Author's response to reviews

Title: Knowledge, attitude and experience of episiotomy use among obstetricians and midwives in Viet Nam

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Dr Peter O'Donovan
Executive Editor
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Dear Sir/Madam,

Thank you for considering the manuscript entitled “Knowledge, attitude and experience of episiotomy use among obstetricians and midwives in Viet Nam” for publication in BMC Pregnancy and Childbirth. The paper is original research which we hope will influence practice in Vietnam and other Asian countries. The text (excluding the abstract) contains 2,411 words and there are 22 references.

Contrary to best evidence from randomized controlled trials, episiotomy is practiced routinely for childbirth in many Asian countries and the reasons for this are unknown. With a view to informing practice change to reduce the episiotomy rate in Viet Nam we undertook a survey of Vietnamese obstetricians and midwives to determine their knowledge of, attitudes towards and experience of episiotomy use. This is the first survey of its kind conducted in an Asian country.

What is already known about this topic
• Randomized trials demonstrate that policies of selective (used when clinically indicated) compared to routine episiotomy have a number of benefits and few harms
• WHO and most professional societies of Obstetricians and Gynecologists recommend that episiotomy should only be used for selected indications.
• Nine randomized trials have been conducted in Europe, South America and Saudi Arabia but there have been no trials that include Asian women.
• In Vietnam and many Asian countries episiotomy is used routinely, especially among nulliparous women.

What new knowledge this manuscript contributes
• Vietnamese obstetricians and midwives differ in their use of, and attitudes towards, episiotomy.
• Obstetricians have slightly less frequent use of episiotomy and are more likely to think the existing rate (86%) is too high.
• Obstetricians and midwives have similar, and only fair (mean scores 3/6) knowledge of the outcomes associated with episiotomy.
• Concern about 3rd-4th degree tears was the most commonly reported reason for conducting episiotomy and a lack of training in how to minimize tears and keep the perineum intact was the most commonly reported obstacle to reducing the episiotomy rate.
• Entrenched practices and attitudes indicate that changing episiotomy practice in Viet Nam will not be easy. However, patience and small incremental changes are likely to be the best approach to achieving optimal outcomes for mothers and babies. This study is one step that will inform a planned program of work aimed at facilitating practice change in Viet Nam.
All authors have read, approved the submission of, and take full responsibility for the manuscript; there are no prior publications or submissions with any overlapping information; and the work is not and will not be submitted to any other journal while under consideration by BMC Pregnancy and Childbirth. We have no conflicts of interest to report.

Please don’t hesitate to contact me if you have any questions about our manuscript.

Yours sincerely

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