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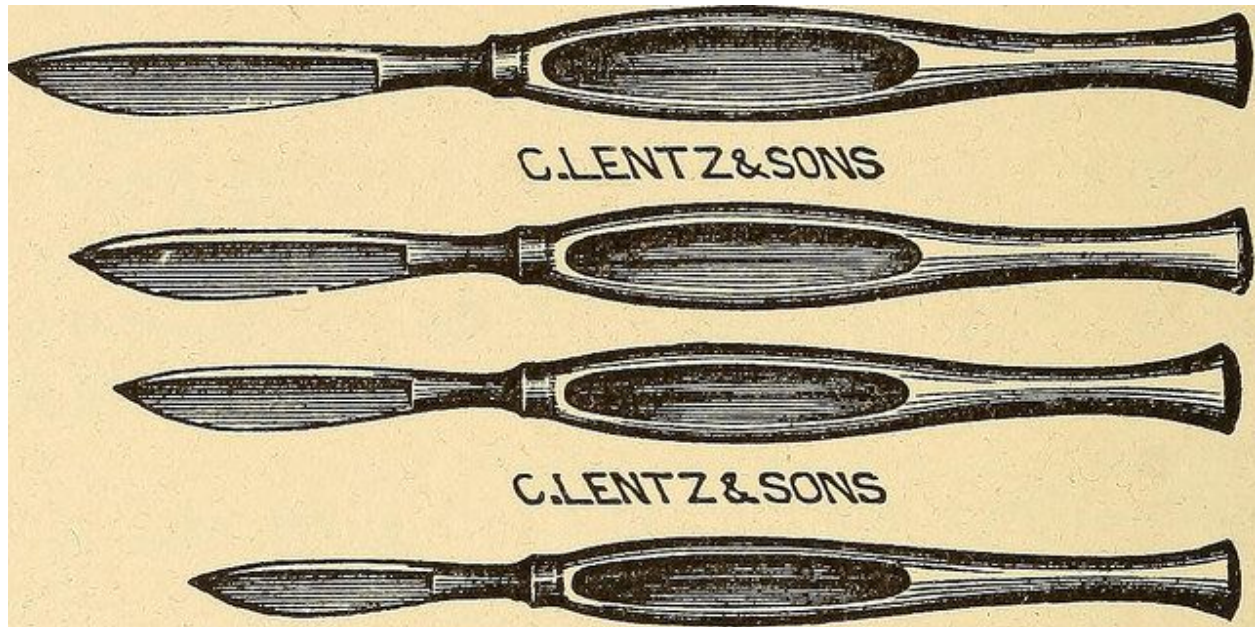


Image from page 209 of "A nurse's handbook of obstetrics, for use in training-schools" (1909), Wellcome Collection, London.

Women are being cut during childbirth without need or consent

In 2018, episiotomies are rarely necessary. But at some U.S. hospitals they happen shockingly more than they should.

By Molly C. Enking

4182 words

Everything seemed to be going well. *Perfectly*, even, Kristin Ortiz thought to herself. Her labor had been a “textbook” unmedicated birth so far, based on her research beforehand. And though the pain was severe, she and her baby were doing fine.

Ortiz had finally entered the pushing stage—the last stage of labor before the baby comes out—when, suddenly, the nurse forced her onto her back and into stirrups. Though Ortiz says she screamed and yelled “no,” she was in too much pain to keep protesting. After a short amount of pushing, Ortiz’s doctor took out his scissors and proceeded to give her an episiotomy that he knew she didn’t want, slicing into her vagina to widen the opening. He knew, because they had discussed over and over beforehand.

Ortiz felt the episiotomy was unnecessary, and was done without her consent. “I had only been pushing for 15 minutes, my baby was not in distress,” she said. “It was obvious it was something he does all the time.”

She didn't know it, but Ortiz had gone to a hospital where episiotomies happen at over ten times the rate suggested by some experts. Foothill Presbyterian Hospital in Glendale, California, where she gave birth, has a 42 percent episiotomy rate according to [California Healthcare Compare](#). At the typical hospital in California the rate is around 4 percent.

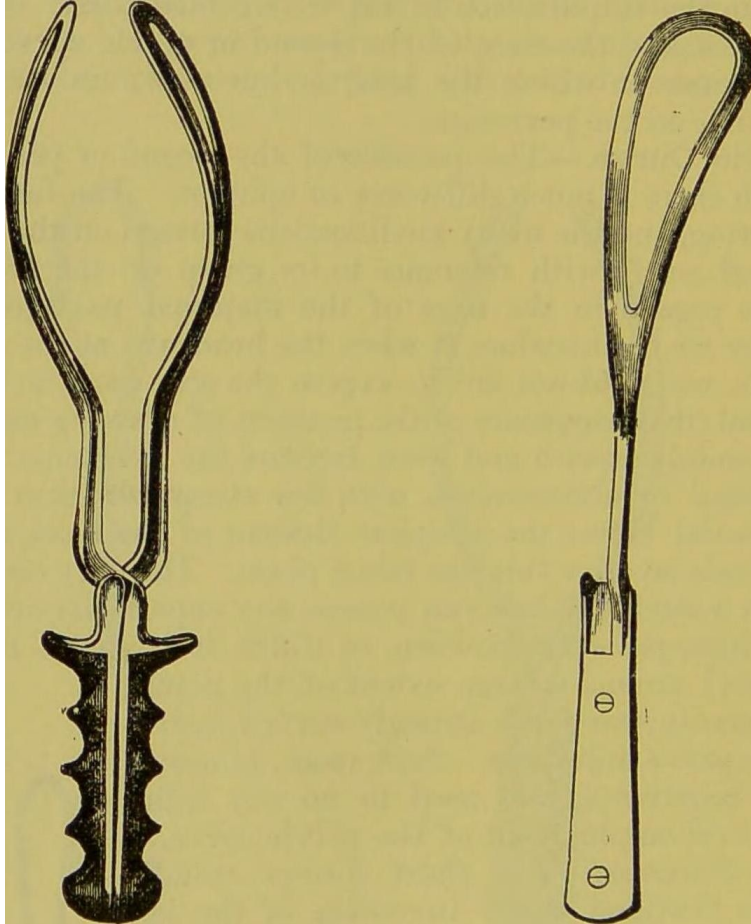
It's been established for decades that episiotomies are rarely necessary, and the overall rate in the United States has slowly declined to around [12 percent](#). Experts can't decide on an ideal rate, but [many](#) agree it should be less than five percent. But throughout the U.S., there are still hospitals where episiotomies happen ten to fifteen times more often than at others.

Once widely used—in the 1970s, 61 percent of U.S. women would have an episiotomy—the American College of Obstetricians and Gynecologists ([ACOG](#)) and the World Health Organization have issued multiple sets of [guidelines](#) in the last 20 years recommending use of episiotomies be extremely limited.

“Episiotomy has historically been done way too much, way too often, without consent.” said Lori Swain, President of the Oregon chapter of the American College of Nurse-Midwives. “The initial rationale was that it was going to shorten the pushing stage and that a surgical cut would heal faster than a natural tear. But all the evidence shows that that is not true. It actually does more harm when used routinely.”

An episiotomy, a surgical cut to the perineum used to enlarge the vaginal opening during labor, can be extremely painful, hard to recover from and can increase the risk of a severe tear, either during labor or a subsequent birth. They've also been linked with loss of bladder or bowel control, sexual dysfunction and [other serious injuries](#).

So why do some hospitals still have such high rates? Experts say some doctors still regularly use the procedure for a variety of reasons: habit, convenience, lack of accountability, or, acceptably, when needed during an emergency. And, in the course reporting this story, *New York City News Service* found that it's common for the cut to happen without the mother's consent.



A treatise on the science and practice of midwifery. Wellcome Library, London, UK. Playfair, W. S. Date: 1898

Catching up with science

Up until the late 1970s, doctors in the U.S. used episiotomies for over [60 percent](#) of vaginal deliveries due to several beliefs about the procedure: that a clean incision helped prevent worse tearing between the vagina and rectum; that cutting prevented overstretching the muscles around the vagina; and that a clean cut was faster and easier to stitch and would heal better than a tear. Episiotomies were also frequently used with vacuum or forceps delivery to allow more room for the tools to clamp on to the baby's head.

An episiotomy is roughly the equivalent of a second-degree tear, in that the cut goes through both skin and muscle. But an even cut can be deeper than an irregular tear, according to Swain, and can take longer to heal.

Women began speaking out against the routine use of episiotomies in the late 1970s, and in the early 1980s several studies and articles emerged questioning the frequency with which they were used.

One of the earliest, a 1982 article from the journal [Birth](#), declared that cutting may be justified in specific situations, but using episiotomy regularly can lead to pain and infection, more so than allowing the vagina to tear naturally.

In 1996, the World Health Organization called for “restricted use” of the procedure, noting that routinely cutting was a detriment to mothers’ health. ACOG followed a decade later, issuing guidelines in 2006 instructing American doctors to significantly limit episiotomy unless strictly necessary.

Despite this, rates were slow to decline in the United States. Though ACOG is the leading voice in obstetrics in America, it can take decades for their guidelines to catch on, according to experts.

“The dominant cause of suffering the world right now is not lack of knowledge, it’s lack of execution on the knowledge that we have.” said Dr. Neel Shah, an Assistant Professor of Obstetrics and Gynecology at Harvard Medical School and Director of the Delivery Decisions Initiative at Harvard’s Ariadne Labs. “There’s a huge gap between what we know and what we do, throughout all of healthcare.”

“This is a practice that is objectively awful,” Dr. Shah added, referring to episiotomy. “You would not want to do this to someone who doesn’t need it, by 2018 standards. In spite of that, it’s still subject to the same slow diffusion of knowledge and guidelines as the rest of the medical industry.”

Higher rates in outlier hospitals

This is partially why pregnant mothers’ experiences at U.S. hospitals—rural or urban, big or small, for- or non-profit—can vary wildly depending on where they go. Simple proximity to a high- or low-performing hospital can drastically change the chances of whether a woman will be cut or not.

Rural and teaching hospitals may have less episiotomy use, according to a 2015 [study](#) in *JAMA* (Journal of the American Medical Association). Among the best-performing 10 percent of hospitals, the average episiotomy rate was 2.5 percent.

Among the 10 percent of hospitals in the nation that performed the most episiotomies, the average rate was 34.1 percent.

One such hospital is located in New York State. White Plains Hospital in Westchester County has a 65.2 percent episiotomy rate, the highest in New York, according to [New York State Department of Health](#)’s most recent data from 2016. Out of 1,886 births that year, 748 women were cut.

“There is simply no way that a rate that high is medically necessary,” said Dr. Shah.

One mother, who asked to remain anonymous due to her public-facing job in the White Plains community, says she was repeatedly pressured to have an episiotomy by her doctor while giving birth at White Plains in 2016. “He kept saying, ‘I just need to make a small cut and this baby will come right out,’ and I kept saying no, over and over,” she said. “And it’s hard to say no to anything while you’re pushing.”

White Plains Hospital is an institution in the community—according to women who live there, most people give birth there. “It’s where you go to have a baby,” said the source.

Some in the community seem to love the hospital—several women reached out in the course of reporting this story to say what positive experiences they had giving birth there. Others have written glowing reviews on the hospital’s active Facebook page. Many more White Plains residents work at the hospital, or for a medical group affiliated with the hospital.

Located in the middle of town close to the train station, the hospital campus is sprawling, with a gleaming all-glass front wall and a healthy foods cafe with soaring ceilings decorated with little blue butterflies. They have a sleek website with a blog offering breast-feeding classes, tours of the maternity ward, prenatal yoga and an extensive list of parenting classes. And in 2015, White Plains Hospital was [awarded](#) the [Women’s Choice Award](#) for Obstetrics.

Many online commenters didn’t take that very well.

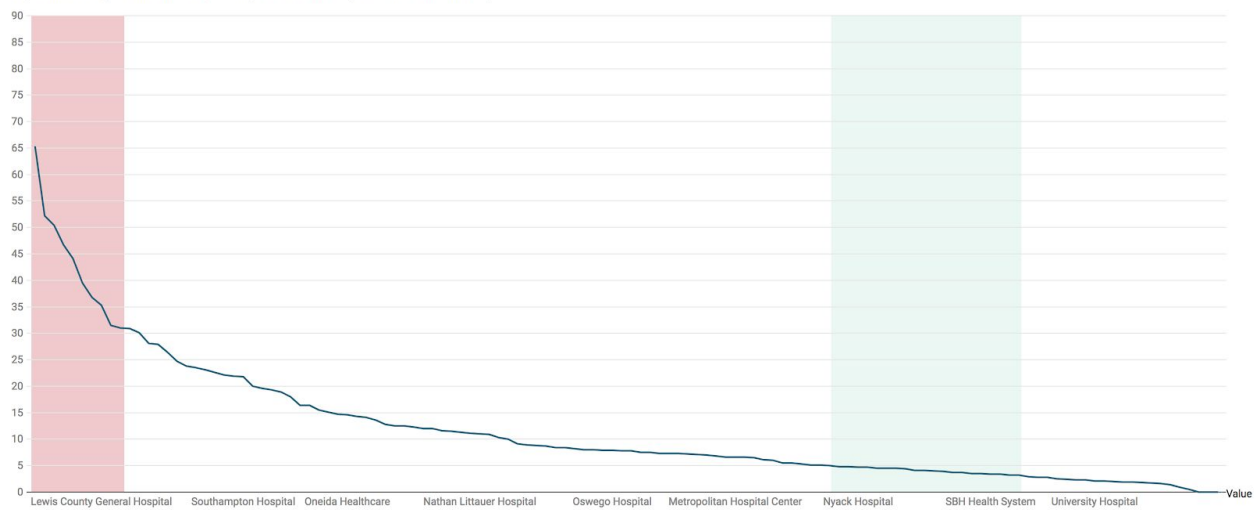
“Disgraceful!” one Facebook commenter wrote. “How can you win this award when you’re cutting 65% of women who go there?”

Meredith Greers, founder of Tree of Life Central NY Midwifery, [commented](#) as well, writing “for shame, for shame!” in reference to the hospital’s c-section and episiotomy rates.

Via phone, Greers told *New York City News Service* that, while working as a midwife in the area (she has since relocated to Poughkeepsie), she always knew, “they were too free with their scissors” at White Plains. “We got a lot of complaints from women about being cut there,” she said.

Episiotomy rates in New York State by percentage

Experts haven't agreed on an ideal episiotomy rate, but most say it should be less than 5 percent.



New York State's Maternity Information Law requires each hospital to provide information about its childbirth practices and procedures. This data is from 2016, the most recent year the data was available.
Chart: created by Molly Enking - Source: New York State Department of Health - Created with Datawrapper

<https://datawrapper.dwcdn.net/zuPsP/1/> (chart I made, interactive, will be embedded in website)

Several women who had an episiotomy at White Plains Hospital have stories that sound very similar.

Meredith Einziger, of White Plains, doesn't remember being told her episiotomy was going to happen, or being asked for permission. "There was some talk of, oh you're going to tear anyway, but I don't remember ever being taught about what it was, even afterward."

Similarly, Tara Daly of White Plains said, "I wasn't asked if I wanted an episiotomy, they just took out the scissors and did it." She had an epidural, so she couldn't really feel much from the waist, down, and said she didn't know about the procedure until afterwards.

Both women, who had different doctors, say they didn't think about complaining because they were just relieved their babies were healthy.

LeighAnn Ferrara was cut during both her births at White Plains Hospital, in 2014 and 2017, "even though I had a midwife," she said. She says the word episiotomy was never once used.

"She took out the tray of scissors, and it was almost like she was hiding it, like I wasn't supposed to see it, and I was confused as to why it wasn't cleared with me... and then it was already happening, and then over," she said.

Ferrara blames herself for not speaking up. "I should have said something, I feel like it's my fault because I didn't say anything," she said. Still, she doesn't dwell on it because all turned out okay in the end. Both her children are healthy, and her healing process was uneventful. "I don't know if I needed one or not. If I had been asked, I don't think I would think twice about it."

White Plains Hospital could be a case study, in some ways, for other hospitals with high episiotomy rates. They work with several doctors who were educated in the late 1970s and 1980s, a time when routine episiotomy was championed in schools. They're an urban hospital, do a high volume of births and they specialize in high risk deliveries, meaning they are used to doing a high number of interventions.

Still, it's hard to say what exactly makes certain hospitals outliers.

"There's a lot of variation in the way clinicians practice, from hospital to hospital, and even within a hospital," said Dr. Shah. "I'd guess that within that hospital, you would probably find that there's probably two or three obstetricians who are driving that statistic." He said it's likely that there are some "old school" doctors who were educated back when episiotomies were more common, who haven't updated their training since.

At press time, White Plains Hospital had not responded with an official comment, but did point to its improved [Leapfrog](#) score from this year over the phone, showing a 12 percent episiotomy rate. The hospital also commented on Facebook claiming that as of September 2018, they had achieved an episiotomy rate of 3.9 percent. They did not respond to the *New York City News Service's* questions about what practice changes they had made to achieve a lower rate so quickly.

According to Leapfrog themselves, their rates are self-reported. "We do everything we can to verify the data we receive in our countrywide surveys," a Leapfrog rep said via phone. "We also randomly select hospitals to evaluate in person and verify the numbers. But there's no way to get to them all."

The New York State Department of Health said they stand by their numbers, which they get by collecting mandatory reporting data from each hospital through the Maternity Information Law.

Acceptable use in an emergency

In 2018, there are only a few reasons to do an episiotomy.

The only sure-fire reason, according to experts, is if the baby's head is very low, and the baby is already about to come out but needs to be out immediately—because the fetal heart rate is dropping or they are showing other signs of emergency: "if you think the baby is in distress *and* you think the cut will make it come out more quickly," says Dr. Shah.

Another common reason is shoulder dystocia: when the baby's shoulder gets stuck on the mom's pelvis, often doctors will cut to make room so they can reach in and fix it, though Dr.

Shah and Swain, a midwife, agree that even then an episiotomy isn't always necessary. "I've never needed to do one with shoulder dystocia, but then, I have small hands," said Swain.

Some make the cut before using forceps or a vacuum delivery, again, to make extra room for the tools. According to several midwives, some doctors do this routinely, but it's a misconception that one should always precede the other.

Swain, a midwife, also notes that in an emergency, whatever the reason, an episiotomy is always preferable to a c-section if the mother wants to have more kids. Subsequent births after c-section [can be tricky for a variety of reasons](#).

And, of course, if the woman requests an episiotomy.

"The bottom line is, episiotomy should only be done when minutes really matter—when the baby is in danger and it will speed up the birth," said Swain.

Greers and Swain, both midwives, noted that even given the above conditions, they have rarely needed to perform an episiotomy. "In ten years I've only had to do one episiotomy," said Greers.

The bottom line is, "it is completely unacceptable to do these unnecessarily," said Swain.



Convenience and habit

Kristin Ortiz, 25, of Glendale, California had an unwanted episiotomy two years ago that she's still recovering from. Photo courtesy of Kristin Ortiz.

Dr. Shah says there are several reasons why doctors might still use episiotomy regularly: they've always done them; they lack awareness of best practices; or they want to speed up deliveries.

Ortiz gave birth on a Friday evening. She said her doctor was dressed to go out, wearing a jacket and tie. "He told me, as he was stitching me up, that he was going to a dinner," she added. "It seemed like he wanted to baby to come out just a little bit quicker so he could leave."

"As soon as it was time to push, it was like I was no longer a human person there. I was just there however they wanted me to be, to deliver the baby," she added.

Many doctors who regularly use episiotomy do so under the assumption that it will speed up the birth, or that stitching up a clean cut will be faster than a natural tear.

In many cases, it can be true that it's easier and faster to stitch up a straight cut than an uneven tear. But Swain, President of the Oregon ACMN Chapter, says that an episiotomy only speeds up a birth if the baby is already extremely close to coming out. "The baby has to be crowning already for it to make any difference," she said.

Natalie Dively of Seattle, Washington, who had a non-consensual episiotomy at age 19, said that after 11 hours of labor, her doctor told her, "It's 4:30 on Sunday afternoon. If there isn't enough progress we're going to cut you open by 5:30."

"The way everyone was talking to me, it felt like it was my fault that I wasn't progressing [in labor]," she said. "I was only 19 and in the end, it didn't matter what I wanted."

Dr. Neel Shah said that for many doctors who have been doing episiotomy for years, it's sheer force of habit, partially because they believe it's more convenient. And while it can be faster to stitch up a clean cut, it isn't necessarily easier to heal from.

Healing issues, postpartum depression and other complications

"If you perform an episiotomy, you're more likely than not going to cause more postpartum pain and discomfort," said Dr. Alexander Friedman, an assistant clinical professor of obstetrics and gynecology at Columbia University Medical Center in New York City, and lead author of the 2015 [study in JAMA](#) on episiotomy rates.

Ortiz has dealt with pain and complications from her episiotomy for the last two years.

“It had a big impact on my life,” said Ortiz. “I still have pain at the site of my episiotomy, two years later. I couldn’t go take a long walk, even, without being in pain.”

Ortiz couldn’t have sex, use a tampon or a menstrual cup for six months after her episiotomy without pain. “It was horrible,” she said. “ My husband felt helpless, and I felt angry.” Recovering from the surgery was a dark point in what should have been a happy time: the birth of their first child.

Dively was never told she had an episiotomy. She describes being in agony for six weeks after her birth, waiting for her six week check-up.

“When I went to my appointment, the nurse asked me if I had an episiotomy. I said no, I made it very clear I didn’t want one, and the nurse said, I’ll never forget, ‘The only time we see this type of injury is from an episiotomy,’” said Dively.

“She said, I think you need to look in to what happened to you during your birth, because you shouldn’t have had to walk around with this type of injury for so long without knowing.”

It turned out that the reason Dively was in so much pain was because her body was over-healing from the trauma of the episiotomy, and she had raw scar tissue growing at the site of the cut. Her nurse-practitioner had to cut it off and cauterize it, further prolonging Dively’s healing process. The wound may have gotten so bad because she wasn’t informed she had been cut, or given any aftercare instructions, Dively said.

Tori Thomason, a mother from Arizona who gave birth in 2012, said she didn’t know what had been done to her until after it was over. She was informed by the nurse that she had been given an episiotomy while getting her aftercare instructions. But she didn’t realize she had been given [the husband stitch](#) until she gave birth to her second child—an extra stitch some doctors give while sewing up a tear or cut because they think it tightens the vaginal opening for more pleasurable sex for the man.

“I thought it was normal to have painful sex or not be able to use tampons after birth until I had my second son at home, and I tore a bit, but then everything worked down there again after I had healed from my natural tear,” she said. She said she never thought about requesting her hospital records or taking any sort of action. She was 19 years old at the time.

Laura Fry, a mom from Lanchester, PA and founder of the Severe Tears Support Group on Facebook, said that she had a fourth degree tear as a result of her episiotomy. A fourth degree tear is when the perineum tears all the way, the worst possible outcome from an episiotomy.

Fry had to leave her job as a nurse due to complications. It took her about nine months to heal, during which she had pain during bowel movements and sex, uncontrolled gas, and couldn’t move around or walk much.

“And I didn’t even know I how bad it was until the birth of my second son,” she said.

Getting Consent

As in many women’s stories told above, episiotomy is sometimes done without consent.

The World Health Organization [noted](#) in February 2018 that, “women felt they were poorly informed about the reasons for performing an episiotomy and were rarely asked for their permission.”

Still, while the guidelines ACOG, the WHO and other organizations release are universally recognized by healthcare providers, they aren’t legally binding. And doctors are not obligated to go back and update their training if they don’t want to.

Though informed consent is required by law for any medical procedure done to a patient, whether it’s to treat a broken finger or perform open heart surgery, doctors sometimes skip this step when it comes to procedures during labor like episiotomy. Swain hypothesizes that it’s because it’s such a seemingly small, quick procedure. “Unfortunately, people overlook it.”

Still, “if they end up in a situation where they do need one, that warrants a conversation with the doctor. That’s not an assumed part of the delivery at all,” said Dr. Shah.

Skipping consent and cutting a woman during childbirth can legally be considered assault and battery, according to Indra Lusero, a staff attorney at National Advocates for Pregnant Women and founder of the Birth Rights Bar Association.

In one [famous case](#), Kimberly Turbin, a 29-year-old dental assistant who lives in Stockton, CA, sued her doctor for assault and battery after he performed an episiotomy on her in 2013. A [video](#) of the birth, with Turbin begging the doctor not to cut her, has been viewed more than 600,000 times on YouTube. She eventually won her case.

Even though Turbin’s video and story went viral, Lusero, who was familiar with her case, said that Turbin went to dozens of lawyers before finding someone to represent her.

“It’s extremely hard to prove actual harm if the baby came out okay,” Lusero said.

That’s one reason why there aren’t more cases like Turbin’s on the books, Lusero said. Another is that by the time moms have recovered and realized what happened to them, the window of opportunity has passed. The statute of limitations for malpractice is typically only one year, though it varies by state, and the window for assault is usually around three.

Many women never complain, or blame themselves for what happened. Others don't know exactly what happened to them until much later.

"I thought about making a complaint, but I wasn't in the place to do that for about a year [due to postpartum]" said Ortiz. By then, she assumed she was too late.

"The feeling that I didn't have any control in the situation, I think contributed to the depression more than the actual pain," said Ortiz.

Not being able to control what happened to them was a common theme among women the *New York City New Service* spoke to for this article.

"They did something to me against my consent, and lied to my face when I asked about what happened. It was very shocking, very horrifying for me," said Dively. Still, she said she was young, and didn't know there was anything she could do about it. "I didn't even try to get my hospital records until years later, when I was pregnant again," she said.

Dively said her subsequent OB was horrified at her story, and told her she should sue. But at that point, she just wanted to move on.

Fry considered complaining about the OB who caused her fourth degree tear for a long time, but never did, though she thinks about it often. She eventually wrote her a letter, though she says it was for personal closure more than anything.

There's a lot of misconception and misinformation surrounding consent and childbirth, experts and advocates say, partially because of the dynamic that exists between women and the doctors attending their births: that the doctor is the expert, and the mother should listen and be happy, as long as their baby is okay. Additionally, most hospitals have mothers sign consent forms during their intake process covering the chance of having an episiotomy or cesarean section. But those forms are just a blanket consent.

"You have the right to withdraw consent at any point," said Dr. Shah. "And even if you do consent to a c-section or an episiotomy in the case of an emergency, it's still the obligation of the team to let you know, and to get a verbal permission from you to proceed."

Swain said that, in addition to legality, it's the ethical and moral thing to do. "Absolutely the woman giving birth should always consented--even if it's an emergency, there is always time to quickly say, 'this is what we need to do, do you consent?'"

"Especially in 2018 with so much reporting on maternal mortality, you sometimes forget that women have goals in labor besides emerging unscathed," said Dr. Shah. "Survival is the floor, but what women deserve is the ceiling, which is not just safety, but is also support and

empowerment. You can't just do things to them." He added. "Especially if it involves sharp objects."

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