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# Response: Is there still an indication for episiotomy? Results from a French national database analysis

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We fully agree with Matthieu Dap and his colleagues that the risk of OASIS should be modulated according to the type of instrument used: spatulas, forceps, or vacuum cups. From the same perspective, it is likely that vacuum cups should be preferred to limit the risk of OASIS. However, the message of our study, based on French medico-administrative data covering the whole population, was intended to be more general, proposing a more global vision on the indications of episiotomy. Indeed, it appears that episiotomy seems to be able to preserve certain indications in the instrumental delivery of primiparous women, independently of the type of extraction carried out. Unfortunately, the databases do not allow this level of precision to be obtained in a reliable manner.

Overall, the risk of OASIS may be lower with the use of vacuum cups rather than forceps, and forceps remains associated with a higher rate of OASIS. For example, in the meta-analysis by Lund et al. in 2016, medio-lateral episiotomy or lateral episiotomy significantly reduces the risk of OASIS even in vacuum-assisted deliveries in primiparous women (OR 0.53, 95% CI 0.37–0.77).<sup>1</sup> Furthermore, the work of Levin et al. in 2021 found an identical rate of OASIS in vacuum delivery as in spontaneous vaginal delivery, despite a higher rate of episiotomy in the vacuum group.<sup>2</sup>

Our results, even if they remain cautious regarding the role of episiotomy in cases of instrumental delivery in primiparous women, thus seem justified to us. These results are consistent with the review of the literature by Sultan et al. on the role of right lateral episiotomy in operative delivery.<sup>3</sup> Prospective studies (some of which are in progress in France) or well-conducted randomized trials should make it possible to better specify the risk of OASIS according to each instrument and the place of preventive medio-lateral episiotomy in this population of nulliparous women considered at risk.

1 - Lund NS, Persson LKG, Jangö H, Gommesen D, Westergaard HB. Episiotomy in vacuum-assisted delivery affects the risk of obstetric anal sphincter injury: a systematic review and meta-analysis. *Eur J Obstet Gynecol Reprod Biol.* 2016; 207: 193- 199.

2 - Levin G, Friedman T, Shai D, Alcalay M, Ram E, Meyer R. The association between vacuum-assisted vaginal delivery and anal sphincter injury. *Int Urogynecol J* 2021; 32(7): 1771–7, 1777.

3 - Sultan AH, Thakar R, Ismail KM, et al. The role of mediolateral episiotomy during operative vaginal delivery. *Eur J Obstet Gynecol Reprod Biol.* 2019; 240: 192- 196.