



## Response re: Letter to the editor: selective episiotomy versus no episiotomy for severe perineal trauma: systematic review and meta-analysis

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Dear Editor,

We read with interest the letter to the editor written by Serati et al. [1], and we felt the authors misinterpreted some aspects of our study [2]. We disagree with the statement that “episiotomy could be a foe of the female quality of life in every case.” We did not mean to convey that sentiment; in fact, we wrote in the introduction that routine episiotomy is not recommended anymore. Our systematic review (SR) followed all the recommended steps in the PRISMA guidelines, and meta-analysis/quality of evidence was guided by the Cochrane Handbook of Systematic Reviews. Our conclusion is straightforward: that non-episiotomy did not present any difference with regard to selective episiotomy. It is obvious that, considering the available data, further studies are needed to determine whether this information will change in the future.

According to the Cochrane Library [3], the minimum number for performing these analyses is two studies. There are several reviews in the medical literature with meta-analyses that have contained only two studies, and the discussion about this and its clinical significance remains controversial. Moreover, there are no current guidelines affirming that meta-analyses should be done only in situations in which a statistically significant result might be found, as the authors suggest. Indeed, the groups were similar with regard to the frequency

of events, but the heterogeneity of most forest plots in our review was low, and this reduced the differences within each group. This cannot be considered a bias; it is simply the results from both studies, which showed similar frequency of events.

Finally, publishing non-different, negative, or inconclusive results should not be an issue [4]. Our review states the future studies are needed; most importantly, it presents the best available evidence on the subject to date. Information, if properly written, is important for our scientific audience.

### Compliance with ethical standards

**Conflicts of interest** None.

### References

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3. Cochrane Handbook for Systematic Reviews. Chapter 10: analysing data and undertaking meta-analyses. Accessed in May 9<sup>th</sup> 2020. Available at: <https://training.cochrane.org/handbook/current/chapter-10>.
4. Nygaard I. The importance of publishing trials with negative results. *Am J Obstet Gynecol*. 2017;216(6):541–2.

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