three years work experience in maternal health area were recruited to confirm women’s symptoms and help to better understand women’s views and reflections. Two or three health care providers from each type of hospitals were involved in this study and their characteristics are shown in the Supplementary File 2. We stopped interviewing women when we appeared not to identify new information.26-28 The primary researcher (SH) carried out the interviews, under the guidance of the supervisors (HJ and XQ). SH is a master student, who had received training in qualitative methods and had a six-month work placement with the MCH administration.

**Ethical approval**

All participants were informed about the research purpose and contents. Interviews were conducted after written informed consent obtained from each participant. The research obtained the approval from the Institutional Review Board in School of Public Health, Fudan University.

**Patient and public involvement**

When designing the study, we invited a few women to give us feedback on the approach and the questions to ask. We collected women’s comments on the public internet forum and interviewed four women about the research topic before we designed the interview guide. This preliminary work led to several revisions to the interview guide.

**Data collection**

We approached women by accompanying health staffs during postpartum home visits or when women brought their children for child health checkup in community health centers between September 2017 and March 2018. We used an interview guide based on the literatures and our research group discussions (Table 1);29-31 also, we reviewed women’s comments on the public internet forum to improve the design of interview guide and piloted the interview guide with four postpartum women. The piloted data were also included in our analysis as it was consistent with the main sample. Interviews were conducted in private rooms in the community health centers, hospitals and interviewees’ homes and all women provided signed consents. Interviews were in Chinese and recorded with permission. For the health providers, they were recommended by relevant administrators and invited to this study. They were interviewed at a private room in their workplaces.

**Table 1 Interview guide**

|  |
| --- |
| What’s your experience after episiotomy, from the childbirth to postpartum period? (Probe: discomfort, pain, swelling) |
| Did episiotomy impact on your daily life? How? (Probe: walking, sitting, breastfeeding, baby care, sexual life, medication, mood) |
| How did you deal with your suffering or problems? (Probe: medical services usage) |
| Are there some long-lasting effects of episiotomy you have noticed? If yes, what are they? |

**Data analysis**

Medical master students transcribed interviews, and one of the interviewers (SH) checked them for accuracy. We used NVivo8.0 (QSR) software for thematic analysis.32 33 Two researchers (SH and YC) read all the transcripts and coded the data to identify the reoccurring topics, ideas, or concepts independently. After discussing the differences of the coding, they organized the data into initial themes. Initial themes and quotes were translated into English and checked by XQ. All the co-authors then further reflected on these themes and developed overarching categories, discussing the themes in both Chinese and English. The health professionals’ responses were grouped against the emergent themes from the women’s interviews and included within corresponding themes.

During this process, on two occasions we found themes that we could not translate directly into English. Rather than being a problem, these were both informative and underlying themes. The team discussed the words carefully in Chinese and English to gain a common understanding of meaning and cultural context.

The research team included three bilingual speakers (SH, HJ, XQ) and one native English speaker (PG). All the themes, descriptions and corresponding quotes were checked by all the authors.

**Reflexivity**

As a team, we discussed our prior beliefs and experiences in early discussions and during analysis to reflect on how this may influence our analysis. The research team included people that had performed, repaired and experienced episiotomy (HJ, QX, PG). Evaluating episiotomy and the uncertainty around benefits and harms is a topic of interest to all the authors, and, as with many medical and obstetrical interventions, we as researchers remain “healthy sceptics”. Three authors have completed the Cochrane review examining this topic (HJ, QX, PG) and reporting is that consumer views on the procedure are important for medical policy. All had experience in collecting and analyzing qualitative data; PG and QX have worked together for over 20 years on projects about whether obstetric practice and research evidence are in alignment in China.

**RESULTS**

We interviewed 30 postpartum women, age range from 21 to 40 (mean age 30.1) years. Twenty-five women were primiparous; all had experienced episiotomy and four also received assisted delivery with forceps. Seven women were interviewed within two weeks, nine were at two months, and fourteen were above six months after childbirth (Table 2). Four main themes emerged: a) Women’s views of the procedure vary considerably; b) The pain interferes with daily life for weeks; c) Long term anxiety is a consequence for some, described as a “psychological shadow”; d) Societal norms assume women will not complain. The complete illustrative quotes were shown in the Supplementary File 3.

**Table 2 Characteristics of the Postpartum Women**

|  |  |
| --- | --- |
|  | **Women** |
| **Age (year)** |  |
| Mean±SD | 30.1±3.8 |
| Range | 21~40 |
| **Parity** |  |
| Primipara | 25 |
| Multipara | 5 |
| **Mode of delivery** |  |
| Episiotomy | 26 |
| Episiotomy with forceps | 4 |
| **Interview time**  |  |
| Within two weeks after childbirth | 7 |
| No more than six months after childbirth | 9 |
| Six months above after childbirth | 14 |

**1.** **Women’s views of the procedure vary considerably**

This theme describes women’s various views of episiotomy including their knowledge, feelings, and altitudes. The theme also explains how women’s views are influenced from childbirth to postpartum period.

**1.1 “What is episiotomy?”**

In general, women had little knowledge about episiotomy before childbirth, indicating that they were not well informed. Inadequate knowledge made women under a kind of fear before childbirth, while sound knowledge capacitated women to realize both the benefits and harms so that they considered episiotomy more justly. Nearly one fifth of women knew very little about the procedure before childbirth. For some, their understanding of episiotomy was attained through their laboring experiences and the people around them. They even did not know what happened until other people told them, or just heard the name of this obstetric intervention.

“The doctors didn’t inform me about the procedure (episiotomy). After childbirth, the woman in the same delivery ward asked me ‘did you get episiotomy’ and I reply ‘what’s the episiotomy?’ I didn’t know it before and I finally realized what the anesthesia and suturing meant at that time.” (#9, 33 years old, primipara, four days after childbirth)

"... I used to wonder what episiotomy is, and only came to know exactly what it is after childbirth… at that time [When I was cut] I know it -- Oh, this is episiotomy!" (#14, 28 years old, primipara, one week after childbirth)

"At that time, I thought, 'Oh my god! They will certainly cut my vulva. The vulva would be ugly and [its function would be] affected!' It sounds scary." (#28, 21 years old, primipara, six months after childbirth)

A few women seemed to be more informed, from a variety of sources: online resources, discussion with other women, and from doctors. These more informed women were able to express the concept of balancing benefits and harms in their conversations:

"I think it is necessary to do episiotomy when it can accelerate the progress of labor. But if the baby can be delivered smoothly, episiotomy should be avoided. After all, it is still a surgery." (#11, 30 years old, primipara, two months after childbirth)

**1.2 Two contrasting altitudes towards the policy of episiotomy**

There were opposite opinions about the policy of episiotomy. Women’s personal recovery experience was, unsurprisingly, significant in shaping their views: some clearly supported routine episiotomy, while others criticized this as an excessive obstetric intervention. One woman accepted routine episiotomy was required, and another multipara who had an episiotomy with her first childbirth requested it for her second delivery. These women had few problems with their current procedures appeared to accept the need for the procedure. However, those who had a miserable experience seemed more likely to complain the negative effects and question the need for an episiotomy. Two quotes below typically represent these two situations:

"The hospital takes episiotomy as a routine practice during normal vaginal birth. I think if episiotomy can relieve your suffering, routine episiotomy should be recommended. I felt that my perineum recovered soon after episiotomy. On the other hand, episiotomy won't cause any big problems, as long as you move carefully and clean yourself frequently." (#26, 28 years old, primipara, two weeks after childbirth)

“The doctor said that my uterine contractions were too weak, but I didn't feel that way. I just needed some time. I don't like the episiotomy at all. I searched episiotomy on the Internet and found its rate in China is excessively high. Many situations are not necessary. The doctors might be afraid of potential risks." (#8, 34 years old, primipara, two months after childbirth)

**2. The pain interferes with daily life for weeks**

This theme describes women’s pain after episiotomy and how it influences their postpartum daily life widely.

**2.1 Pain from episiotomy varied**

Women’s pain and discomfort varied-but in some was severe, and in a few lasted for months. Women in pain for two weeks only described the pain as "a little pain or discomfort", but a few women reported considerable pain for months after childbirth, three reporting this as “intolerable” for more than one month. These women with severe pain also reported problems with suturing including tight stitches, irritation from the stitches or the wound gaping.

“I still feel pain of my perineal wound now and I can feel the difference between the two sides of perineum... the right side with the episiotomy lack skin elasticity... ” (#1, 35 years old, multipara, EP with forceps, six months after childbirth)

"The wound hurt in the first few days. Five days after delivery, I started to feel better, but I can still feel the pulling or tugging pain at the incision... it was a bit tight." (#26, 28 years old, primipara, two weeks after childbirth)

“The wound split at the six day after birth, then I suffered a lot because it recovered slowly. The pain had continued for half a month and the stiches cannot be absorbed... Even now, I am still feeling painful when I am sitting" (#8, 34 years old, two months after childbirth)

**2.2 Restricted postures and movements**

Avoiding pain, and fear that the episiotomy would split, meant women avoided moving around. Women stated they were conscious of the wound and avoiding pain, so had to walk or move slowly, or avoid contact as the wound hurt when pressed. Some had to sit or lie on one-side or stay in one position for a long time to avoid pain, and this made them tired and uncomfortable. Three women with problems with the episiotomy healing complained that they could not sit down for a minute because of the horrible pain, which greatly influenced their postpartum life such as sleeping and eating.

“At that time (half a month after childbirth), I couldn't sit or squat [because of the horrible pain], and I had to move very slowly." (#8, 34 years old, two months after childbirth)

"The healing was not very good [of my perineum] ... in the first few days, I was fed by my mother. I couldn't sit [because of pain], and I just lay down there. I ate on the bed in the first month. " (#20, 30 years old, primipara, EP with forceps delivery, two months after childbirth)

**2.3 Obvious difficulties of breastfeeding and defecation**

The pain of episiotomy brought various life impacts to women. Among these, breastfeeding and defecation were mentioned a lot. Several volunteered pain from episiotomy interfered breastfeeding. Usually, women liked to feed baby whilst sitting, if this was painful then they struggled to feed. Some of them learned to breastfeed by lying down or using breast pump in a standing position. Other women sat in pain and found it a struggle, increasing the difficulty and fatigue of breastfeeding**.**The pain often interfered with defecation, with increasing pain and the sensation of the wound about to split whilst defecating. Just sitting or squatting was already hard. This fear of pain or that the wound would split open led women to avoid defecation, worsening existing postpartum constipation.

"It was very tiring and painful to sit down... I felt my wound was also swollen, and I had to sit on one-side, lean my body to the side without episiotomy. I sat in this way for the breastfeeding within the whole first month... this made my back hurt and sometimes it was really awful." (#28, 21 years old, primipara, six months after childbirth)

"My wound hurt very much in the first week, and I couldn't peep or poop at all because I couldn't sit on the toilet (This posture the pulls the wound). Every time using the toilet was like a torture to me. I think that most women who have received an episiotomy would probably have the same problem as me." (#1, 35 years old, multipara, EP with forceps, six months after childbirth)

Health providers had different views on the women’s experience. Meanwhile, they partly explained the reason for long-term perineal pain and how it affected physical functions. They considered that perineal pain from episiotomy is usually tolerable and does not last long, unless there is something wrong such as infection or stitches that could not be absorbed, which is very rare in their views. The doctors did not mention the effects with breastfeeding. On the other hand, the community health care providers and midwives who confirmed the difficulties of breastfeeding. Some commented that some women had to breastfeed in a painful sitting position because they didn’t know how to feed baby in any other way; and that the sitting posture was the proper way for the baby to suck mother’s nipples. Postpartum constipation and pain of defecation were all recognized as problems by the health professionals.

“If the wound gets infected because of improperly sterilization during the procedure, it would be very troublesome. The healing will take one to three weeks. In this kind of case, women with episiotomy would be more tortured than those with C-section.” (Obstetrician, 28 years of relevant work experience, district MCH hospital.)

"Episiotomy does have impacts on daily activities, such as breastfeeding. Some women are unwilling to breastfeed while lying down, or they just don't know how to breastfeed while lying down. Sometimes, people would feel anxious because of the pain. The milk secretion could also be affected by the pain." (Midwife, 20 years of relevant work experience，secondary general hospital)

**3. Long term anxiety is a consequence for some, described as a “psychological shadow”**

Several women used the word “psychological shadow” cast by the long-term effects from episiotomy. The Chinese word implies a negative experience of suffering or torment that leads to a dread or worries of the future-a bit like the experience of war or a tumultuous personal event. In this research, the word “psychological shadow”, illustrated the complicated mechanisms how episiotomy affected women in a long term. This word contained at least two mechanisms: the fear caused by terrible experience made women avoid the relative things, the other is the miserable experience impaired women’s confidence of similar issue and made them fail to do it. “Psychological shadow” would continue through postpartum sexual life and next childbirth in some women.

**3.1 Undesirable and affected sexual life**

The impressive pain from perineal wound brought women a fear or worry of postpartum sexual life. A woman even asked her husband to await till one year after childbirth, because she suffered severe pain of episiotomy for nearly two months and feared sexual life might take her back to the nightmare again.

“Because of the terribly perineal pain, I asked my husband to resume sexual life a year later. I didn’t dare to do it, because I worried the wound would pain again.” (#16, 32 years old, primipara, two years after childbirth)

Painful experience after episiotomy also brought women a negative psychological suggestion: there is a cut in vulva and it might hurt again and somehow “changed” the sexual life in the future. Under this negative psychological suggestion, what they thought might lead to what they felt. One woman said her pain with sex might have arisen from her anxiety-the psychological shadow, instead of real physical pain. Some responses around resumption of sex and the “psychological shadow” included beliefs that their vagina was damaged and loose and may not ever recover. For these women, they were unwilling to have sexual life and described being permanently “changed” that there had been damage done to their vagina.

“Psychologically, I feel that the vagina cannot recover to original status... you feel the vagina is looser than before. And your spouse also has some psychological barriers to postpartum sexual life. I feel that many mothers who undergo episiotomy will have the shadows of sexual life more or less. The psychological shadow might disappear over time, but I don't know yet.”(#1, 35 years old, multipara, six months after childbirth)

**3.2 Less confidence in subsequent vaginal deliveries**

The “psychological shadow” also impacted on how women viewed a possible subsequent pregnancy. Women showed less confidence in subsequent vaginal deliveries and expressed their doubts through these questions: whether the episiotomy wound would hinder the process of next vaginal delivery; whether the wound would split again in the next vaginal delivery; or whether they would be subject to another episiotomy. In some cases, “psychological shadow” from episiotomy influenced women’s willing to have another child and brought obvious anxiety during further pregnancy: at least one woman claimed clearly that next time she would ask for a cesarean section to avoid episiotomy. One woman said, “if I had a vaginal birth again, and an episiotomy again. I cannot imagine what will happen, my vagina would be totally ‘useless’ for sexual life.” The interviews indicated a high degree of anxiety about the long-term physical consequences and reflect how this then itself causes further anxiety. Another multiparous woman also said that she was deeply troubled by the fear of “undergoing episiotomy again” during pregnancy.

" I don’t dare to deliver my second child through normal birth (vaginal delivery). The experience of recovering from the episiotomy was indeed miserable. It really scared me. Maybe not having a second child is better... or maybe I would choose C-section even though it has some negative effects... if I had a vaginal birth again, and an episiotomy again. I cannot imagine what will happen, my vagina would be totally ‘useless’ for sexual life." (#13, 39 years old, primipara, two years after childbirth)

“The doctor directly did the episiotomy at my first childbirth. So I gained some childbirth experience and I was always afraid that I would suffer episiotomy again during this childbirth. There was a psychological shadow when I thought of the childbirth... I was worried about these problems such as deliver again, episiotomy again, miserable recovery of episiotomy. Finally, I still got episiotomy again!” (#29, 30 years old, multipara, six months after childbirth)

The “psychological shadow” is not just about psychological issues since women indeed reported some physical problems. They mentioned the uneven or rough skin of perineal wound and painful intercourse, which affected the enjoyment of sexual life. Several multiparous women who experienced episiotomy twice reported that they need longer time to recover from the repeated episiotomy. The health providers were also aware of physical abnormalities following episiotomy and psychological concerns about sexual life. For further pregnancy and childbirth, health providers conceded that women who have a miserable experience of episiotomy can cause women’s fear and anxiety over the next delivery but they expressed different reflections on women’s concern: most dismissed concerns about subsequent deliveries, one midwife, however, thought the hard scar left from last episiotomy is easy to tear again and slower to heal, if episiotomy isn’t done in advance.

"What are the impacts of episiotomy on further childbirth? It is true that it may cast a psychological shadow on those women. If the episiotomy wound from first childbirth is infected or she had a severe tear, she won't dare to have another child, or she might choose C-section."(Obstetrician, 28 years of relevant work experience, district MCH hospital)

"It doesn't matter much because interval between births is generally long. It takes at least one year, right? The skin would recover within a year." (Midwife, 25 years of relevant work experience, district MCH hospital)

"Some people are scar physique (a kind of people who easily have enormous scar). This kind of scar is hard and protuberant so that we fear the wound would tear again during the second childbirth. What’s worse, If the scar tear and was sew up again, it can’t heal very well." (Midwife, 25 years of work experience, secondary general hospital)

**4.** **Societal norms assume women will not complain**

There are specific social norms that pain and suffering is a necessary part of childbirth and a trial in women’s lifespan. However, these norms ignore some serious cases so that some women undergo unfair criticisms and people-centered services are insufficient in relevant clinical practice and nursing.

**4.1 Pain from childbirth is normal and endurable**

There are some societal norms or established opinions about vaginal delivery in society: the endurable pain or other discomforts are regarded as a normal part of childbirth and the puerperium, which is every woman’s “fate”, as an interviewee said. This pain and discomfort are expected to gradually disappear without treatment. Under these societal norms, women felt the expectations that they should not complain much about the “slight and temporary discomforts” but to be strong and endure the pain or discomfort by themselves. Whilst women accepted this, it appeared that this expectation did not take into account the more substantive pain, discomfort and interference with daily life associated with episiotomy (see our first theme) and this is distressing for women.

"I would endure the pain and not mention it. It didn't hurt that much. I could still bear with it... it's normal thing, also the fate of every woman." (#29, 30 years old, multipara, six months after childbirth)

"Whenever I said I felt sore of the perineal wound, they would say, 'why you still feel painful after 4 months?' It sounds like I shouldn't be sore. Every time my husband said these words, I would response to him, 'you should get a cut and experience the healing process." (#28, 21 years old, primipara, six months after childbirth)

**4.2 Too many complaints incur criticisms**

Too many complaints are not expected and might incur criticisms or gossips. Several women mentioned their family members expected them to endure the “a non-severe discomfort”. Indeed, two of them were frightened that if they complained too much they would be judged as “being low-tolerant” (Jiao qi). This word is a pejorative personality trait, which means a person exaggerate something that is slightly uncomfortable. This word refers to people who have “weak minds” and who are rather cowardly. When women expressed or complained the postpartum suffering too much, their families thought that the women were at risk of this weak character trait of being “low-tolerant”. When these types of judgement happened, the women felt upset and unwilling to speak out, suffering alone. Surprisingly, another interviewed woman even regarded the tolerance of pain as the only choice and even boast of her strong character. Thus, the societal norms make some women “suffer alone” and stop them from seeking help.

"I wondered if all the women would have the perineal pain after the childbirth... they [family members], such as my sister in law said that I was a bit low-tolerant... they all had birth experience but they never heard that a puerpera unable to sit down after childbirth... I didn’t see a doctor because my families said every woman would experience pain after childbirth, and the doctor also said my wound healed well... At that time, I felt it was so hard to be a woman." (#16, 32 years old, primipara, two years after childbirth)

"I'm not very low-tolerant... some women are too spoiled to bear any pain and they always groan, which I thought it is meaningless. Nobody could replace your sufferings. It's normal thing, also the fate of every woman." (#29, 30 years old, multipara, six months after childbirth)

**4.3 Health services might be influenced by the societal norms**

Indeed, these societal norms about tolerating pain also manifest in the way health care was provided. People-centered services were inadequate in the procedure and nursing of episiotomy. Most women thought suturing is more painful than being cut; yet some doctors did not check whether women were effectively anaesthetized during the suturing. One woman complained of pain during suturing but was told to “wait-it will be finished soon”; and another was told to stay still. One woman reported the pain was so severe she did move when being sutured, and then blamed herself for the subsequent healing problems because she had moved. The expected tolerance of pain extended to pain relief: a woman asked for pain relief after childbirth but was refused by the doctors with the reason “the level of pain after vaginal birth can be tolerated”.

“The suturing process was more painful. I cannot keep unmoved because the anesthetic effects tailed off later. And the doctor kept telling me not to move, saying that he couldn’t sew up well if I still move. But it was painful and he was sewing up for a long time because my wound was very big...I couldn't stay still, and I didn't know whether the stitches were done properly. I don't know if it related to my unabsorbed suturing knot, maybe it resulted from my own body condition (some immune factor). " (#20, 30 years old, primipara, EP with forceps delivery, two months after delivery)

“I felt painful so much! I thought I really needed some treatments to relive the pain but the doctor thought I could endure this kind of pain... I really can’t endure it since my wound is very large. I hadn’t fallen asleep for several days after childbirth. The pain was so awful!” (#20, 30 years old, primipara, EP with forceps, two months after childbirth)

**DISCUSSION**

There are few qualitative studies of episiotomy worldwide, and the ones we have identified do not differentiate between episiotomy alone and perineal trauma (including episiotomy and severe tear). Most qualitative studies focused on episiotomy only were usually conducted in hospital settings and concerned with shorter term consequences of episiotomy.34-37 By contrast, we identified more information about women’s perspectives and personal reflections in the community settings. The description of the "psychological shadow" seems an apt way to describe both the physical and psychological consequences, and how these play out together-for example with dyspareunia, where anxiety may worsen the physical experience.

The limitation of our study included, first, some women were interviewed more than six months after childbirth, which might introduce the recall bias for their experiences shortly after episiotomy. Second, we interviewed the women at the different timelines after childbirth instead of performing at the three specified timelines for all participants, so we cannot know the duration of some women’s suffering and the shift of their understanding of episiotomy.

When we set out, we anticipated the health care providers would validate women’s perceptions, but they seemed unaware of the long-term consequences, and tended to underestimate the degree of pain and restricted function that women reported.

Episiotomy results in extensive physical discomfort for some, and life troubles to solve. In this study, we confirmed women did suffer the perineal pain or discomfort, consistent with qualitative and quantitative studies.31 38 39 In addition, women in this study complained more about the unabsorbed stitches or split of stitches. Many reviews also indicate there are a part of women need removal or re-suture services due to factors of materials or skills.40 41 Women in this study also reported episiotomy limited postpartum daily activities including sitting, breastfeeding, defecation, and intercourse.

We have found few studies reporting that episiotomy interferes with breastfeeding. Chou mentioned the perineal pain can interfere the initiation of breastfeeding,42 and Persico found the exclusive breastfeeding rate of women with episiotomy in first day after delivery was lower than the women with intact perineum.43 These physical symptoms or morbidity can also cause psychological burden or anxiety. A study in Jordan reported there was an association between post-partum depression and 15 health problems of obstetric, gynecologic (that is, episiotomy pain, infection), and general health conditions (including fatigue and headache).44 These physical problems might have cumulative effects, as a prospective study indicated high burden of breastfeeding problems alone or with co-morbid physical problems was associated with poor maternal mood at 8 weeks, while the high burden of physical health problems was not significantly associated.45

The influence on mood also may relate to sexual life, further delivery, and the impact on sex has been reported elsewhere.46 47 Our findings highlighted that some women with episiotomy feared, or wanted to avoid another pregnancy because of the pain they experienced, or that they would choose C-section in the next childbirth. This is consistent with other qualitative studies about vaginal childbirth,48 49 and a study from Turkey also indicated fear about impending childbirth can increase the likelihood of requesting a caesarean section.50

Episiotomy was administered in this study with women not even knowing it was going to happen. This lack of informed consent appears widespread and is reported in other studies. One study in Brazil mentioned half of interviewed women did not receive any information about the procedure before or during childbirth.35 Another study reported that the procedure was informed but lack of authorization or was even practiced directly without any explaination.36 Some women even did not know whether an episiotomy or spontaneous tear was done, and only noticed a greater discomfort during suturing.34 Women particularly lacked the knowledges about the consequences of episiotomy in our study, one qualitative study about perineal trauma also identified the similar theme “being unaware of the episiotomy’s consequences”.35

Women, their families, and even some health professionals in this region also showed little understanding of some of the possible consequences of episiotomy. This opinion is consistent with a systematic mixed studies review about perineal trauma reported the theme “normalization and feeling dismissed”, which means women’s health problems are regarded as a normal consequence after childbirth and their questions keep unanswered by health professionals.51 Some studies reported women felt frustrated and abandoned because of the “dismissed by health care providers”.52 53

The study also raised the interplay between physical injury and pain, the societal expectations that this was normal, and the women’s personal anxieties about the anticipated damage to their genitalia and anticipated pain with sex. When a woman with both physical pain and anxiety are not expected to complain, this can make matters worse. These factors and interactions are particularly important in China where the episiotomy rates remain high.

**CONCLUSION**

Women were inadequately informed about episiotomy, but experienced consequences of the procedure, including pain, interference with daily life. These were compounded by social norms that expect them not to complain and longer-term anxiety about the physical and psychological effects on them as women.

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