### 5.21.5 Lignocaine 0.5% Administration Prior to the Performing of an Episiotomy

<table>
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<th>INSTRUCTION</th>
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| Midwives working in the Family Birth Centre (FBC) who have demonstrated clinical competence in the suturing of an episiotomy / genital laceration may administer Lignocaine 0.5% 15mL subcutaneously prior to performing an episiotomy. | Women in whom it is determined require an episiotomy to facilitate birth. Indications for an episiotomy  
- To facilitate birth in the case of a non reassuring heart rate.  
- Rigid perineum.  
- Preventing perineal trauma when associated with a history of surgical repair of the pelvic floor, bladder or fistula, and in cases where the perineal body is unusually short.  
- Reducing maternal effort e.g. cardiac disease, epilepsy or hypertension.  
- To facilitate safe birth e.g. shoulder dystocia | 1. Ensure the woman's past medical and obstetric history is available to enable the decision regarding the use of Lignocaine  
2. Ensure the woman is informed and counselled appropriately as to the reason for the administration and the possible consequences of not receiving the Lignocaine  
3. Verbal consent shall be obtained from the woman prior to administering the Lignocaine  
4. Follow the Clinical Guideline B 5.9.3.1 Infiltration of the Perineum and the cutting of an episiotomy  
5. Document the administration of the Lignocaine on the MR810. |