STANDARDIZED PROCEDURE
EPISIOTOMY AND LACERATION REPAIR (Adult)

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

I. Introduction:

This protocol covers the task of episiotomy and laceration repair by a Certified Nurse Midwife (CNM). The purpose of this standardized procedure is to allow the CNM to safely perform an episiotomy and laceration repair when needed. An episiotomy and laceration repair may be needed in order to facilitate delivery of the fetus.

II. Background Information

A. Setting: Certified Nurse-midwives at UCSD may perform and repair episiotomies, and repair lacerations in inpatient settings where deliveries occur, including Labor and Delivery and the UCSD Birth Center.

B. Supervision:
Nurse-midwives may perform episiotomies and repairs, and repair lacerations under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics. The physical presence of the supervising physician is not required at the time the nurse-midwife is engaged in practice. The CNM will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected
4. Cervical lacerations
5. Third or fourth degree lacerations
6. Breakdown of repair or infection of site

C. Definitions:
1. Episiotomy – a surgical incision of the perineal body performed in order to facilitate delivery of the fetus
2. Laceration-A spontaneous tear to the vulva (perineum, vagina, labia) that occurs during the birth process
   a. First degree laceration – involving vaginal epithelium or skin
   b. Second degree laceration – extending into the muscles of the perineal body
   c. Third degree laceration- involving the rectal sphincter
   d. Fourth degree laceration – involving the rectal mucosa
   Note: CNM does not repair 3rd or 4th degree lacerations – these are referred to the attending obstetrician.
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D. Indications:
1. Episiotomy (and subsequent repair) is performed when
   a. Shortening the time to delivery is assessed to be indicated (generally
due to fetal intolerance of labor)
   b. Potentially extensive spontaneous lacerations are assessed to be
      imminent
2. Repair of episiotomy is indicated after performance of episiotomy
3. Lacerations are repaired
   a. First degree – if there is bleeding, or indicated by comfort or cosmetics
   b. Second degree – always
   c. Third and fourth degree lacerations are not repaired by CNM. These
      are referred to the attending obstetrician.

E. Precautions/contraindications:
None

III. Procedure

A. Pre-treatment evaluation:
   1. Assess extent of lacerations and their suitability for CNM repair
   2. Assess patient need for analgesia/anesthesia

B. Performing the procedure:
   1. Episiotomy, as well as repair of episiotomy and lacerations, will be
      performed utilizing commonly accepted techniques
   2. Sterile technique will be used
   3. Local anesthesia using 1% lidocaine up to 25 ml may be used for episiotomy
      and/or repair unless there is an epidural in place providing adequate anesthesia.

C. Follow-up treatment
   1. Assessment of vulva/perineum is made daily while patient is in the hospital
      and at 6 weeks postpartum by the CNM or his/her designee.
   2. Written and verbal instructions regarding wound care is reviewed with the
      patient before discharge from the hospital.

IV. Documentation
   1. Documentation of procedure will be in the medical record.
   2. Follow-up documentation of post-partum evaluation appears in the daily
      progress notes by CNM or his/her designee.
   3. All abnormal or unexpected findings are reviewed with the supervising
      physician.
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V. Competency Assessment

A. Initial Competence

Training and education requirements:

1. Nurse-midwives must have a current Nurse-Midwife License from the Board of Registered Nursing, and current certification from the American College of Nurse-Midwives
2. They must have privileges at UCSD Medical Center
3. They must be in compliance with the California Board of Registered Nursing ongoing education and competencies.

Method for initial and continuing evaluation:

1. Verification that the nurse-midwife meets the above requirements.
2. Proctoring of 3 procedures by Certified Nurse-Midwives with privileges for episiotomy and laceration repair, or by attending obstetricians.
3. The CNM will ensure the completion of proctoring documents.
4. Continuing evaluation will be part of the annual performance review.

B. Continued proficiency

1. The CNM will demonstrate competence by successful completion of the initial competency.
2. Monitoring via OPPE system

VII. RESPONSIBILITY

Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call; 619-543-3438

VIII. DEVELOPMENT AND APPROVAL

These standardized procedures were developed through collaboration of nursing, the nurse-midwives, physicians, and administration at UCSD Medical Center.

The Medical Staff Administration office will maintain a written record of nurse-midwives authorized to perform the functions of this standardized procedure. The method and timeline for periodic review of this standardized procedure will be every two years with the overall review of Clinical Practice Guidelines. This review is conducted by the Director of the UCSD Nurse-Midwifery Service and the Director of Maternity Services with revisions made as necessary.

VIII. HISTORY OF PROCEDURE

Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016