

Epi-No should be tested in different obstetric settings until an evidence-based clinical decision can be made

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We thank Ms. Cohain for her interest in our systematic review of the Epi-No birth trainer. However, we disagree with her statement about the rationale used (episiotomy as a confounding variable in both control and study groups) to justify the nonsignificant results on the efficacy of this device. We discussed the limitations of the studies included in the review, especially the lack of standardization of the professional experience in both groups and if any adjuvant techniques were (or were not) included in all experimental study arms [1]. Epi-No should be tested in different obstetric settings until a good level of evidence is provided to guide clinicians worldwide; our suggestions to achieve this goal are presented at the end of the review. Using an idea that is generally believed to be true without testing it may be a fallacy [2]. The adoption of any therapy should be based on good and accepted evidence.

During the review process, all prospective studies (regardless of whether they were nonrandomized or randomized) were analyzed, and the use of Epi-No was found to be associated with a statistically significant trend for a decrease in the rate of perineal tears. However, we decided to present the best data comprising the results of randomized studies.

The rates of episiotomy in the included studies still represent the obstetric reality in many countries. Despite limited data supporting its use, episiotomy is still practiced and to this day it has not been banned. This does not mean that it should be encouraged, and that is why ACOG published a practice bulletin on episiotomy in 2006 [3]. Ms. Cohain in study of 80 primiparous women pointing out that Epi-No use eliminated the need for episiotomy; however, the letter does not describe a power calculation and does not provide further details of the study design [4].

Finally, we agree with Dietz et al. [5] that perineal trauma should be a quality marker in all delivery settings worldwide and every effort should be made to reduce the incidence of this variable. The small number of trials and the discussed limitations justify new research, but currently the best evidence available from two randomized controlled trials does not indicate the effectiveness of the Epi-No.

References

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