

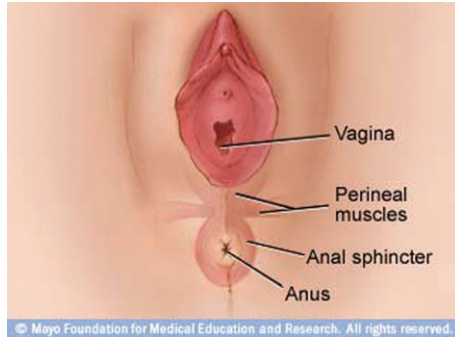


Taking care of your perineum before, during and after birth



Where is my perineum and what happens during childbirth?

Your perineum is the area between your vaginal opening and your rectum. This area stretches during childbirth and sometimes it tears.



What is a perineal tear?

A perineal tear is tearing of the skin and/or muscles in the area between your vagina and rectum, there are four types of tears and these are known as 1st, 2nd, 3rd and 4th degree tears.

- 1st degree tears involve injury to the skin only
- 2nd degree tears involve injury to the perineal muscles
- 3rd degree tears involve injury to the perineal muscles and the anal sphincter
- 4th degree tears involve injury to the perineal muscles, anal sphincter and the lining of the rectum.

How will my perineum be repaired if a tear occurs?

Repair of 1st and 2nd degree tears can be done by a midwife in your home or in the hospital. Tears that are 3rd and 4th degree have to be stitched by a doctor in a hospital theatre. This allows the proper pain relief to be used, normally a spinal block given by an anaesthetist.

If I have a repair what do I need to do afterwards?

The stitches will dissolve after approximately 30 days, it is important to keep the area clean but avoid long periods in the bath as this may interfere with healing (10 minutes soak should be sufficient).

A community midwife will check that your perineum is healing well at your home or in a post natal clinic.

It is advisable for all women, even those without tears, to commence pelvic floor exercises as soon as possible after giving birth.

The O.R.B project

At Brighton and Sussex University Hospitals we have launched a project to reduce the more major 3rd and 4th degree tears that occasionally occur in childbirth. These tears are referred to as OASI (Obstetric Anal Sphincter Injuries). We are joining other NHS Trusts who have implemented similar projects with a significant reduction in these types of injuries.

Our project is called 'ORB', which stands for OASI Reduction at BSUH. We hope this project will help to improve consistency of practice and raise awareness of perineal care amongst childbirth practitioners and lead to a reduction in major tears.

The ORB project incorporates four main principles during delivery of your baby's head:

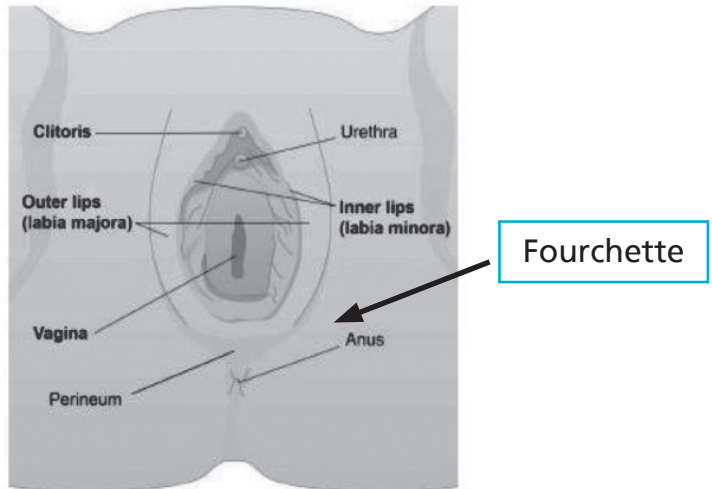
Position: It is advised to adopt the best positions to reduce the likelihood of a major tear, such as being on hands and knees and avoid positions that can increase the risk. Your midwife will guide you with this and help you to feel comfortable and safe. It is recommended to remain mobile and upright during labour.

Guide: Your midwife will support you to have a slow, controlled delivery of baby's head, talking you through this and helping to keep your birth calm and gentle.

Protection: a warm pack may be applied during the end of the second stage of labour, whilst your perineum is being stretched by baby's birthing head. With your consent a hand may also be gently placed on the baby's head by your midwife.

SLOW: With guidance and gentle use of her hands on baby's head together you and your midwife will aim to achieve a slow delivery of your baby's head, helping to avoid or minimise any damage.

Perineal massage to prepare the perineum for childbirth



What is it?

A daily massage of the perineum for 5-10 minutes from 34 weeks of pregnancy.

Why do it?

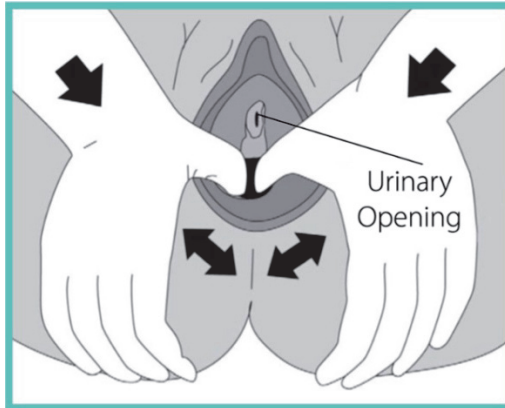
Research shows that perineal massage can SIGNIFICANTLY reduce your chance of perineal tears that require suturing and episiotomies (small cuts and stitches), particularly women expecting their first baby.

How?

Massaging the perineum in pregnancy improves its' natural ability to soften and stretch during the last moments of giving birth, often known as 'crowning'. Depending on what feels right for you, you or your partner can do this. It might also help to have a mirror handy before you start.

- It can help relax the muscles to have a bath or shower first and maybe have some music on a podcast or the TV on in the background if that helps. Some women might put on hypnobirthing music they are using for birth preparation. Some women find it helpful to relax the muscles with a gentle slow out breath, that is longer than the in breath.
 - Different positions to try might include standing with one foot on a chair/bath/bed or sitting on the edge of a bed or lying on your side (find whatever feels comfortable).
1. Massage a good quality vegetable oil, not mineral or baby oil, into the perineal area, particularly around the fourchette.
 2. Place thumbs inside your vagina.
 3. Press downwards towards your rectum and to the sides at the same time, until there is a slight burning, stinging or tingling sensation (but no pain).
 4. Hold the pressure for one minute breathing deeply and slowly.
 5. Keep pressing with your thumbs and then slowly and gently massage back and forth over the sides of your vagina in a "U" movement for 3 minutes.

- Relax and repeat again if comfortable to do so.



When is it not necessary to carry out a perineal massage?

- If you are planning a caesarian section birth.
- If you have any current vaginal infections, thrush, herpes or any other concerns please discuss with your midwife first.

Remember:

With time and practice the tissues will relax and stretch. This massage should not be painful or stressful and should you find it so please ask your midwife for more advice.

By letting us know we can discuss and worries you have about giving birth and look at other ways to support you through this.

There is a useful video here for further guidance:

<https://www.bsuh.nhs.uk/maternity/giving-birth/preparing-for-birth/perineal-massage/#1>

(Some info sourced from the RCM, Babycentre, local Trust protocol and My Pregnancy Matters).

Pelvic floor exercises

The pelvic floor is made up of the deep muscles that span the bottom of your pelvis, supporting the uterus and helping to control the bladder and bowel. Like many aspects of our body and how it functions, it is given little thought until it no longer works properly.

Being pregnant can place a lot of stress on your pelvic floor as your baby is supported in the pelvis by your pelvic floor muscles. During delivery, the same muscles become very stretched, which can then cause many common pelvic floor problems including loss of bladder and/or bowel control, pelvic organ prolapse and reduced sensation or satisfaction during sex.

Exercising the pelvic floor muscles during and after pregnancy can help to protect you from these problems, both in the short and long term. The good news is that pelvic floor muscle exercises are easy to perform and can be done anywhere. Just a little time spent exercising them every day will help to either maintain or restore their strength.

How to exercise your pelvic floor using the 10 x10 method

It's important to focus on the right group of muscles when exercising your pelvic floor. You shouldn't be working the muscles in your legs, buttocks or above your tummy button and you mustn't hold your breath.

- Tighten the muscles around your back passage (as if trying to stop yourself passing wind) and draw them up and forwards.
- At the same time, tighten the muscles around your front passage (as if trying to stop yourself from weeing). You should feel a 'lift and squeeze' inside.
- Once you've identified the right muscles, try and see what they can do.
- Squeeze and lift your pelvic floor muscles as hard as you can. Hold for a count of 10 seconds. If your muscles feel too weak to hold for 10 seconds, aim to build up the time slowly.

- Repeat this exercise up to 10 times a day. Pelvic floor muscles are like any other muscle and the more you exercise them the stronger they become.

The Squeezy app has been specially designed by NHS health professionals to help women remember to do their pelvic floor muscle exercises. It is £2.99 and all proceeds go back to the NHS.

There are free apps available, that you can find on-line.

- <http://www.squeezyapp.co.uk/info/index.html>
- Chartered Society of Physiotherapy (CSP) www.csp.org.uk
- Royal College of Midwives (RCM) www.rcm.org.uk
- Baby Centre UK www.babycentre.co.uk

You will need to think about bracing the pelvic floor and stomach muscles if you need to lift anything heavy. Try to keep the amount of lifting you do to a minimum, particularly in the early days after your baby is born, ideally lifting nothing heavier than your baby, and try not to stand for long periods.

Do ask your midwife to check that you are doing the exercises properly before you leave the hospital or when your community midwife visits you.

Further information

For more information about health issues and local services please visit our website at www.mypregnancymatters.org.uk

© Brighton and Sussex University Hospitals NHS Trust

Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Ref number: 516.1

Publication Date: August 2018

Review Date: August 2020

