



Fréquence, facteurs prédictifs et conséquences à court et long terme des lésions périnéales et de l'épisiotomie

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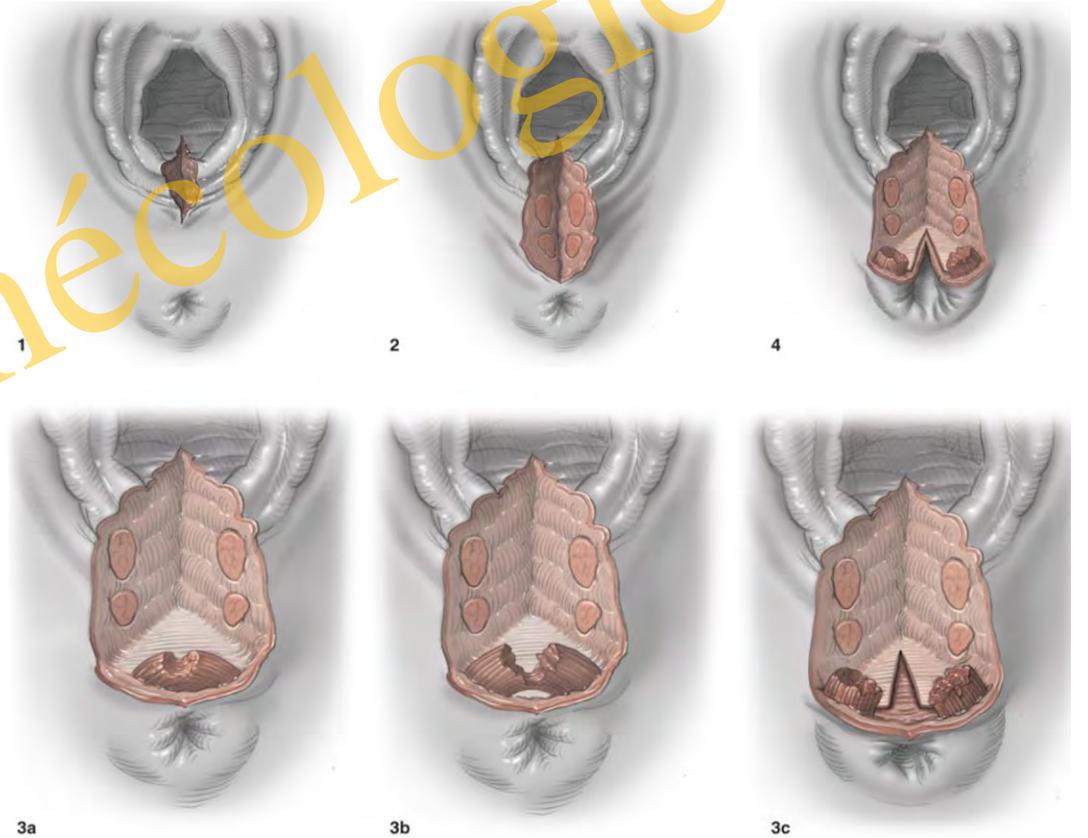
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Classification

Classification des déchirures périnéales obstétricales.

Classification française	Classification RCOG-OMS	Lésions anatomiques
Périnée intact		Sans
Périnée superficiel	1 ^{er} degré	Épithélium vaginal ou vulvaire
Périnée simple	2 ^e degré	Muscles du périnée (noyau central du périnée)
LOSA		
Périnée complet	3 ^e degré – a	Moins de 50 % du sphincter anal externe
	3 ^e degré – b	Plus de 50 % du sphincter anal externe
	3 ^e degré – c	Sphincter anal interne (muscleuse rectale)
Périnée complet compliqué	4 ^e degré	Muqueuse rectale



Déchirures périnéales du 1^{er} et du 2^{ème} degré

Collège de Gynécologie CVL

Introduction

- Les déchirures périnéales obstétricales → évènement fréquent dans nos salles d'accouchement
- Nécessité d'une bonne connaissance de l'épidémiologie et des conséquences de ces déchirures
 - → Eviter la survenue de la déchirure lorsque cela est possible
 - → Dépister et prendre en charge au plus tôt les complications potentielles

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Périnée complet	3 ^e degré – a	Moins de 50 % du sphincter anal externe
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Périnée complet compliqué	4 ^e degré	Muscleuse rectale

Recommandations pour la pratique clinique

Prévention et protection périnéale en obstétrique :

Recommandations pour la Pratique Clinique du CNGOF (texte court)

Perineal prevention and protection in obstetrics: CNGOF Clinical Practice Guidelines (short version)

G. Ducarme^{a,*}, A.C. Pizzoferrato^b, R. de Tayrac^c, C. Schantz^d, T. Thubert^{e,f}, C. Le Ray^{g,h}, D. Riethmullerⁱ, E. Verspyck^j, B. Gachon^k, F. Pierre^k, F. Artzner^l, B. Jacquetin^m, X. Fritel^k

Enquête nationale périnatale

Rapport 2016

Les naissances et les établissements
Situation et évolution depuis 2010

Taux en augmentation par rapport aux données de 2010

Effet de la politique de diminution du taux d'épisiotomie ?

	2010		2016		
Déchirure périnéale ⁽¹⁾					
Oui, 1 ^{er} degré ou simple	42,2	< 0,001	5 039	51,3	50,4 - 52,1
Oui, périnée complet ou complet compliqué	0,8		83	0,8	0,7 - 1,0
Non	57,0		4 713	47,9	47,1 - 48,8
	(11 167)		(9 835)		

Third- and fourth-degree perineal tears among primiparous women in England between 2000 and 2012: time trends and risk factors

I Gurol-Urganci,^{a,b} DA Cromwell,^a LC Edozien,^c TA Mahmood,^b EJ Adams,^d DH Richmond,^{b,d}
A Templeton,^b JH van der Meulen^a

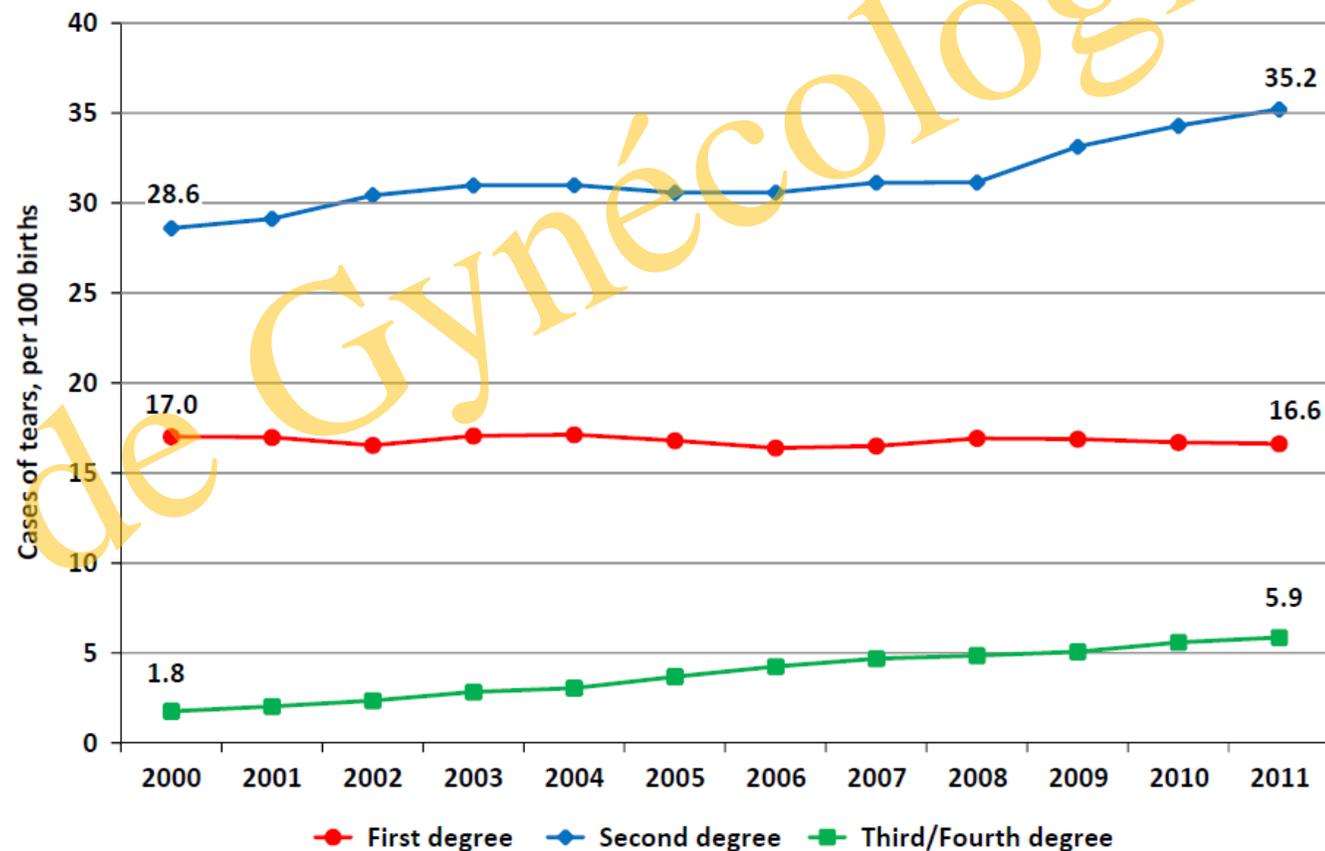


Figure 1. Trends in the rate of obstetric tears. Rates are expressed per 100 singleton, term, cephalic, vaginal first births.

Intact Perineum: What are the Predictive Factors in Spontaneous Vaginal Birth?

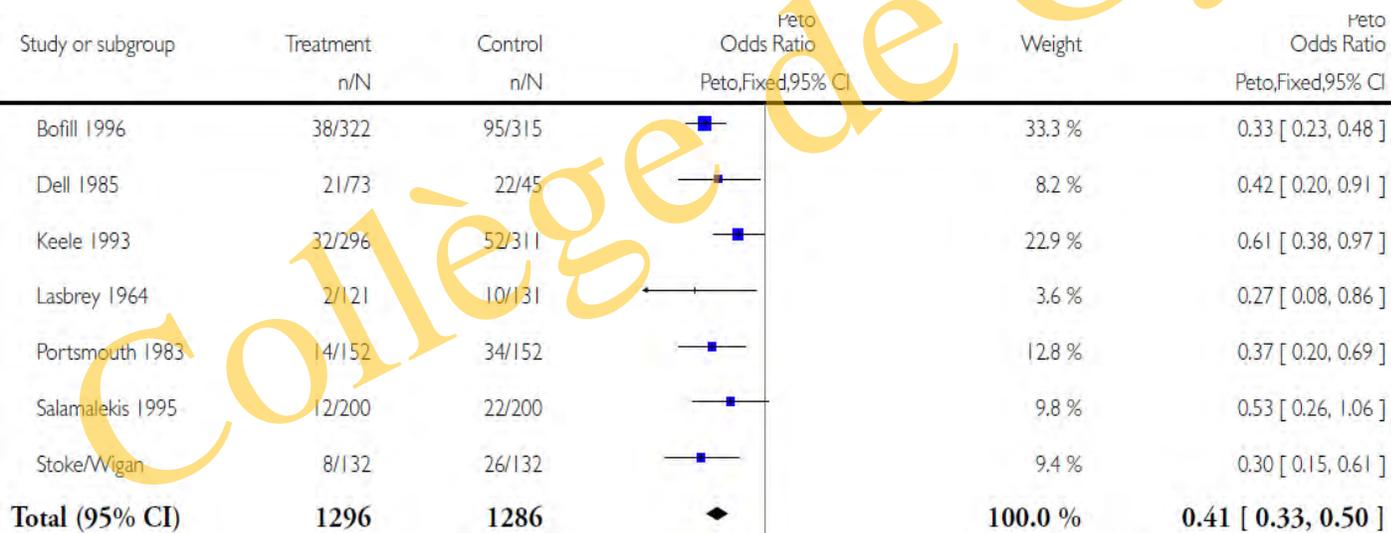
Silvia Rodrigues¹, Paulo Silva², Andee Agius³, Fatima Rocha⁴, Rosa Castanheira⁴, Mechthild Gross⁵, Jean Calleja-Agius³

Analyse rétrospective de 1748 accouchements eutociques



THE COCHRANE COLLABORATION®

VACUUM EXTRACTION VS FORCEPS DELIVERY, Outcome 4 Significant maternal injury.



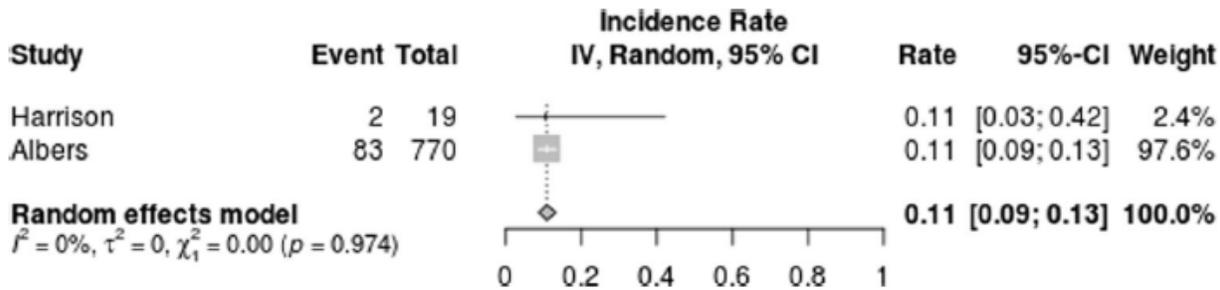
Clinical Characteristics	OR	CI (95%)	p-value
Parity	Nulipara	0.292	(0.220; 0.341) <0.001*
	Multipara	1	
Previous caesarean section	Yes	0.419	(0.234; 0.749) 0.003*
	No	1	
Birth Position	Alternative positions	2.665	(2.022; 3.513) <0.001*
	Lithotomy	1	
Birthweight (grams)		0.867	(0.804; 0.936) 0.006*
Gestational age		0.958	(0.885; 1.036) 2.82
Prenatal child-birth preparation course	Yes	1.205	(0.910; 1.596) 1.92
	No	1	
Onset of labour	Spontaneous	0.935	(0.691; 1.266) 0.666
	Induced	1	
Hydrotherapy	Yes	0.821	(0.580; 1.162) 0.266
	No	1	
Standing up during first stage of labour	Yes	1.180	(0.841; 1.657) 0.338
	No	1	
Pilates ball	Yes	1.407	(0.957; 2.069) 0.082
	No	1	
Epidural analgesia	Yes	1.201	(0.751; 1.921) 0.444
	No	1	

* statistically significant (p < 0.05)

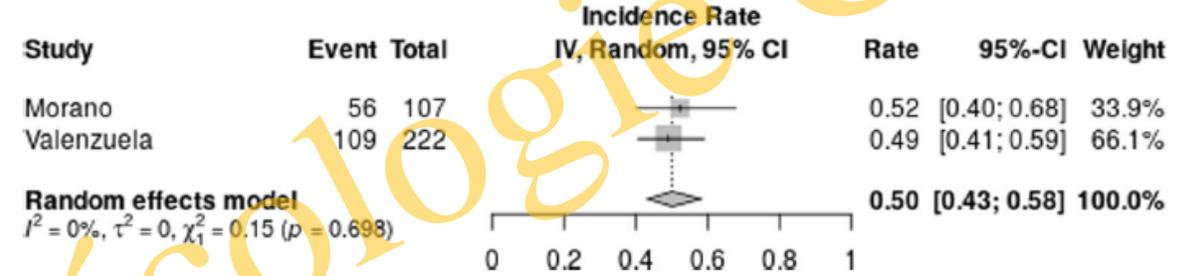
Table 2. Adjusted ORs for association of clinical characteristics and intact perineum in women

Incidence of perineal pain and dyspareunia following spontaneous vaginal birth: a systematic review and meta-analysis

Margarita Manresa¹ • Ana Pereda¹ • Eduardo Bataller^{2,3} • Carmen Terre-Rull⁴ • Khaled M. Ismail⁵ • Sara S. Webb^{6,7}



Douleur précoce, périnée intact



Douleur précoce, périnée de degré 2

Perineal pain the first year after childbirth and uptake of post-partum check-up- A Swedish cohort study

Susanne Åhlund^{a,*}, Ingela Rådestad^b, Sofia Zwedberg^{a,b,c}, Helena Lindgren^a

Table 2

Experience of pain associated with severity of perineal trauma among Swedish 461 first-time mother.

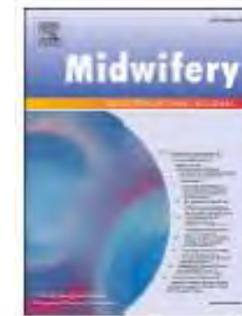
	Minor N = 96 n (%)	Moderate I n = 313 n (%)	Moderate II n = 35 n (%)	Severer n = 17 n (%)	p-value
Perineal pain 3 months postpartum	20 (30.8)	131 (44.0)	21 (61.8)	12 (75.0)	<0.002
Perineal pain 6 months postpartum	11 (16.9)	57 (21.5)	12 (38.7)	9 (60.0)	<0.001
Perineal pain 12 months postpartum	6 (10.0)	32 (13.0)	6 (21.4)	3 (25.0)	0.32

#Minor injury (no tear, labia, first degree).

#Moderate injury 1 (grade 2a, grade 2b).

#Moderate injury 2 (grade 2c).

#Severe injury (perineal trauma involving the anal sphincter muscle complex).



Majoration de la douleur périnéale les 6 premiers mois puis pas de différence sur du plus long terme

Obstetric perineal wound infection: is there underreporting?

Adeyemi Johnson, Raneer Thakar and Abdul H Sultan

Table 3. Risk factors for perineal wound infection based on two specific markers - perineal pain and wound dehiscence

	Infection 24 (7%)	No infection 317 (93%)	p-value (Chi ² test/ Fishers)
Antenatal use of oral antibiotics	2 (8%)	39 (13%)	0.752 (F)
Premature rupture of membranes	0 (0%)	6 (2%)	1.000
Prolonged rupture of membranes	3 (12%)	21 (7%)	0.398 (F)
Intrapartum use of antibiotics	3 (12%)	48 (15%)	1.000 (F)
>4 vaginal examinations	8 (33%)	90 (28%)	0.606
Spontaneous vaginal deliveries	14 (58%)	244 (77%)	
Instrumental deliveries	10 (42%)	73 (23%)	0.0402
Ventouse	7 (29%)	36 (11%)	
Forceps	2 (8%)	32 (10%)	0.0097 (F)
Ventouse/forceps*	1 (4%)	5 (2%)	0.2605
Episiotomy	11 (48%)	73 (25%)	0.0189
First/second degree tears	12 (50%)	216 (68%)	
Episiotomy with instrumental	6 (25%)	49 (15%)	0.501 (F)
Episiotomy without instrumental	5 (21%)	24 (7%)	

Collège de

Tears in the Vagina, Perineum, Sphincter Ani, and Rectum and First Sexual Intercourse after Childbirth: A Nationwide Follow-up

Ingela Rådestad, PhD, Ann Olsson, RNM, Eva Nissen, PhD, and Christine Rubertsson, MA, PhD

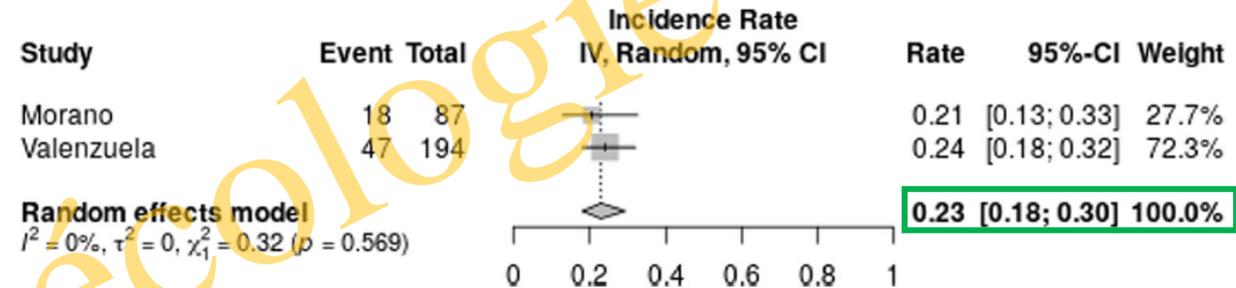
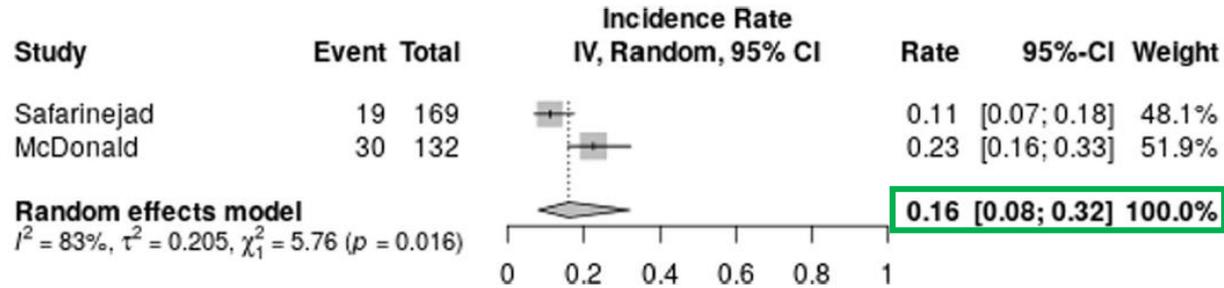
Characteristic	Total No. Answering	Intercourse > 3 Months after Giving Birth (n = 518)	Intercourse ≤ 3 Months after Giving Birth (n = 1,636)	Relative Risk for Intercourse ≥ 3 Months after Giving Birth		Intercourse > 6 Months after Giving Birth (n = 167)	Intercourse ≤ 6 Months after Giving Birth (n = 1,987)	Relative Risk for Intercourse ≥ 6 Months after Giving Birth	
		No. (%)	No. (%)	Risk Ratio	95% CI	No. (%)	No. (%)	Risk Ratio	95% CI
Tears or episiotomy*	2,154								
Tears in clitoris and labia									
Yes	103 (21.6)	374 (78.4)	0.9	0.7–1.1	27 (5.7)	450 (94.3)	0.7	0.5–1.0	
No	415 (24.7)	1,262 (75.3)	1.0	Reference	140 (8.3)	1,537 (91.7)	1.0	Reference	
Tears in vagina									
Yes	307 (28.9)	754 (71.1)	1.5	1.3–1.7	98 (9.2)	963 (90.8)	1.5	1.1–2.0	
No	211 (19.3)	882 (80.7)	1.0	Reference	69 (6.3)	1,024 (93.7)	1.0	Reference	
Tears in perineum									
Yes	235 (28.4)	593 (71.6)	1.3	1.1–1.5	80 (9.7)	747 (90.3)	1.5	1.1–2.0	
No	283 (21.3)	1,043 (78.7)	1.0	Reference	87 (6.6)	1,239 (93.4)	1.0	Reference	
Tears in sphincter ani and rectum									
Yes	29 (49.2)	30 (50.8)	2.1	1.6–2.8	8 (13.6)	51 (86.4)	1.8	0.9–3.5	
No	489 (23.3)	1,606 (76.7)	1.0	Reference	159 (7.6)	1,936 (92.4)	1.0	Reference	
Episiotomy									
Yes	79 (30.7)	177 (69.3)	1.3	1.1–1.6	22 (8.6)	235 (91.4)	1.1	0.7–1.7	
No	439 (23.1)	1,459 (76.9)	1.0	Reference	145 (7.6)	1,753 (92.4)	1.0	Reference	
Any tears or episiotomy	404 (26.9)	1,100 (73.1)	1.5	1.3–1.8	123 (8.2)	1,381 (91.8)	1.2	0.9–1.7	
No tears or episiotomy	114 (17.5)	536 (82.5)	1.0	Reference	44 (6.8)	606 (93.2)	1.0	Reference	



Incidence of perineal pain and dyspareunia following spontaneous vaginal birth: a systematic review and meta-analysis

Margarita Manresa¹ • Ana Pereda¹ • Eduardo Bataller^{2,3} • Carmen Terre-Rull⁴ • Khaled M. Ismail⁵ • Sara S. Webb^{6,7}

Dyspareunie à 12 mois si périnée intact
Dyspareunie 3 mois si 2^{ème} degré /épisiotomie



- **A long terme, il ne parait pas exister de conséquences négatives d'une déchirure périnéale de degré 1 ou 2**

Episiotomie

Collège de Gynécologie CVL

Recours très fréquent à l'épisiotomie en France avant les années 2000.

- 1998: 71% chez la nullipare 36.3% chez la multipare

RPC CNGOF 2005; taux d'épisiotomie de 41% en France

→ Se prononce en faveur d'une pratique restrictive. Objectif 30%

RESEARCH ARTICLE

Open Access

How did episiotomy rates change from 2007 to 2014? Population-based study in France



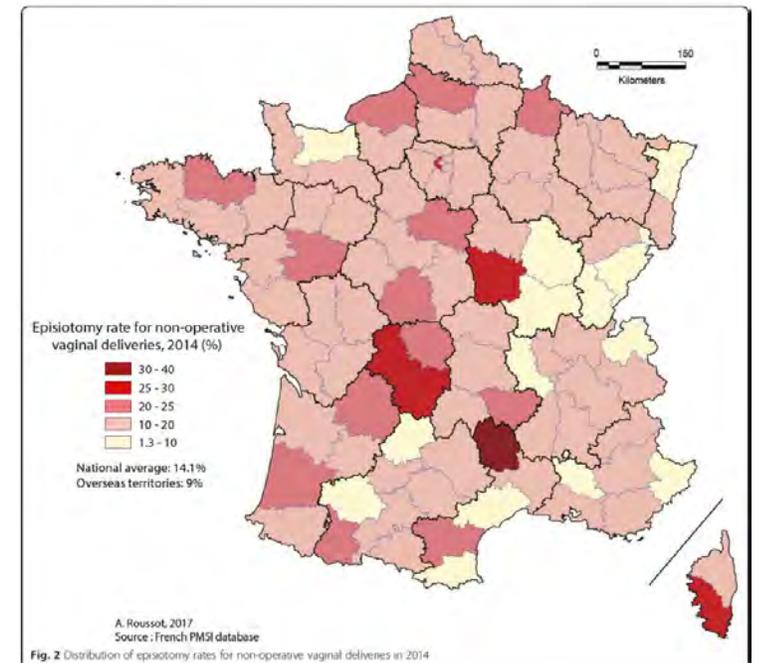
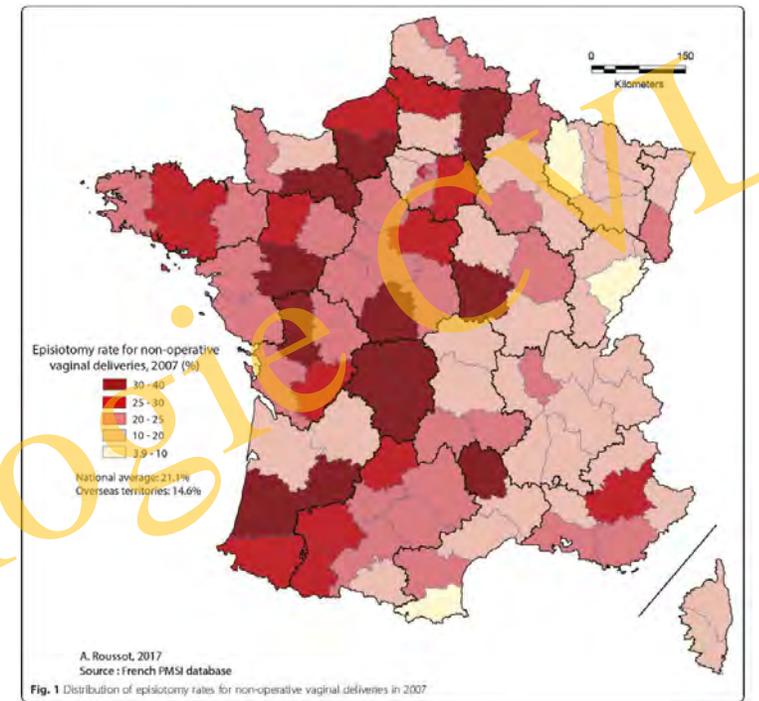
Karine Goueslard¹, Jonathan Cottenet¹, Adrien Roussot¹, Christophe Clesse^{2,3}, Paul Sagot⁴ and Catherine Quantin^{1,5,6*}

Chute du taux national de 26,7% à 19,9%

Enquête nationale périnatale
Rapport 2016

Taux global d'épisiotomie de 20.1%

- 34,9% chez la nullipare et 9.8% chez la multipare



Variations in rates of severe perineal tears and episiotomies in 20 European countries: a study based on routine national data in Euro-Peristat Project

BÉATRICE BLONDEL¹, SOPHIE ALEXANDER², RAGNHEIÐUR I. BJARNADÓTTIR³, MIKA GISSLER⁴, JENS LANGHOFF-ROOS⁵, ŽIVA NOVAK-ANTOLIĆ⁶, CAROLINE PRUNET¹, WEI-HONG ZHANG², ASHNA D. HINDORI-MOHANGOO⁷, JENNIFER ZEITLIN¹, and the Euro-Peristat Scientific Committee*

Table 2. Episiotomy rates by type of vaginal delivery in European countries in 2010.

Country/region coverage	No. of women with vaginal delivery	Episiotomy rates ^a					
		Total		Instrumental vaginal delivery		Non-instrumental vaginal delivery	
		1/100	95%CI	1/100	95%CI	1/100	95%CI
Cyprus (2007)	4063	75.0	73.6–76.3	89.9	85.9–93.9	74.1	72.7–75.5
Denmark	48 885	4.9	4.7–5.1	17.1	15.9–18.2	3.7	3.6–3.9
Estonia	12 426	16.0	15.3–16.6	44.0	40.5–47.5	14.1	13.5–14.7
Finland	50 574	24.1	23.7–24.4	73.8	72.6–75.0	18.3	18.0–18.7
France ^b	11 393	26.9	26.1–27.7	65.5	63.3–67.8	19.9	19.1–20.6
Germany	422 893	27.7	27.6–27.8	70.6	70.1–71.0	23.3	23.2–23.4
Iceland	4130	8.4	7.6–9.3	47.9	42.4–53.4	5.1	4.4–5.8
Latvia	14 548	19.8	19.1–20.4	57.8	52.3–63.4	18.9	18.3–19.6
Luxembourg	4562	36.1	34.7–37.5	74.6	71.3–77.9	29.6	28.1–31.0
Norway	51 352	18.8	18.5–19.2	66.7	65.6–67.9	12.4	12.1–12.7
Poland	265 708	67.5	67.3–67.7	97.2	96.8–97.7	66.8	66.7–67.0
Portugal ^b	55 957	72.9	72.5–73.2	94.4	94.0–94.8	66.8	66.4–67.3
Romania ^b	110 216	68.2	67.9–68.4	NA	NA	NA	NA
Slovenia	17 963	36.1	35.4–36.8	89.2	87.0–91.4	33.8	33.1–34.5
Sweden	94 247	6.6	6.5–6.8	25.6	24.7–26.5	4.7	4.6–4.9
Switzerland	52 865	27.7	27.4–28.1	67.5	66.5–68.5	19.9	19.5–20.3
The Netherlands	143 861	30.3	30.1–30.6	86.8	86.3–87.3	22.5	22.3–22.7
UK: England	495 973	19.4	19.3–19.5	77.5	77.2–77.8	8.0	7.9–8.1
UK: Wales	24 159	20.1	19.6–20.7	NA	NA	NA	NA
UK: Scotland	41 028	23.6	23.2–24.0	88.6	87.9–89.4	10.0	9.6–10.3

NA, data not available.

^aPer 100 vaginal deliveries.

^bSources: France: national representative sample of births, Portugal and Romania: births in public hospitals only.



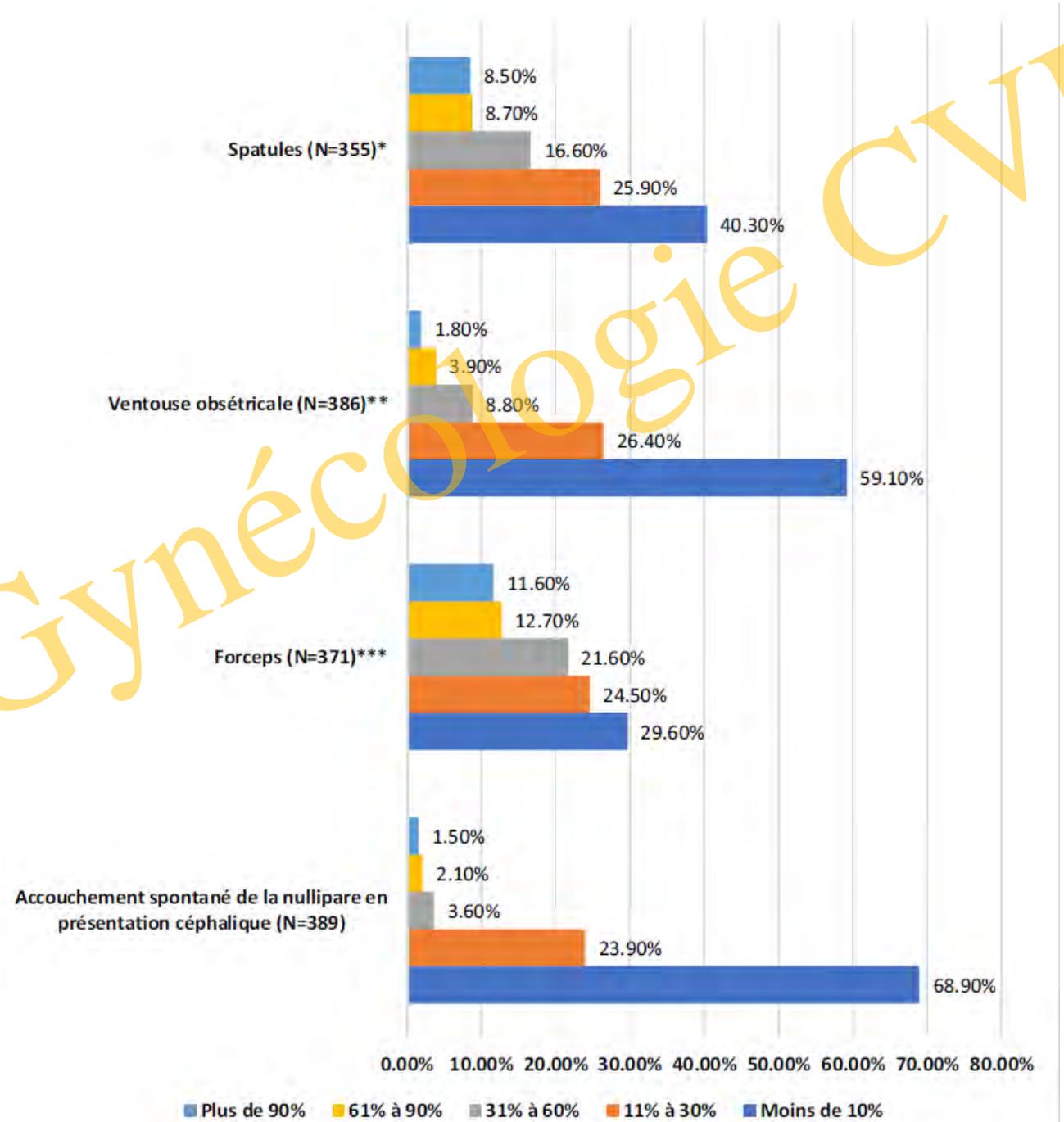
Article original

Pratiques de l'épisiotomie: enquête auprès des membres du Collège National des Gynécologues Obstétriciens Français

National survey about the practice of episiotomy within French National College of Obstetricians and Gynecologists (CNGOF)

B. Gachon^{a,b,c,*}, A. Charveriat^a, F. Pierre^a, X. Fritel^{a,c,d}

Taux déclaré d'épisiotomie en fonction des situations obstétricales
N=389



Existence de facteurs liés aux conditions d'exercice

Article original

Pratiques de l'épisiotomie: enquête auprès des membres du Collège National des Gynécologues Obstétriciens Français

National survey about the practice of episiotomy within French National College of Obstetricians and Gynecologists (CNGOF)

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Recours à l'épisiotomie dans l'accouchement non instrumental en présentation céphalique

Seul facteur associé à l'épisiotomie est la part de l'activité professionnelle consacrée aux accouchements avec une augmentation du recours à l'épisiotomie si elle est supérieure à 50% (OR=2.51 [1.39-4.53])

Épisiotomie systématique sur siège	Effectif (% de la population totale)	OUI n (%)	Odd Ratio	Odd Ratio ajusté
<i>Expérience</i>				
Moins de 5 ans	102 (26,2)	9 (8,8)	Réf.	
5 à 15 ans	103 (26,5)	11 (10,7)	1,23 [0,44–3,54]	-
Plus de 15 ans	184 (47,3)	45 (24,4)	3,33 [1,52–8,13]	2,51 [1,39–4,53]
<i>Mode d'exercice</i>				
Public universitaire	139 (35,7)	11 (7,9)	Réf.	
Public non universitaire	138 (35,5)	29 (21,0)	3,08 [1,42–7,18]	2,57 [1,19–5,54]
Privé	90 (23,1)	20 (22,2)	3,31 [1,42–8,11]	2,45 [1,05–5,70]
Mixte	22 (5,7)	5 (22,7)	3,39 [0,82–12,27]	2,75 [0,81–9,35]

Analysis 1.1. Comparison 1 Restrictive versus routine episiotomy (where non-instrumental was intended), Outcome 1 Severe perineal/vaginal trauma.

Review: Selective versus routine use of episiotomy for vaginal birth

Comparison: 1 Restrictive versus routine episiotomy (where non-instrumental was intended)

Outcome: 1 Severe perineal/vaginal trauma

Selective versus routine use of episiotomy for vaginal birth (Review)

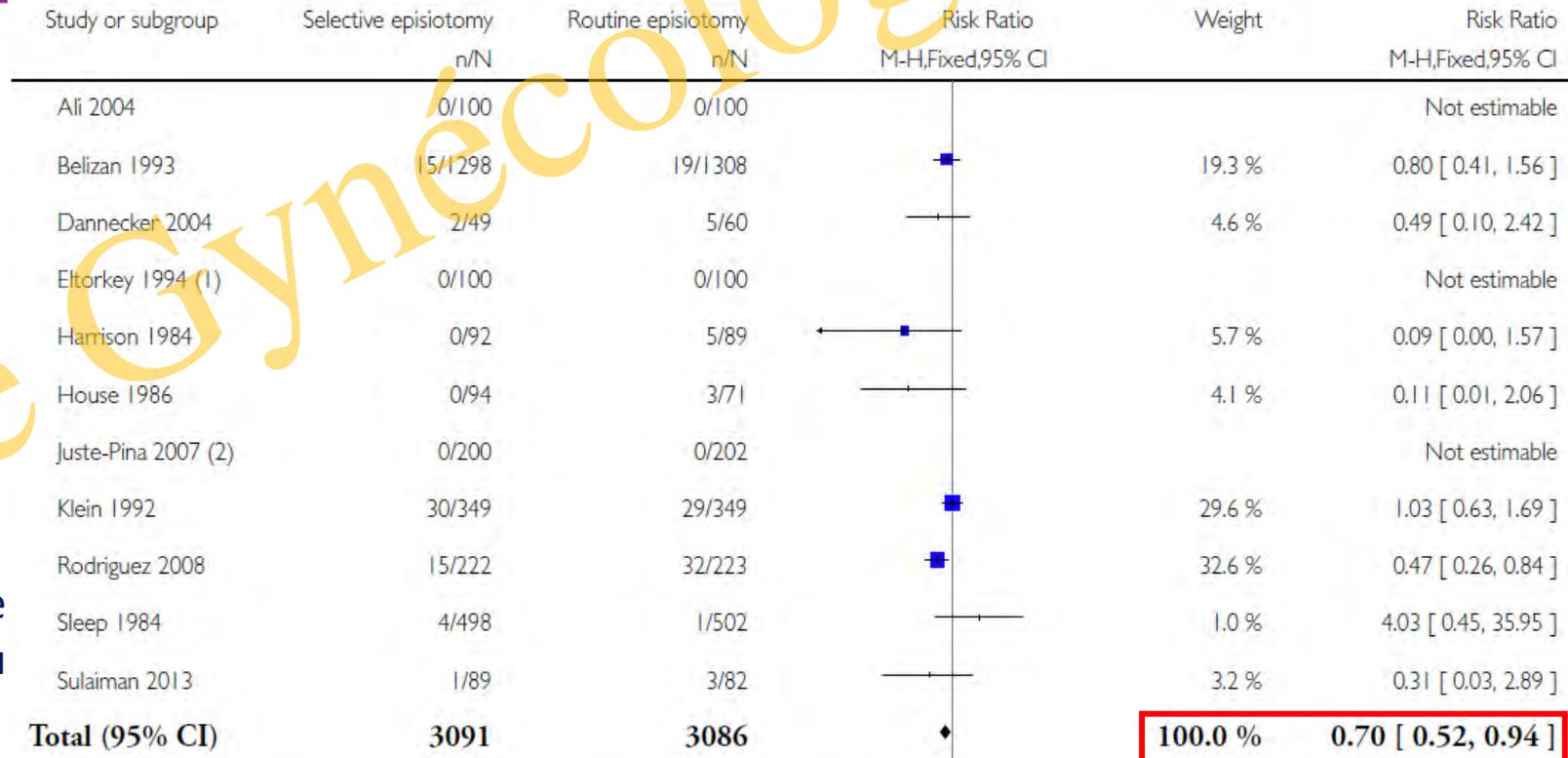
Jiang H, Qian X, Carroli G, Garner P

MORBIDITE MATERNELLE
Lésion Obstétricale du Sphincter Anal

ACCOUCHEMENT SPONTANE

Données importantes dans la littérature

Pas de bénéfices à une pratique routinière de l'épisiotomie et même augmentation du risque



Recommandations pour la pratique clinique

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The Management of Third- and Fourth-Degree Perineal Tears

Green-top Guideline No. 29

June 2015

WHO recommendations

Intrapartum care for

a positive childbirth experience

Au cours de l'accouchement normal, la pratique de l'épisiotomie n'est pas recommandée pour réduire le risque de LOSA (Grade A)



Clinicians should explain to women that the evidence for the protective effect of episiotomy is conflicting



Royal College of
Obstetricians &
Gynaecologists

Routine or liberal use of episiotomy is not recommended for women undergoing spontaneous vaginal birth



World Health
Organization

LOSA / EPISIO et accouchement instrumental

The effectiveness of mediolateral episiotomy in preventing obstetric anal sphincter injuries during operative vaginal delivery: a ten-year analysis of a national registry

Jeroen van Bavel¹ • Chantal W. P. M. Hukkelhoven² • Charlotte de Vries² • Dimitri N. M. Papatsonis¹ • Joey de Vogel³ • Jan-Paul W. R. Roovers⁴ • Ben Willem Mol⁵ • Jan Willem de Leeuw⁶

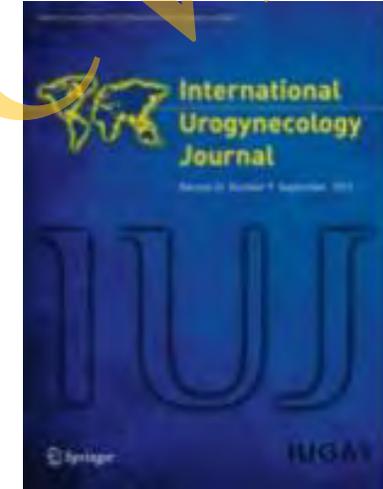


Table 5 Vacuum deliveries (*n* = 159,340)

	Total number of women	Mediolateral episiotomy		No mediolateral episiotomy		OR (95% CI)	
		Number of women	Number (%) with OASIS	Number of women	Number (%) with OASIS	Univariate analysis	Multivariate analysis ^a
Primiparous	130,157	113,619	2,830 (2.5)	16,538	2,317 (14.0)	0.16 (0.15–0.17)	0.14 (0.13–0.15)
Multiparous	29,183	20,246	416 (2.1)	8,937	667 (7.5)	0.26 (0.23–0.29)	0.23 (0.21–0.27)

Table 6 Forceps deliveries (*n* = 11,629)

	Total number of women	Mediolateral episiotomy		No mediolateral episiotomy		OR (95% CI)	
		Number of women	Number (%) with OASIS	Number of women	Number (%) with OASIS	Univariate analysis	Multivariate analysis ^a
Primiparous	9,855	9,204	314 (3.4)	651	174 (26.7)	0.10 (0.08–0.12)	0.09 (0.07–0.11)
Multiparous	1,774	1,470	38 (2.6)	304	43 (14.2)	0.16 (0.10–0.25)	0.13 (0.08–0.22)

^a Adjusted for maternal age, maternal ethnicity, position foetus, indication for intervention, duration second stage and birth weight

Does the implementation of a restrictive episiotomy policy for operative deliveries increase the risk of obstetric anal sphincter injury?

Bertrand Gachon¹ · Carine Fradet Menard¹ · Fabrice Pierre¹ · Xavier Fritel^{1,2,3}

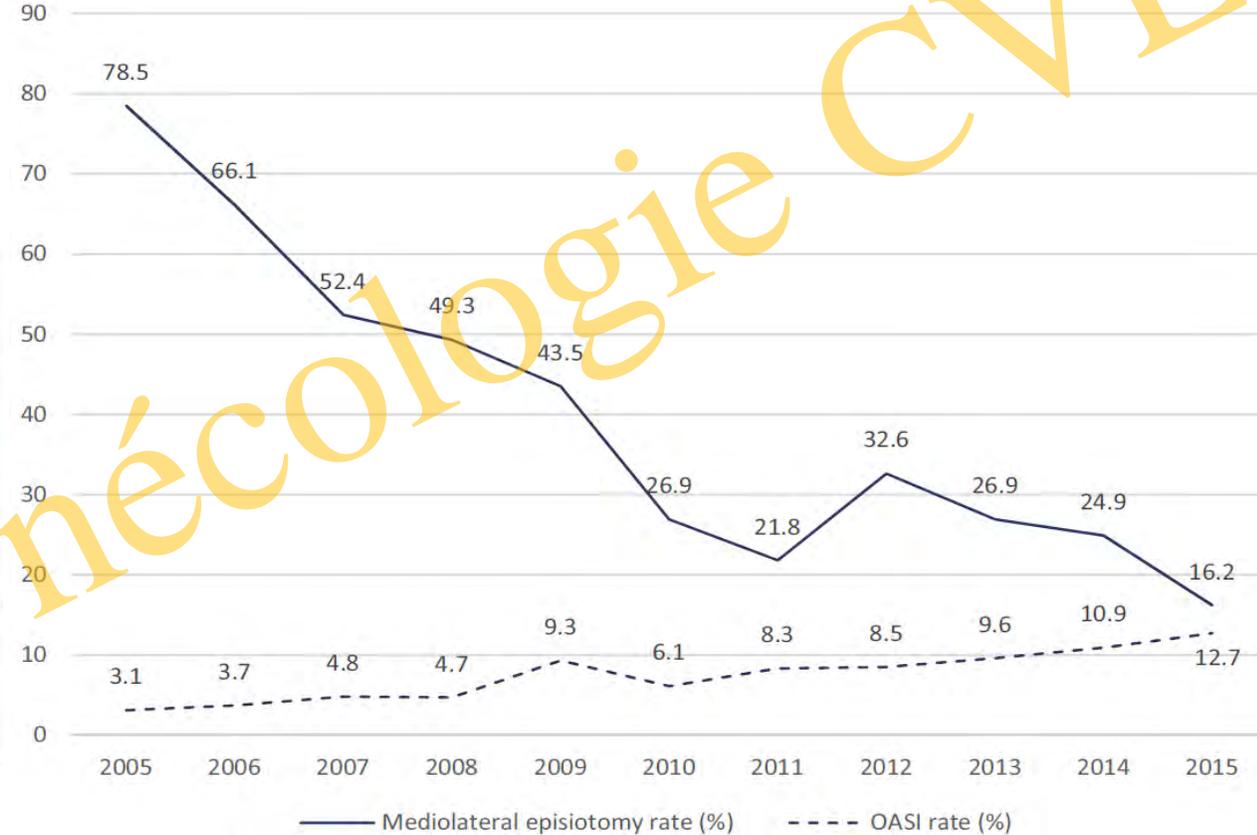
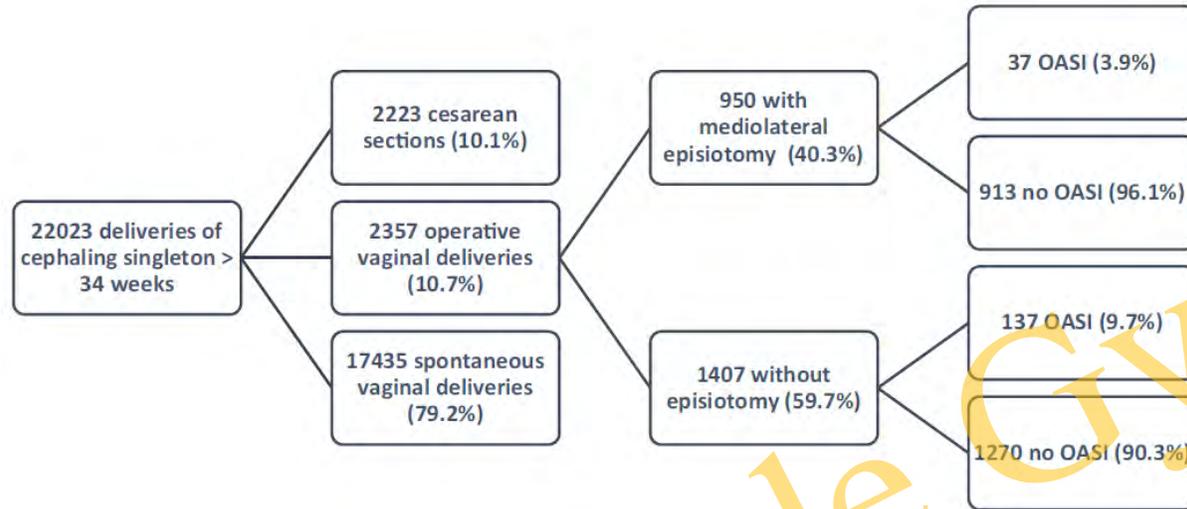


Table 1 Univariate and multivariate analysis for OASIS occurrence according to maternal and delivery characteristics (*N* = 2357 instrumental deliveries)

	Effective (% of total population)	OASI <i>n</i> (%)	Crude OR [95% CI]	Adjusted OR [95% CI]
Mediolateral episiotomy				
No episiotomy	1407 (59.7)	137 (9.7)	Ref.	
Episiotomy	950 (40.3)	37 (3.9)	0.32 [0.22–0.47]	0.29 [0.20–0.43]

Recommandations pour la pratique clinique

Prévention et protection périnéale en obstétrique :
Recommandations pour la Pratique Clinique du CNGOF (texte court)

Perineal prevention and protection in obstetrics: CNGOF Clinical Practice Guidelines (short version)

G. Ducarme^{a,*}, A.C. Pizzoferrato^b, R. de Tayrac^c, C. Schantz^d, T. Thubert^{e,f}, C. Le Ray^{g,h},
D. Riethmullerⁱ, E. Verspyck^j, B. Gachon^k, F. Pierre^k, F. Artzner^l, B. Jacquetin^m, X. Fritel^k

The Management of Third- and Fourth-Degree Perineal Tears

Green-top Guideline No. 29
June 2015

WHO recommendations
Intrapartum care for
a positive childbirth experience

En cas d'accouchement instrumental, l'épisiotomie peut être indiquée pour éviter une LOSA (Grade C)⁹.

C N G O F
Collège National des Gynécologues et Obstétriciens Français

Mediolateral episiotomy should be considered in instrumental deliveries¹⁰.



Royal College of
Obstetricians &
Gynaecologists

The role of episiotomy in obstetric emergencies, such as fetal distress requiring instrumental vaginal birth, remains to be established¹¹.



World Health
Organization



INSTRUMODA (PHRC National)

Impact de l'épisiotomie médiolatérale pour la prévention des LOSA au cours de l'accouchement instrumental: une large étude observationnelle nationale

130 centres en France, 15000 femmes accouchant pour la première fois

Objectif principal: évaluer l'effet protecteur de l'épisiotomie médiolatérale vis-à-vis du risque de LOSA au cours de l'accouchement instrumental de la femme nullipare en fonction du type d'instrument.

Objectifs secondaires:

- Evaluer l'effet de l'épisiotomie sur la morbidité maternelle immédiate et à un an
- Evaluer l'effet de l'épisiotomie sur la morbidité néonatale
- Elaborer un score clinique évaluant le risque absolu de LOSA au cours de l'accouchement instrumental



INSTRUMODA

Comparé à une pratique libérale de l'épisiotomie, le nombre de périnées intacts est plus grand en cas de pratique restrictive.

Le recours à la suture périnéale et donc la douleur périnéale est moins fréquente en cas de pratique restrictive de l'épisiotomie.

Recommandations pour la pratique clinique

Quelles interventions au cours du dégagement diminuent le risque de lésions périnéales ? RPC Prévention et protection périnéale en obstétrique CNGOF

Fetal expulsion: Which interventions for perineal prevention? CNGOF Perineal Prevention and Protection in Obstetrics Guidelines

D. Riethmuller*, R. Ramanah, N. Mottet

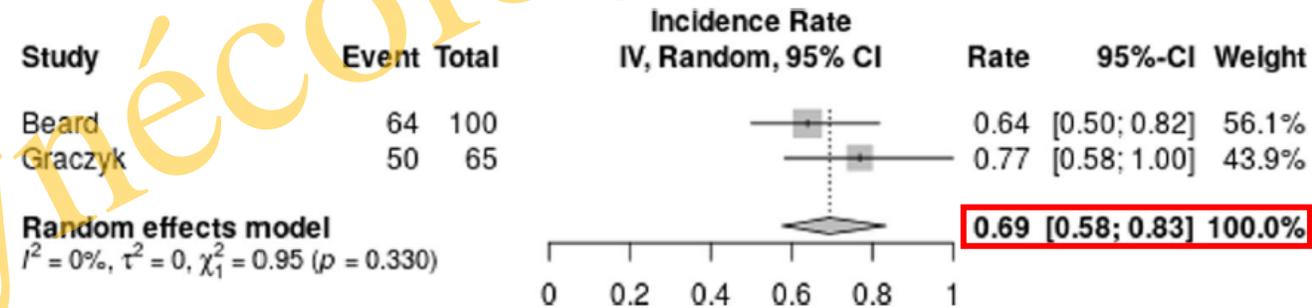
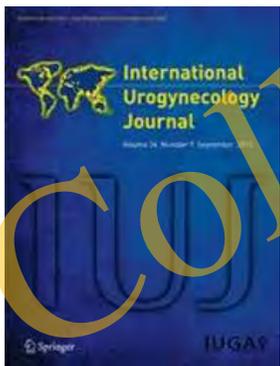
International Urogynecology Journal
<https://doi.org/10.1007/s00192-019-03894-0>

REVIEW ARTICLE

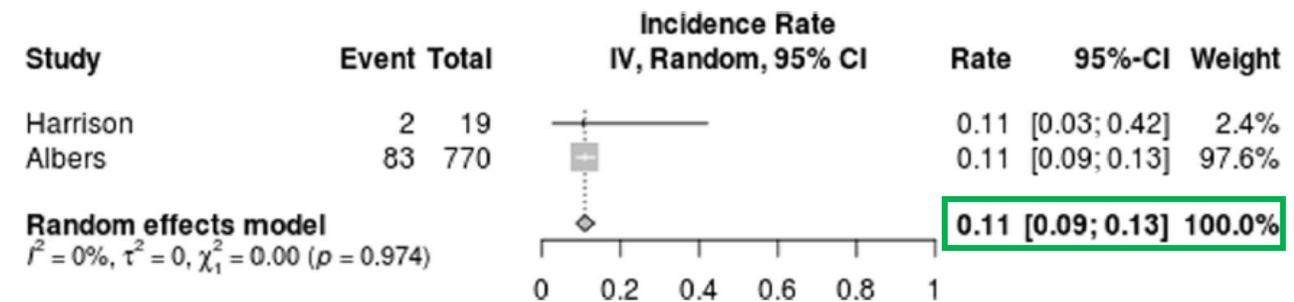


Incidence of perineal pain and dyspareunia following spontaneous vaginal birth: a systematic review and meta-analysis

Margarita Manresa¹ • Ana Pereda¹ • Eduardo Bataller^{2,3} • Carmen Terre-Rull⁴ • Khaled M. Ismail⁵ • Sara S. Webb^{6,7}



Episiotomie



Périnée Intact

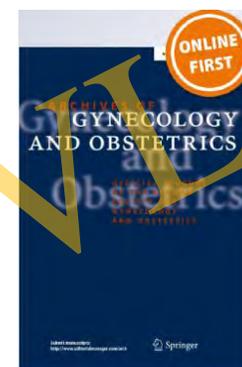
Obstetric perineal wound infection: is there underreporting?

Adeyemi Johnson, Raneer Thakar and Abdul H Sultan

Table 3. Risk factors for perineal wound infection based on two specific markers - perineal pain and wound dehiscence

	Infection 24 (7%)	No infection 317 (93%)	p-value (Chi ² test/ Fishers)
Antenatal use of oral antibiotics	2 (8%)	39 (13%)	0.752 (F)
Premature rupture of membranes	0 (0%)	6 (2%)	1.000
Prolonged rupture of membranes	3 (12%)	21 (7%)	0.398 (F)
Intrapartum use of antibiotics	3 (12%)	48 (15%)	1.000 (F)
>4 vaginal examinations	8 (33%)	90 (28%)	0.606
Spontaneous vaginal deliveries	14 (58%)	244 (77%)	
Instrumental deliveries	10 (42%)	73 (23%)	0.0402
Ventouse	7 (29%)	36 (11%)	
Forceps	2 (8%)	32 (10%)	0.0097 (F)
Ventouse/forceps*	1 (4%)	5 (2%)	0.2605
Episiotomy	11 (48%)	73 (25%)	0.0189
First/second degree tears	12 (50%)	216 (68%)	
Episiotomy with instrumental	6 (25%)	49 (15%)	0.501 (F)
Episiotomy without instrumental	5 (21%)	24 (7%)	

Collège de



MATERNAL-FETAL MEDICINE

Obstetric perineal tears: risk factors, wound infection and dehiscence: a prospective cohort study

Ditte Gommesen^{1,2} · Ellen Aagaard Nohr^{1,2} · Henrik Christian Drue³ · Niels Qvist⁴ · Vibeke Rasch²

	Total (n=400)	Infection (n=23)	Crude OR (95% CI)	Adjusted OR ^b (95% CI)		Total (n=400)	Dehiscence (n=61)	Crude OR (95% CI)	Adjusted OR ^b (95% CI)
	n	n (%)				n	n (%)		
BMI (kg/m²)					Length of 2nd stage (min)				
≤ 35 (kg/m ²)	385	19 (5)	1	1	≤ 30 min.	196	26 (13)	1	1
> 35 (kg/m ²)	14	4 (29)	7.71 (2.21–26.8)	7.66 (2.13–27.5)	> 30 min.	204	35 (17)	1.35 (0.78–2.35)	1.53 (0.85–2.76)
Per BMI unit increase			1.11 (1.03–1.20)	1.12 (1.04–1.22)	Per 10 min. increase			1.07 (0.98–1.17)	1.10 (1.00–1.21)
Episiotomy					Any antibiotics				
No	344	17 (5)	1	1	No	274	52 (19)	1	1
Yes	56	6 (11)	2.31 (0.87–6.13)	2.97 (1.05–8.41)	Yes	116	9 (8)	0.35 (0.17–0.76)	0.32 (0.15–0.70)
Operative delivery					Episiotomy				
No	303	18 (6)	1	1	No	344	49 (14)	1	1
Yes	97	5 (5)	0.86 (0.31–2.38)	0.83 (0.28–2.51)	Yes	56	12 (21)	1.64 (0.81–3.33)	1.64 (0.79–3.43)
Degree of tear					Operative delivery				
2nd	200	17 (9)	1	1	No	303	49 (16)	1	1
3rd/4th	200	6 (3)	0.33 (0.13–0.86)	0.35 (0.13–0.95)	Yes	97	12 (12)	0.73 (0.37–1.44)	0.56 (0.27–1.17)
					Degree of tear:				
					2nd	200	36 (18)	1	1
					3rd/4th	200	25 (13)	0.65 (0.37–1.13)	0.64 (0.36–1.15)

Infection périnéale (écoulement purulent / abcès)

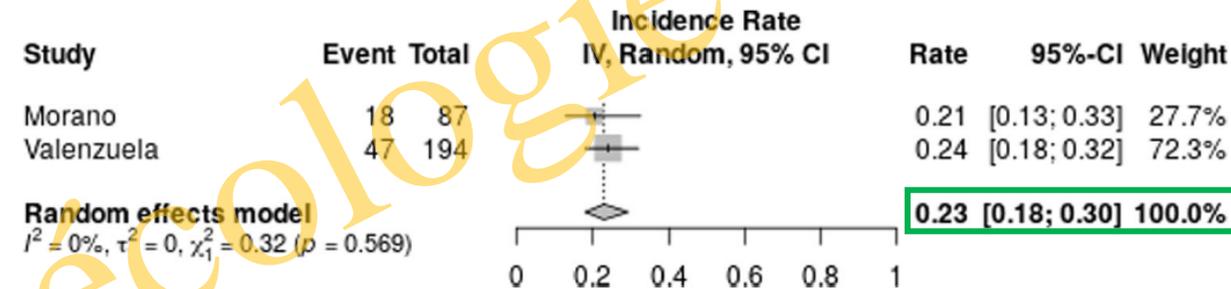
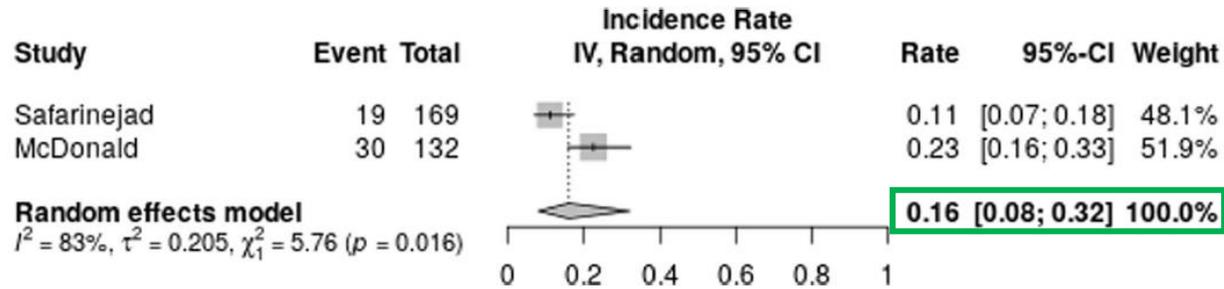
Déhiscence > 5mm



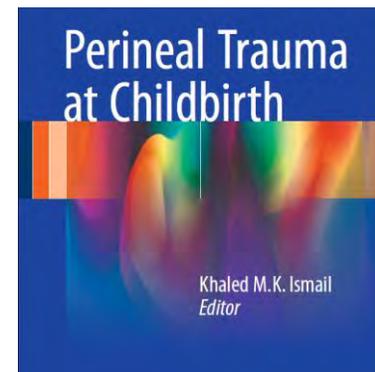
Dyspareunie à 12 mois si périnée intact
Dyspareunie 3 mois si épisiotomie

Incidence of perineal pain and dyspareunia following spontaneous vaginal birth: a systematic review and meta-analysis

Margarita Manresa¹ • Ana Pereda¹ • Eduardo Bataller^{2,3} • Carmen Terre-Rull⁴ • Khaled M. Ismail⁵ • Sara S. Webb^{6,7}



- A long terme, la réalisation d'une épisiotomie **ne paraît pas être associée** à une augmentation du risque d'incontinence urinaire, d'incontinence anale ou d'altération de la sexualité.
- La réalisation d'une épisiotomie peut, dans certains cas être vécu comme un traumatisme voir comme une agression
 - Etat de stress post traumatique
 - Renoncement à un projet de grossesse future
 - Evitement du système de santé
- ➔ **Place de l'information et du consentement**



**Déchirures périnéales du 3^{ème} et du 4^{ème}
degré**

Lésions Obstétricales du Sphincter Anal

Collège de

Gynécologie CVL

Définitions, épidémiologie et facteurs de risque des lésions périnéales du 3^e et 4^e degrés. RPC Prévention et protection périnéale en obstétrique CNGOF

*Definition, epidemiology and risk factors of obstetric anal sphincter injuries: CNGOF
Perineal Prevention and Protection in Obstetrics Guidelines*

T. Thubert^{a,*b,c}, C. Cardaillac^{a,b}, X. Fritel^d, N. Winer^{a,b}, V. Dochez^{a,b}

Prévalence des LOSA chez les femmes sans accouchement antérieur.

Auteurs	Type d'étude	Année d'étude	Population totale (n)	Femmes sans accouchement antérieur (n)	Prévalence des LOSA (%)
Jangö et al. [23]	Étude de registre	2000–2010	214 256	214 256	6,5
Lowder et al. [25]	Étude de registre	1995–2002	20 674	13 183	16
Hauck et al. [19]	Étude de cohorte rétrospective	2009–2011	10 408	4405	5,4
Smith et al. [26]	Étude prospective observationnelle	2006	2754	1302	6,6
Andrews et al. [27]	Étude prospective observationnelle	2003–2004	254	254	24,4 si spécialiste 13,3 si non spécialiste
Brown et al. [28]	Étude de cohorte rétrospective	2009–2015	10 750	10 750	5,7 –5,4 pour 3 ^e d –0,3 pour 4 ^e d
Baghestan et al. [29]	Étude de registre	1967–2004	828 864	828 864	2,8
Jangö et al. [24]	Étude de registre	1997–2010	159 446	159 446	4,6
Priddis et al. [30]	Étude de registre	2000–2008	510 006	206 891	1,35
Gürol-Urganç et al. [22]	Étude de registre	2000–2012	3 559 687	1 035 523	1,8 (en 2000) 5,9 (en 2012)

La prévalence des LOSA toutes populations confondues est comprise entre 0,25 à 6 %. La prévalence des LOSA chez les femmes sans accouchement antérieur est comprise entre 1,4 et 16 % ; elle est plus importante que chez les multipares (0,4 à 2,7 %). En cas d'antécédent de LOSA, la prévalence des récurrences varie entre 5,1 et 10,7 % à l'accouchement suivant.





How did episiotomy rates change from 2007 to 2014? Population-based study in France

Karine Goueslard¹, Jonathan Cottenet¹, Adrien Roussot¹, Christophe Clesse^{2,3}, Paul Sagot⁴ and Catherine Quantin^{1,5,6*}

Enquête nationale périnatale Rapport 2016

AOGS
Acta Obstetrica et Gynecologica
Scandinavica

AOGS ORIGINAL RESEARCH ARTICLE

Variations in rates of severe perineal tears and episiotomies in 20 European countries: a study based on routine national data in Euro-Peristat Project

BÉATRICE BLONDEL¹, SOPHIE ALEXANDER², RAGNHEIÐUR I. BJARNADÓTTIR³, MIKA GISSLER⁴, JENS LANGHOFF-ROOS⁵, ŽIVA NOVAK-ANTOLIC⁶, CAROLINE PRUNET¹, WEI-HONG ZHANG², ASHNA D. HINDORI-MOHANGOO⁷, JENNIFER ZEITLIN¹, and the Euro-Peristat Scientific Committee*

Augmentation du taux national de 0,4% à 0,8%

Taux de LOSA: 0,8%

Rates of third- and fourth-degree perineal tears^a

Country/region coverage	No. of women with vaginal delivery	Total		Instrumental vaginal delivery		Non-instrumental vaginal delivery	
		1/100	95%CI	1/100	95%CI	1/100	95%CI
Cyprus (2007)	4055	0.5	0.3–0.7	1.4	0.0–2.9	0.5	0.3–0.7
Denmark	48 885	4.1	3.9–4.3	14.7	13.7–15.8	3.1	2.9–3.3
Estonia	12 426	0.9	0.7–1.1	5.3	3.7–6.9	0.6	0.5–0.8
Finland	50 574	1.1	1.0–1.2	3.0	2.6–3.5	0.9	0.8–1.0
France ^b	11 335	0.8	0.6–0.9	2.2	1.5–2.9	0.5	0.4–0.7
Germany	422 893	1.8	1.8–1.8	6.0	5.8–6.2	1.4	1.3–1.4
Iceland	4130	4.9	4.3–5.6	15.5	11.5–19.4	4.0	3.4–4.7
Latvia	14 548	0.4	0.3–0.5	2.0	0.4–3.5	0.3	0.2–0.4
Luxembourg	4567	2.5	2.1–3.0	7.0	5.0–8.9	1.8	1.4–2.2
Norway	51 352	2.3	2.1–2.4	6.9	6.3–7.5	1.6	1.5–1.8
Poland	265 654	0.1	0.1–0.1	0.5	0.3–0.7	0.1	0.1–0.1
Portugal ^b	55 938	0.7	0.6–0.7	1.7	1.4–1.9	0.4	0.3–0.5
Romania ^b	110 061	0.1	0.1–0.1	NA	NA	NA	NA
Slovenia	17 965	0.3	0.2–0.3	0.8	0.2–1.5	0.2	0.2–0.3
Sweden	94 247	3.5	3.3–3.6	12.5	11.8–13.2	2.6	2.4–2.7
Switzerland	52 647	3.1	3.0–3.3	7.4	6.8–7.9	2.3	2.1–2.4
The Netherlands	143 861	2.7	2.6–2.8	3.6	3.4–3.9	2.6	2.5–2.7
UK: England	495 973	3.2	3.2–3.3	6.7	6.5–6.8	2.5	2.5–2.6
UK: Wales	24 159	2.4	2.2–2.6	NA	NA	NA	NA
UK: Scotland	39 876	3.1	2.9–3.3	6.5	5.9–7.0	2.4	2.2–2.6

Third- and fourth-degree perineal tears among primiparous women in England between 2000 and 2012: time trends and risk factors

I Gurol-Urganci,^{a,b} DA Cromwell,^a LC Edozien,^c TA Mahmood,^b EJ Adams,^d DH Richmond,^{b,d}
A Templeton,^b JH van der Meulen^a

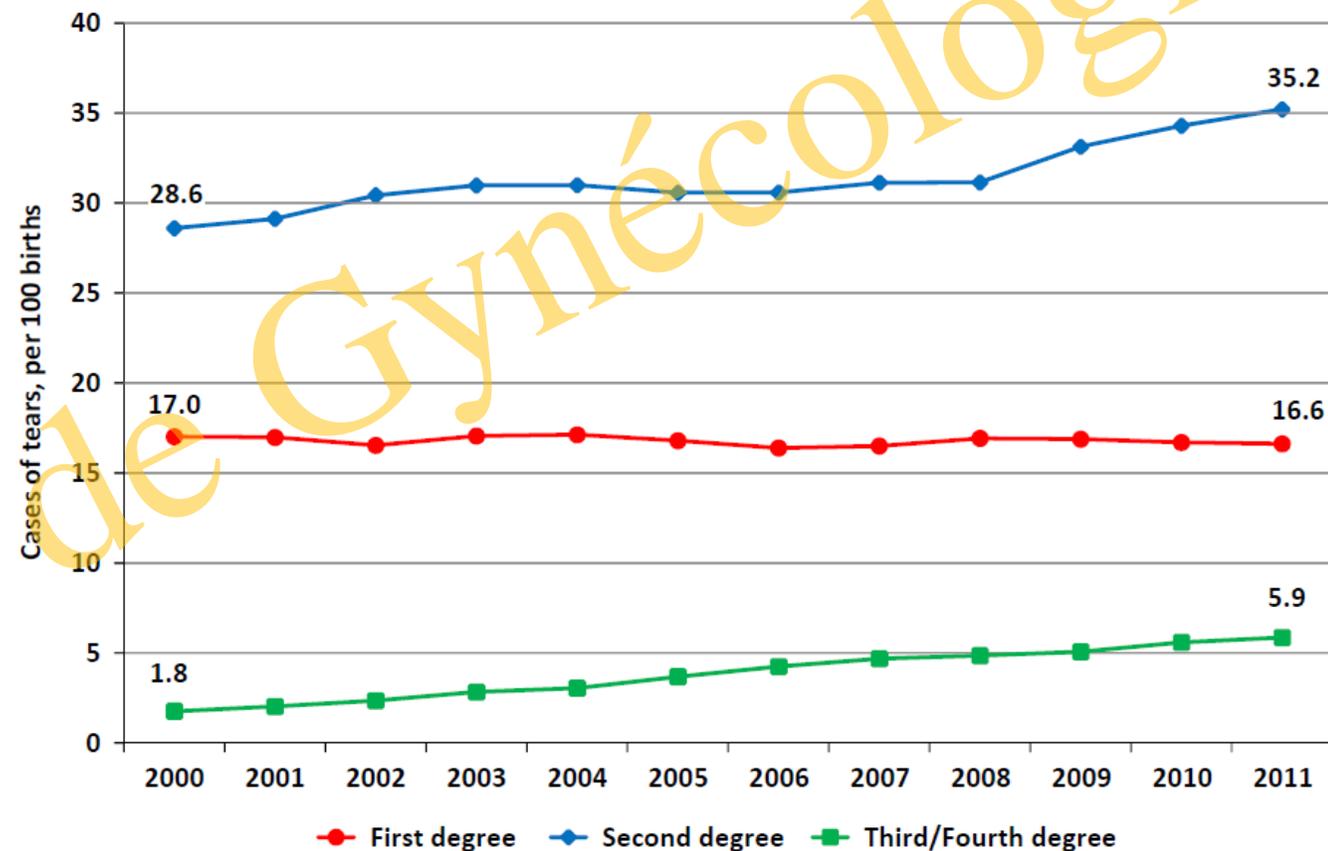


Figure 1. Trends in the rate of obstetric tears. Rates are expressed per 100 singleton, term, cephalic, vaginal first births.

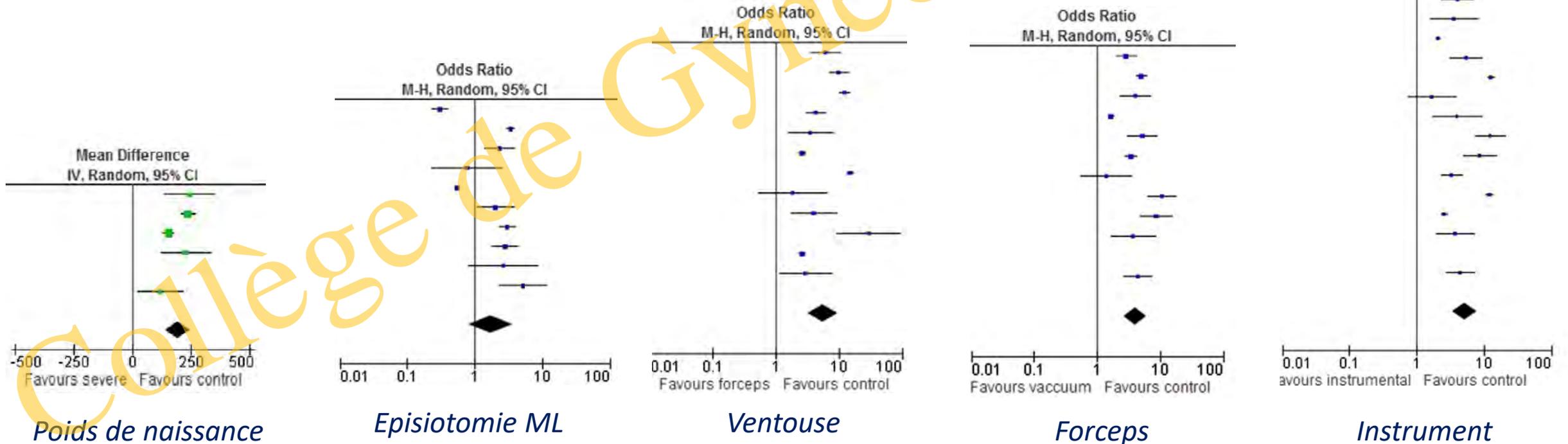
Au total, les principaux facteurs associés à la survenue de LOSA sont : la nulliparité et l'accouchement instrumental ; les autres sont l'âge maternel élevé, l'antécédent de LOSA, la macrosomie, l'épisiotomie médiane, la présentation céphalique en variété postérieure, et un travail long (NP2).

REVIEW ARTICLE

Risk factors for severe perineal lacerations during childbirth

Vasileios Pergialiotis ^{*}, Dimitrios Vlachos, Athanasios Protopapas, Kaliopi Pappa, Georgios Vlachos

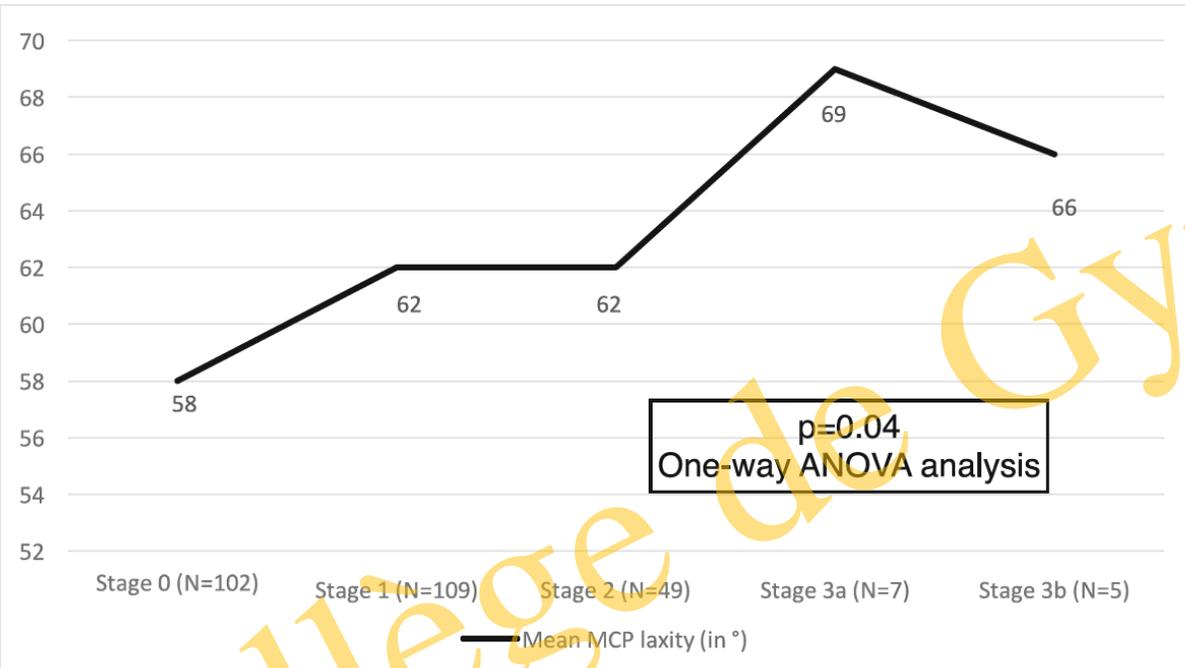
First Department of Obstetrics and Gynecology, Athens University Medical School, Alexandra Hospital, Athens, Greece



Vers une notion de risque intrinsèque

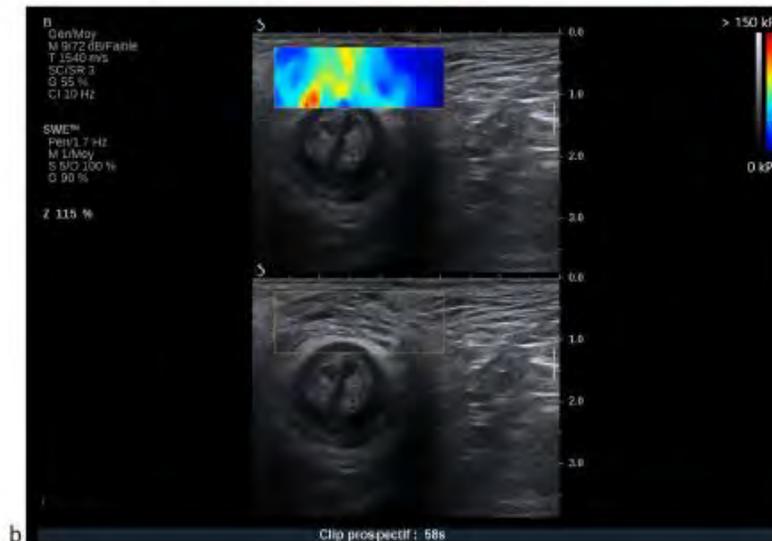
Is increased peripheral ligamentous laxity in term pregnant women associated with obstetric anal sphincter injury?

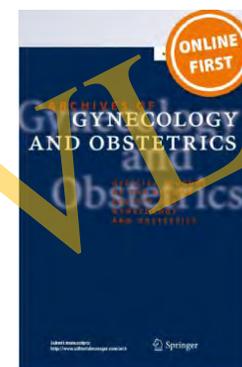
Bertrand Gachon¹  · Marion Desgranges¹ · Laetitia Fradet² · Amaud Decatoire^{1,2} · Florian Poireault¹ · Fabrice Pierre¹ · Xavier Fritel^{1,3,4} · David Desseauve^{1,2}



Tissue biomechanical behavior should be considered in the risk assessment of perineal trauma at childbirth

Bertrand Gachon^{1,2,5}  · Antoine Nordez^{2,3} · Fabrice Pierre¹ · Xavier Fritel^{1,4,5}





MATERNAL-FETAL MEDICINE

Obstetric perineal tears: risk factors, wound infection and dehiscence: a prospective cohort study

Ditte Gommesen^{1,2} · Ellen Aagaard Nohr^{1,2} · Henrik Christian Drue³ · Niels Qvist⁴ · Vibeke Rasch²

	Total (n = 400)	Infection (n = 23)	Crude OR (95% CI)	Adjusted OR ^b (95% CI)		Total (n = 400)	Dehiscence (n = 61)	Crude OR (95% CI)	Adjusted OR ^b (95% CI)
	n	n (%)				n	n (%)		
BMI (kg/m²)					Length of 2nd stage (min)				
≤ 35 (kg/m ²)	385	19 (5)	1	1	≤ 30 min.	196	26 (13)	1	1
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Per BMI unit increase			1.11 (1.03–1.20)	1.12 (1.04–1.22)	Per 10 min. increase			1.07 (0.98–1.17)	1.10 (1.00–1.21)
Episiotomy					Any antibiotics				
No	344	17 (5)	1	1	No	274	52 (19)	1	1
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Operative delivery					Episiotomy				
No	303	18 (6)	1	1	No	344	49 (14)	1	1
Yes	97	5 (5)	0.86 (0.31–2.38)	0.83 (0.28–2.51)	Yes	56	12 (21)	1.64 (0.81–3.33)	1.64 (0.79–3.43)
Degree of tear					Operative delivery				
2nd	200	17 (9)	1	1	No	303	49 (16)	1	1
3rd/4th	200	6 (3)	0.33 (0.13–0.86)	0.35 (0.13–0.95)	Yes	97	12 (12)	0.73 (0.37–1.44)	0.56 (0.27–1.17)
					Degree of tear:				
					2nd	200	36 (18)	1	1
					3rd/4th	200	25 (13)	0.65 (0.37–1.13)	0.64 (0.36–1.15)

Infection périnéale (écoulement purulent / abcès)

Déhiscence > 5mm

Recommandations pour la pratique clinique

Définitions, épidémiologie et facteurs de risque des lésions périnéales du 3^e et 4^e degrés. RPC Prévention et protection périnéale en obstétrique CNGOF

Definition, epidemiology and risk factors of obstetric anal sphincter injuries: CNGOF Perineal Prevention and Protection in Obstetrics Guidelines

T. Thubert^{a,*}, C. Cardaillac^{a,b}, X. Fritel^d, N. Winer^{a,b}, V. Dochez^{a,b}

Au total, la prévalence des femmes présentant des symptômes ano-rectaux augmente avec la sévérité des LOSA (NP3). À long terme, 35 à 60 % des femmes ayant eu une LOSA présentent une incontinence anale ou fécale (NP3).

H. Jorien van Brummen · Hein W. Bruinse
Geerte van de Pol · A. Peter M. Heintz
C. Huub van der Vaart

Defecatory symptoms during and after the first pregnancy: prevalences and associated factors

Fecal incontinence	Test	Univariate analysis		Multivariate analysis		
		Mean	p	B [95%CI]	p	
Birth weight (g)	Yes	M	3107	0.043	0.99 [0.99–1.01]	0.421
	No		3445			
Symptom present at 12 weeks gestation	X	X	OR [95% CI]	p	2.6 [0.9–12.1]	0.771
			22.8 [6.9–75.0]			
Perineal state	X	X	No rupture	1,000	6.82 [4.2–11.0]	0.000
			1st/2nd degree tear			
3rd/4th degree tear			15.17 [1.8–127.2]	0.031		
Episiotomy			2.87 [0.5–14.1]	0.304		

Women's health 18 years after rupture of the anal sphincter during childbirth: I. Fecal incontinence

Daniel L. Faltin, MD,^{a,b,*} Maria Otero, MD,^a Patrick Petignat, MD,^a Michel R. Sangalli, MD,^c Lucia A. Floris, Midwife,^a Michel Boulvain, MD, PhD,^a Olivier Irion, MD^a

Table III Risk factors for severe fecal incontinence (defined as a Wexner score above 4)

Variable	Category	Continent n (%)	Incontinent n (%)	Risk ratio (95% CI)	P
Anal sphincter tear	No	259 (92.2)	22 (7.8)	1	.04
	Yes	225 (86.9)	34 (13.1)	1.7 (1.0-2.8)	



Table 3. Anal incontinence at 4 months postpartum and mental health at 4 and 12 months. Comparison between women with faecal incontinence, flatus-only incontinence, and no incontinence (Fisher's exact test with Monte Carlo simulation).

Postpartum mental health	Anal incontinence at 4 months postpartum, % (n/N)			p
	Faecal (N=28)	Flatus-only (N=235)	No (N=1369)	
4 months postpartum				
Perceived physical health "rather poor" or "very poor"	10.7% (3/28)	15.5% (36/232)	7.8% (106/1364)	0.002
Perceived mental health "rather poor" or "very poor"	14.3% (4/28)	13.4% (31/231)	7.2% (98/1360)	0.039
Depression (EPDS ≥ 10)	50.0% (14/28)	26.6% (62/233)	17.2% (233/1353)	<0.001
Antidepressant drug use during last month	3.6% (1/28)	2.6% (6/230)	1.9% (26/1340)	0.765
Depression (EPDS ≥ 10) or antidepressant drug use	53.6% (15/28)	27.2% (64/235)	17.8% (244/1368)	<0.001
12 months postpartum				
Perceived physical health "rather poor" or "very poor"	0.0% (0/25)	12.9% (26/202)	10.1% (122/1211)	0.103
Perceived mental health "rather poor" or "very poor"	12.0% (3/25)	16.3% (33/202)	8.5% (103/1209)	0.004
Depression (EPDS ≥ 10)	28.0% (7/25)	21.3% (42/197)	13.5% (163/1206)	0.004
Antidepressant drug use during last month	13.6% (3/22)	5.6% (11/198)	2.6% (31/1185)	0.007
Depression (EPDS ≥ 10) or antidepressant drug use	36.0% (9/25)	23.3% (47/202)	14.8% (181/1221)	<0.001

Fritel X, Gachon B, Sorel Cubizolles MJ

Postpartum psychological distress associated with anal incontinence in the EDEN mother-child cohort

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Table 3. Frequency of Responses to Selected PISQ-12 Items by Cohort for Sexually Active Women

	Sphincter Tear (n=198)		Vaginal Control (n=200)		Cesarean Control (n=61)		P*
	n	%	n	%	n	%	
How frequently do you feel sexual desire?							.55
Never	4	2.0	6	3.0	4	6.7	
Seldom	39	19.8	38	19.0	13	21.7	
Sometimes	100	50.8	104	52.0	27	45.0	
Usually	47	23.9	43	21.5	15	25.0	
Always	7	3.6	9	4.5	1	1.7	
How satisfied are you with the variety of sexual activities in your current sex life?							.095
1 (Very satisfied)	61	31.1	71	35.9	22	36.1	
2	67	34.2	65	32.8	19	31.1	
3	48	24.5	44	22.2	12	19.7	
4	17	8.7	14	7.1	8	13.1	
5 (Not at all)	3	1.5	4	2.0	0		
Do you feel pain during sexual intercourse?							.38
Never	92	46.5	101	50.5	33	54.1	
Seldom	36	18.2	23	11.5	10	16.4	
Sometimes	46	23.2	56	28.0	13	21.3	
Usually	16	8.1	14	7.0	3	4.9	
Always	8	4.0	6	3.0	2	3.3	
Does fear of incontinence (either urine or stool) restrict your sexual activity?							.43
Never	189	95.5	187	93.5	58	96.7	
Seldom	5	2.5	2	1.0	1	1.7	
Sometimes	4	2.0	10	5.0	0		
Usually	0		1	0.5	0		
Always	0		0		1	1.7	
Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum, or vagina falling out)?							.43
Never	188	95.9	194	97.5	60	100	
Seldom	6	3.1	1	0.5	0	0	
Sometimes	0		2	1.0	0	0	
Usually	1	0.5	1	0.5	0	0	
Always	1	0.5	1	0.5	0	0	

Original Research

Sexual Function 6 Months After First Delivery

Linda Brubaker, MD, Victoria L. Handa, MD, Catherine S. Bradley, MD, AnnaMarie Connolly, MD, Pamela Moalli, PhD, MD, Morton B. Brown, PhD, and Anne Weber, MD, for the Pelvic Floor Disorders Network*

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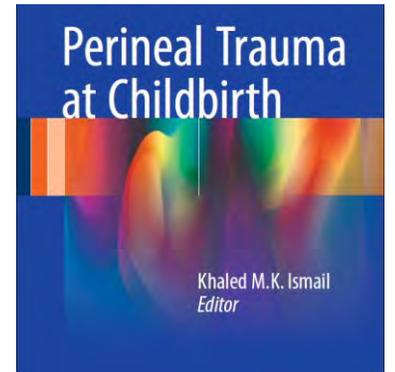
Tears in the Vagina, Perineum, Sphincter Ani, and Rectum and First Sexual Intercourse after Childbirth: A Nationwide Follow-up

Ingela Rådestad, PhD, Ann Olsson, RNM, Eva Nissen, PhD, and Christine Rubertsson, MA, PhD

Characteristic	Total No. Answering	Intercourse > 3 Months after Giving Birth (n = 518)	Intercourse ≤ 3 Months after Giving Birth (n = 1,636)	Relative Risk for Intercourse ≥ 3 Months after Giving Birth		Intercourse > 6 Months after Giving Birth (n = 167)	Intercourse ≤ 6 Months after Giving Birth (n = 1,987)	Relative Risk for Intercourse ≥ 6 Months after Giving Birth	
		No. (%)	No. (%)	Risk Ratio	95% CI	No. (%)	No. (%)	Risk Ratio	95% CI
Tears or episiotomy*	2,154								
Tears in clitoris and labia									
Yes	103 (21.6)	374 (78.4)	0.9	0.7–1.1	27 (5.7)	450 (94.3)	0.7	0.5–1.0	
No	415 (24.7)	1,262 (75.3)	1.0	Reference	140 (8.3)	1,537 (91.7)	1.0	Reference	
Tears in vagina									
Yes	307 (28.9)	754 (71.1)	1.5	1.3–1.7	98 (9.2)	963 (90.8)	1.5	1.1–2.0	
No	211 (19.3)	882 (80.7)	1.0	Reference	69 (6.3)	1,024 (93.7)	1.0	Reference	
Tears in perineum									
Yes	235 (28.4)	593 (71.6)	1.3	1.1–1.5	80 (9.7)	747 (90.3)	1.5	1.1–2.0	
No	283 (21.3)	1,043 (78.7)	1.0	Reference	87 (6.6)	1,239 (93.4)	1.0	Reference	
Tears in sphincter ani and rectum									
Yes	29 (49.2)	30 (50.8)	2.1	1.6–2.8	8 (13.6)	51 (86.4)	1.8	0.9–3.5	
No	489 (23.3)	1,606 (76.7)	1.0	Reference	159 (7.6)	1,936 (92.4)	1.0	Reference	
Episiotomy									
Yes	79 (30.7)	177 (69.3)	1.3	1.1–1.6	22 (8.6)	235 (91.4)	1.1	0.7–1.7	
No	439 (23.1)	1,459 (76.9)	1.0	Reference	145 (7.6)	1,753 (92.4)	1.0	Reference	
Any tears or episiotomy	404 (26.9)	1,100 (73.1)	1.5	1.3–1.8	123 (8.2)	1,381 (91.8)	1.2	0.9–1.7	
No tears or episiotomy	114 (17.5)	536 (82.5)	1.0	Reference	44 (6.8)	606 (93.2)	1.0	Reference	

Conséquences psychologiques, santé mentale

- Accouchement traumatique peut s'associer à des difficultés psychologiques
 - Etat de stress post traumatique
 - Fuite du système de soins
 - Renoncement à un projet de grossesse future
- ➔ **Nécessité d'une consultation postnatale par un praticien spécialisé**
 - Bilan ano rectal
 - Autres complications: sexualité
 - Dépistage de la dépression post natale
 - Association entre existence d'une IA et dépression en post partum



Conclusions

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Déchirures du 1^{er} et du deuxième degré

Prise en charge de la douleur postnatale

Pas de suture systématiques pour les premier degré

Pas d'impact à long terme

Episiotomie

Pratique en diminution en France

Douleur périnéale a prendre en charge systématiquement

Attention à l'infection périnéale

Pas de conséquences à long terme

Lésions obstétricales du sphincter anal

Nullipare et accouchement instrumental ++

Douleur, incontinence et dyspareunie dans les 6 premiers mois

Risque d'IA qui persiste

Attention à la dépression post natale



Merci de votre attention...

Questions / Remarques ?

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