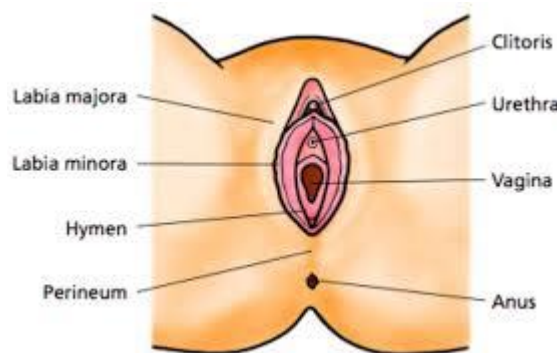


Patient information

Perineal massage

Why massage the perineum?

Around 85% of women who give birth vaginally sustain some degree of perineal trauma. Most heal without any problems or adverse effects, but for some women there may be longer term implications.



It is thought that massaging the perineum during pregnancy may increase muscle and tissue elasticity and make it easier to avoid tearing during a vaginal birth.

What is the evidence for perineal massage?

In 2006, Beckmann and Garrett combined the results from four randomised, controlled trials that enrolled 2,497 pregnant women. Three out of the four studies included first time mothers only. All four of the studies were of good quality.

The findings were that women who were randomly assigned to do perineal massage had a 10% decrease in the risk of tears that required stitches ('perineal trauma'), and a 16% decrease in the risk of episiotomy (a surgical cut to the perineum as the baby is born). These findings were only true for **first-time mothers**.

Perineal massage did not reduce the risk of trauma in the group of mothers who had given birth before. However, the mothers in the perineal massage group reported a 32% decrease in ongoing perineal pain at three months after having their baby.

Surprisingly, Beckmann and Garrett found that the more frequently women used perineal massage the less likely they were to see any benefits.

Women who massaged 1 - 2 times per week had a 17% reduced risk of perineal trauma.

Women who massaged 2 - 3 times per week had an 8% reduced risk of perineal trauma.

Those who massaged more than 3 times per week experienced **no** benefits.

This was an unexpected finding and the researchers were unable to explain why this could have been. It conflicts with another large study back in 1999 which found that the more often women massaged, the more likely they were to avoid perineal trauma.

Please note that some of this research was conducted in the USA and it is possible that the episiotomy rate varies (and may be lower) in England.

Other results shown by the research

There were **no differences** between women who performed perineal massage and those who did not with regard to:

- First degree tears (minor grazes to the skin)
- Third and fourth degree tears (injury to the anal sphincter muscle)
- Need for help during the delivery - forceps or ventouse
- Sexual satisfaction 3 months after giving birth
- Pain with sexual intercourse 3 months after giving birth
- Problems with bladder or bowels after giving birth

If you choose to give perineal massage a try, here is what you need to know:

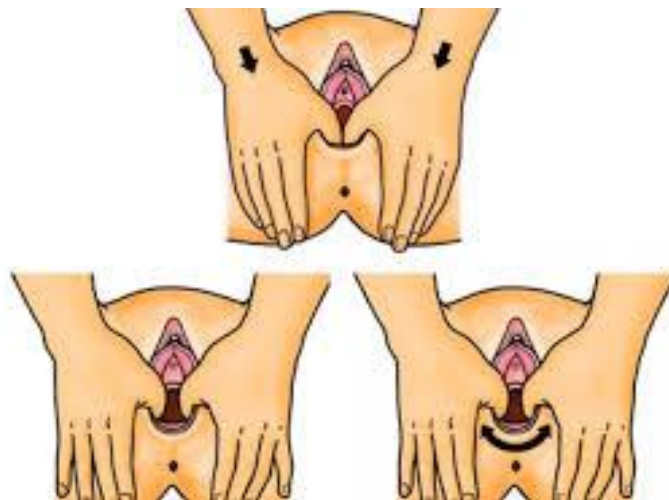
Always wash your hands before doing perineal massage. It is probably more comfortable to do the massage after a bath, as the warm of the water can soften the area.

Make sure your bladder is empty and position yourself comfortably (laying back on the bed, squatting against a wall, or standing with one foot raised and resting on the edge of the bath or chair, etc.)

You will need to use a lubricant – you can use an unscented organic oil such as olive, sweet almond or sunflower oil. If you are sensitive to any of these, you can use a water soluble lubricant gel. Do not use baby oil, mineral oil or petroleum jelly.

If you are doing the massage yourself, it is probably easiest to use your thumbs. Otherwise your partner can use both index fingers.

Place your thumbs into the vagina and apply downward or sweeping pressure towards the perineum as pictured. Try to relax and practice slow, deep breathing techniques. The massage should not be painful.



It is suggested that that you aim to do this twice per week from around 35 weeks in your pregnancy.

Do not do perineal massage if:

- If you have vaginal thrush, herpes or any other vaginal infection
- If you think your waters have broken

What else can I do to reduce the risk?

Pelvic floor muscle exercises

It is very important to strengthen the muscles of your pelvic floor by doing regular pelvic floor exercises. You should do this throughout your pregnancy and continue to do them after your baby is born to help prevent bladder problems in the future. Ask your midwife for leaflet which explains how to do them.

Warm compress during the second stage of labour

There is some evidence that a warm compress on your perineum during the second stage of labour (pushing) may further help to reduce your risk of trauma to the muscle around the back passage. Ask your midwife about this when you are in labour.

References

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Labreque M, Eason et al (1999) Randomised controlled trial of prevention of perineal trauma by perineal massage during pregnancy American Journal of Obstet Gynaecol 180 (3): 593-600

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