



“IN WESTERN SOCIETIES  
WOMEN’S GENITALIA ARE  
TREATED WITH RESPECT”

Many women go through surgical interventions on their internal and/or external genitalia throughout their lives, often performed during pregnancy and childbirth. Healthcare professionals can decide to carry out these interventions, with or without the consent of the patient, provided they are medically justified. Perinatal statistics comparing European countries show that from country to country there are large differences in the number of interventions such as C-sections and episiotomies carried out; this opens a debate on to what extent are these procedures medically justified.

Patients and healthcare professionals are beginning to condemn what they see as obstetrical and gynaecological violence<sup>11</sup>. In the book “Le livre noir de la gynécologie” (“The black book of gynaecology”, Dechalotte, 2017), women speak out about being mistreated by healthcare professionals in France. Mistreatment can occur before, during or after labour, in relation to assisted medical reproduction, after a miscarriage or during a simple check-up at the gynaecologist. Mistreatment includes: sexist or discriminatory comments, neglecting a patient’s pain or complaining when they express it (as it counters the ideal of the “silent birth”), overlooking the wishes of the mother-to-be, vaginal or rectal touching without the patient’s consent, rape, misinformation, disrespectful behaviour, refusal to provide contraception, unjustified hysterectomies, and unnecessary C-sections and episiotomies. It results in short and long-term physical and psychological sequelae for some women.

One of the criticised interventions is the episiotomy - a surgical cut made at the opening of the vagina during childbirth. Episiotomy prevents from serious vaginal tears during labour (laceration to the perineum - the area between the vagina and rectum) and protects the baby. However, complications following episiotomies have been documented since the late 1970s. Recent evidence-based medicine, as well as testimonies have shown that episiotomies can cause increased risk of faecal and urinal incontinence, decreased pelvic floor muscle strength, prolapse and sexual problems. Moreover, spontaneous tearing is often less painful, leads to less bleeding and heals more easily than episiotomies. There is no evidence that routine episiotomy reduces perineal/vaginal trauma or causes less harm to mother or child. Instead, a policy of selective episiotomy – i.e only when needed and not as a preventive measure – could result in 30% fewer women experiencing severe perineal/vaginal trauma.<sup>12</sup>

**“Episiotomies have a place in maternity care – and have the potential to save lives occasionally – but they should not be performed routinely”<sup>13</sup>**

Hannah Dahlen,  
Professor of Midwifery,  
Sydney (2015)

Since the 1990s, some authors have started drawing parallels between episiotomies and FGM. In the late 1990s, a debate article in the prestigious medical journal *The Lancet*, stressed the negative consequences of episiotomies (compared to natural tears) and the lack of evidence of supposed benefits. The author recalled the important role that the Journal played in combatting the practice of clitoridectomy in the UK in the 19th century and called for the Journal to “once more help turn support away from female genital mutilation, in this case its modern form—episiotomy” (Wagner, 1999).

Authors argue that episiotomies can be compared to FGM in several ways. It is part of a Western “birth ritual” which “marks the passage from the state of girl to that of mother in the flesh”, just like FGM. The consequences of FGM and episiotomies are also similar (severe pain, loss of self-esteem, pain during intercourse, lower libido, depression). Moreover, episiotomies can result in the section of the nerves of the inner parts of the clitoris.

Women who have suffered vaginal tears or an episiotomy, due to labour, frequently need stitching of the perinea. Recently, a second obstetrical abuse which can easily be compared to FGM has come to light: the “husband stitch”. This refers to a doctor making an extra stitch, when repairing vaginal tears or episiotomy, to tighten the vaginal opening and thus (supposedly) increase the sexual pleasure for a male partner. Women have testified of the negative consequences of this “husband stitch” on their sexuality and are calling for it to be abolished.