

## Perineal care in maternity

### Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

### What is your perineum?

Your perineum is the part of your body between the opening to your vagina and your anus (your back passage).

### What happens to my perineum during the birth of my baby?

As you are giving birth, your perineum stretches to allow your baby to be born. Most women (90% or 90 in 100) tear to some extent during childbirth, especially when giving birth for the first time, but you do not always need to have stitches. Even if you do not tear, there will be some bruising and tenderness.

### Preparing my perineum for birth

Evidence shows that, particularly for 1<sup>st</sup> time mums, perineal massage can prepare the perineum to stretch more easily during childbirth and reduce the chance of perineal trauma and episiotomies (an episiotomy is a surgical cut made, after local anaesthetic is given, to widen the vagina outlet to aid delivery).

First time mums and those who have had babies before both report less pain after the baby is born if they have done perineal massage at the end of their pregnancy.

### How to do it:

- Start at around 34 weeks of pregnancy
- The advice about frequency varies across research studies. However, benefit is more marked among those women who carry out perineal massage twice a week.
- Choose a time when you will be relaxed, comfortable and undisturbed i.e. after a bath or shower, before bed etc.
- Remember hygiene is paramount. Women should always wipe themselves from front to back (vagina to bottom) after passing urine or having their bowels open. Before perineal massage, always wash your hands and keep fingernails short.
- Choose a comfortable position i.e. in bed, sit upright with a pillow behind your back or underneath your bottom with knees bent out, or lying on your side.

- You can use a mirror to assist you to start with to help you see what you are doing.
- Use a natural unscented oil i.e. olive oil, sunflower oil or unscented KY jelly (you can use cooking olive oil or sunflower oil).
- Using either one thumb or both, insert your thumbs at the base of the vagina nearest the perineum, approximately 1 inch inside the vagina, or to about the first knuckle.
- Press down a little towards the rectum (back passage) and then gently massage your fingers in a “U” shape, up and out in a sweeping motion, and then back down again. Don’t massage the top part of the vagina where the urethra and clitoris are as this will be uncomfortable and can increase the risk of a urine infection.
- The second technique is to use one or both thumbs to apply steady, continuous pressure downwards towards the rectum for about 30 seconds.
- Alternate these two techniques. Aim to massage for about 5 minutes per session.
- You are aiming to massage the internal vaginal wall muscles but you will also feel a stretching sensation in the skin on the outside of the perineum. The massage should feel stretchy but not be painful.
- You may want to ask your partner to massage your perineum if you feel unable to do it yourself. The same technique applies. Remember to tell them to stop if it feels uncomfortable at any point.
- Focus on staying relaxed during the massage. With practice the perineum will become more stretchy and relaxed and you will be able to increase the pressure. Practising staying relaxed during this massage will help you to stay relaxed whilst the baby’s head is being born, meaning you can breathe the baby’s head out more slowly and reduce the chance of any trauma.

**Do not do perineal massage** if you have vaginal herpes, thrush or any other vaginal infection.

## Can anything be done during birth to prevent a tear?

Each woman is different and it is not possible to predict whether or not you will tear.

Big tears (third or fourth degree tear) are more likely if:

- this is your first vaginal birth
- you are of South Asian origin
- your second stage of labour (the time from when the cervix is fully dilated to birth) is longer than expected
- you require forceps or ventouse (assisted delivery methods using either surgical handheld tongs or a vacuum device) to help birth your baby
- one of the baby’s shoulders becomes stuck (shoulder dystocia)

- you have a large baby (over 4 kg or 8 pounds and 13 ounces)
- you have had a third or fourth degree tear before

Research has shown that a number of techniques can help to reduce the risk of big tears. **You can consent to all or none of these methods.** These techniques include:

1. The midwife can use her hands to support your perineum in a specific way. She will place one hand gently on your baby's head to support your baby. The other hand will gently press against your perineum pulling the tissue towards the center to support and stop this area of tissue overstretching during delivery. **This does not cause any** pain and is clinically proven to reduce your risk of big tears.
2. Slow, gentle birth of your baby's head; this will involve you working with your midwife to breathe slowly and control the urge to push. This can be challenging however it is very beneficial in helping to reduce the risk of big tears. Preparing with breathing techniques during pregnancy will help.
3. Using a warm compress to relax the perineum during the second stage of labour (the pushing stage). You can bring a washcloth or sanitary towel with you to use as a warm compress in labour. Your birth support partner can use warm tap water to warm the compress and apply it to your perineum.

## What type of tears can occur during birth?

Most tears occur in the labia, the perineum, the vagina, the area between the vaginal opening and the anus (back passage). Very rarely, the cervix (neck of the womb) can tear during childbirth.

An episiotomy might be performed. Reasons for having an episiotomy may include forceps or ventouse delivery, or if your baby becomes distressed during the birth and needs to be born quickly.

## How is a tear diagnosed?

After the birth of your baby, the midwife or doctor will examine your vagina, perineum and anus carefully to check for any tears. Their findings will be diagnosed as follows;

1. Labial tears: mostly superficial skin breaks which heal naturally, but if they are bleeding or occur on both sides they should be stitched.
2. First degree tears: very small tears of the perineum, involving only the skin, which usually heal naturally. If it is bleeding however it should be stitched.
3. Second degree tears: deeper tears affecting the muscle of the perineum as well as the skin. These will require stitches.
4. Third degree tear: extends downward from the vaginal wall and perineum to the anal sphincter, the muscle that controls the anus.
5. Fourth degree tear: extends to the anal canal and maybe into the rectum.

Third and fourth degree tears are rare; they occur in 6% (6 in 100) of first time births and 2% (2 in 100) of in second or subsequent births.

They need to be repaired by a senior doctor in theatre with anaesthetic. You will be given a detailed plan for follow up afterwards including an appointment at the hospital 6–12 weeks after you have given birth to check that your stitches have healed properly. You will be asked questions specifically about your urine and bowel functions. If there are any complications, you may be referred to a specialist.

## How are tears stitched?

Tears and episiotomies (a surgical cut) are repaired with stitches (sutures) that hold the edges of the wound together so healing can take place. The stitches will be put in by a midwife or doctor and anaesthetic will be used; if you have an epidural that is working well or local anaesthetic to numb the area along with Entonox (gas and air) if needed.

The material used for stitches will dissolve gradually so that in most cases you will not require your stitches to be removed. If required, you will be given pain relieving, anti-inflammatory medicine during your stay and to take home. This medicine will not prevent you from breastfeeding your baby.

## Are there any possible complications?

Frequently, women experience pain in their perineum and vagina as well as discomfort passing urine.

It is important to drink plenty of water so that your urine is less concentrated. Some women find it helps to pass urine during a bath or shower. Pat the area dry afterwards. Remember to wash your hands before and after touching your perineum.

You can take pain relief such as paracetamol. You may have pain relief prescribed on a regular basis for the first few days. While you are in hospital your midwife will be able to give stronger pain relief if you need it.

Rarely, tears can fail to heal properly and they can also become infected. In both cases you would need to come back to hospital to be checked by a doctor. You might need to take antibiotics or have new stitches done in theatre.

Very rarely, you may have a fistula (hole) between your anus and vagina after the tear has healed. This can be repaired by further surgery.

Contact your midwife or general practitioner if:

- your stitches become more painful or smell offensive – these may be signs of an infection
- you cannot control your bowels or flatus (passing wind)
- you feel a need to rush to the toilet to open your bowels
- you have any other worries or concerns.

## What can I do to help the tear heal?

- **Always wash your hands** before and after using the toilet, changing your sanitary pad or touching your stitches. This will reduce the risk of infection. This is especially important if you have a sore throat or chest infection, or are in close contact with someone who has.
- It is important that **your Midwife checks your stitches** at each postnatal visit to ensure it is healing and no infection is present.
- Keep the area clean. Have a bath, shower or use a bidet at least once a day and change your sanitary pads regularly, at least three times during the day. There is no need to add anything to your bath to promote healing. Use mild unscented soap, and ensure the perineum is rinsed after with clean water. Gently pat dry after cleansing.
- Avoid standing or sitting in the same position for long periods. Ensure you are comfortable when sitting to feed your baby. Alternatively, try lying on your side to feed.
- Drink plenty of water and other fluids and eat a healthy, balanced diet including fruit, vegetables, cereals and wholemeal bread and pasta. A healthy balanced diet will give you iron and vitamins to promote healing and it will prevent you becoming constipated.
- Regular pain relief will enable you to move more easily; walking helps prevent stiffness and reduce swelling.
- Avoid wearing Lycra, tight trousers or jeans.
- Avoid synthetic underwear, opt for cotton to prevent thrush or allow the skin to breathe
- When you get home and have some privacy, you may find relief by lying in bed without a sanitary towel and letting your perineum 'air dry'.
- Begin doing pelvic floor exercises as soon as you can after the birth. This will help increase the blood supply to the area and help the healing process. The exercises will also help your pelvic floor regain its tone and control. We will give you a separate leaflet explaining how to do this exercise after your baby is born.
- Regular bowel motion; you may worry about your stitches when you have your bowels open for the first time after the birth. The first few times you have your bowels open, hold a clean pad against your perineum to support it. If you are unable to have your bowels open, your midwife will be able to give you some medicine which will soften your stools. This will make it easier for you to have your bowels open.

## Follow up appointments

If there are any complications from the tear or stitches, you may be referred to a specialist. It is important that you contact your midwife or GP if you notice you cannot control your bowels or flatus (passing wind) or you feel a need to rush to the toilet to open your bowels.

## How might a tear affect future births?

It is very unlikely that a perineal tear will prevent a subsequent vaginal birth. If your tear has healed completely and if you do not have any symptoms from the tear, then you should be able to have a vaginal birth. Your Midwife or Obstetrician will discuss this with you at your follow-up appointment or early in your next pregnancy.

## References

[www.rcog.org.uk/en/blog/perineal-tearing-is-a-national-issue-we-must-address](http://www.rcog.org.uk/en/blog/perineal-tearing-is-a-national-issue-we-must-address)

[www.rcog.org.uk/en/patients/patient-leaflets/third--or-fourth-degree-tear-during-childbirth](http://www.rcog.org.uk/en/patients/patient-leaflets/third--or-fourth-degree-tear-during-childbirth)

[www.cochrane.org/CD005123/PREG\\_antenatal-perineal-massage-forreducing-perineal-trauma](http://www.cochrane.org/CD005123/PREG_antenatal-perineal-massage-forreducing-perineal-trauma)

[www.cochrane.org/CD006672/PREG\\_perineal-techniques-during-second-stage-labour-reducing-perineal-trauma](http://www.cochrane.org/CD006672/PREG_perineal-techniques-during-second-stage-labour-reducing-perineal-trauma)

### PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

## Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at [www.careopinion.org.uk](http://www.careopinion.org.uk).

Northern Devon Healthcare NHS Trust  
Raleigh Park, Barnstaple  
Devon EX31 4JB  
Tel. 01271 322577  
[www.northdevonhealth.nhs.uk](http://www.northdevonhealth.nhs.uk)

© Northern Devon Healthcare NHS Trust  
This leaflet was designed by the Communications Department.  
Tel: 01271 313970 / email: [ndht.contactus@nhs.net](mailto:ndht.contactus@nhs.net)