

Perineal massage information for women to reduce the risk of tearing in childbirth

The aim of this leaflet

To inform women from 34 weeks how to do perineal massage to reduce the risk of severe tearing in childbirth.

What is the perineum?

The perineum is the area of skin and muscles between your vagina and anus (front and back passage). This area naturally stretches to allow your baby's head and body to be born.

This stretching can result in tears to the perineum and vagina if the skin is unable to stretch enough to accommodate the birth of the baby. Most tears will be straight forward and will heal very well.

In a small number of ladies a tear can be more complicated and involve the muscle around the back passage (anus).

Tears that involve the anal muscle are called 3rd and 4th degree tears, they are repaired in a theatre so that excellent pain relief can be given while stitches are put in to aid healing.

What can I do to reduce tearing?

Research has shown that massaging your perineum from approximately 34 weeks of pregnancy reduces the likelihood of the need for an episiotomy and the incidence of perineal tears that require stitches. Studies have suggested perineal massage to be particularly beneficial in women having their first vaginal birth. Perineal massage has also been shown to reduce perineal pain in the months following childbirth for women who have had more than one vaginal birth. If you have previously had a perineal tear or episiotomy you can still perform antenatal perineal massage if you feel comfortable to do so.

Your Midwife or obstetrician may also apply a warm compress and support the perineal area immediately prior to delivery of your baby.

When do I start perineal massage?

You can start any time after 34 weeks of pregnancy and should massage 3-4 times a week for 5-10 minutes each time. However, even undertaking the massage once or twice a week may be of benefit. There are no known risks from massaging your perineum.

How do I do perineal massage?

The first few times you may find it easier to use a mirror and look at your perineum during massaging. It is entirely up to you if you wish your partner to assist you in the massage.

Ensure your bladder is empty and wash your hands before you start.

Adopt a comfortable position: the massage can be done in several positions; sitting, lying supported by pillows, squatting against a wall or standing with one foot raised and resting on the bath or toilet.

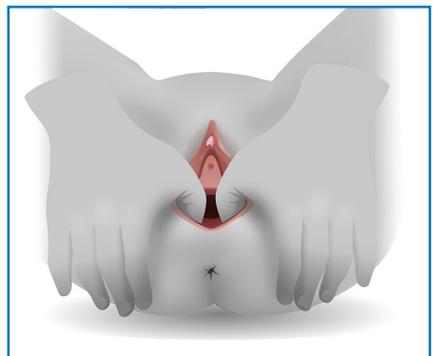
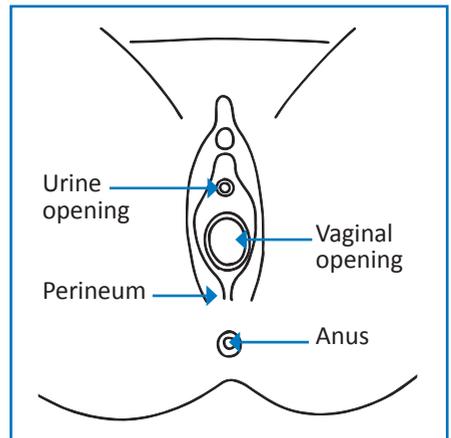
You may find it more comfortable to undertake the massage after a bath or shower, as the warmth of the water can aid in softening the surrounding tissues.

You can use olive oil, sunflower oil or sweet almond oil as lubrication (Do not use sweet almond oil if you have a nut allergy); if you are sensitive to any of these you can use a water-soluble lubricant jelly. **Do not use baby oil, mineral oil, petroleum jelly or other petroleum based products.**

Lubricate thumbs or fingers and place 3-5cm inside the vagina. If doing this alone use 1 thumb or finger at a time on each side and then change over. Press the thumbs downward towards the rectum then move the thumbs and forefingers together in an upwards and outwards movement in a rhythmic "U" or sling type movement. May will feel a stretch in the muscles around the vagina, this may tingle but **should not hurt**.

If you feel pain during any part of perineal massage, stop and try again another time. Use more oil/lubricant if required to reduce friction. Be firm but gentle. Only do perineal massage if you feel comfortable to do so.

Gynaecology



You can discuss perineal massage with your midwife.

If you've previously had a tear concentrate on this area to aid stretching of the scar tissue.

Keep the massage to the perineal area not around the urine opening.

It is helpful to do regular pelvic floor exercises before and after your pregnancy.

Do not perform perineal massage if you think your waters may have broken, you have thrush, herpes or any other vaginal infection.

What is an episiotomy ?

An episiotomy is where the midwife or doctor makes a cut on the perineum at the time of the birth of your baby. This helps the vaginal opening to become wider, allowing more space to help deliver your baby. An episiotomy is usually a simple procedure. Local anaesthetic is used to numb the area around your vagina so you will not feel any pain. If you've already had an epidural, the dose can be 'topped up' before the cut is made. An episiotomy is only made with your consent, and when the midwife or doctor feels that it would be helpful. It is more likely that you will need an episiotomy if your baby needs to be born using forceps or suction, and in these circumstances it helps to prevent a 3rd or 4th degree tear.

What should I expect after having a tear or episiotomy

After having any tear or an episiotomy, it is normal to feel some pain or soreness around the tear or cut for two to three weeks after giving birth, particularly when walking or sitting. Passing urine can also cause stinging. The stitches used are dissolvable and the tear or cut should heal within a few weeks, although this can take longer for some women. The stitches can irritate as healing takes place but this is normal. You may notice some stitch material fall out and this is normal.

What can help my recovery if I have a tear or episiotomy?

Hygiene

- Wash your hands **before and after** going to the toilet , it is important to have clean hands before touching a wound to reduce the risk of it getting infected.
- Change your sanitary pad regularly every 2-4hrs
- Bathe or shower at least daily , do not use salt in the bath, avoid perfumed soaps and wipes.
- Use a clean towel or sanitary pad to dry the area
- Cotton underwear and cool loose clothing can prevent the area becoming too hot.

Diet and fluids

Eat a healthy well balanced diet with fruit and vegetables.

Drink plenty of fluids.

Avoid constipation

Empty your bladder regularly. To reduce stinging sensation you can pour warm water around the vaginal area while passing urine.

Avoid sitting in one position for long periods of time.

Do regular pelvic floor exercises.

You may find it helpful to support your perineum with a clean sanitary pad while opening your bowels in the first week or so.

Pain relief

Providing you are not allergic you can take paracetamol or ibuprofen according to the manufactures instructions. Try to avoid preparations that include codeine as they can increase the risk of constipation. Codeine should not be take if you are breast feeding.

When to seek medical attention

Tell your Midwife or doctor if:

- your stiches become very painful or smelly as they may have become infected
- If you stiches have 'come undone'
- You are unable to control your bowels or bladder.

For further information

- www.nhschoices
- You can discuss your concerns with your Midwife or G.P.

Patient Advice and Liaison Service (PALS)

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net