

Protecting your perineum by reducing the risk of third and fourth degree perineal tears



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Western District Health Service - Maternity Services

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What are perineal tears?

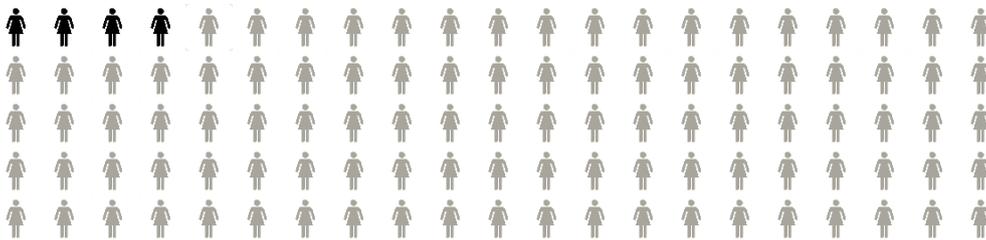
- Perineal tears affect the skin and muscles of your perineum, between your vagina and anus.
- First and second degree tears are quite common and usually heal without difficulty.
- These tears may need stitches and follow up with your doctor.

What are third and fourth degree tears?

- Third degree tears go through the muscles that control the anus (back passage).
- Fourth degree tears extend into the lining of the anus or rectum. Third and fourth degree tears usually require repair in an operating theatre.

Could this happen to me?

- Approximately 4 out of every 100 women having a vaginal birth experience a third or fourth degree tear.



Your chance of third and fourth tear is increased if:

- this is your first baby
- you are of Southeast Asian background
- you have previously had a third or fourth degree tear
- your baby weighs more than 4kg (9lb) or is in a position with their back against your back (posterior)
- your baby's shoulders become stuck during birth
- you require forceps or other instruments to assist your birth

For some women a third or fourth degree tear can result in a loss of bowel control. Lasting effects can be minimised with accurate diagnosis and appropriate management and follow up.

Outlined below are the elements in the Perineal Protection Bundle which when implemented together have been demonstrated to reduce rates of third and fourth degree perineal tears

What does this mean for my care?

The following care elements have been demonstrated to reduce third and fourth degree perineal tears and should be offered to all women having vaginal births:

- Application of a warm compress to your perineum when your baby's head is crowning. This helps the muscles in your perineum stretch naturally.
- Encouraging you to move during your labour and to adopt birthing positions, during the second stage of your labour (when your baby's head is emerging) that will help your baby to be born slowly and not in a rush (e.g. on hands and knees).
- Helping you to have a slow, controlled birth through breathing techniques, and without directed pushing.
- Using hands to gently support your perineum during the birth of your baby's head and shoulders.

For births that require instrumental assistance

- Sometimes instruments, such as forceps or a vacuum (ventouse) are needed to assist with the birth of your baby. Forceps and ventouse are instruments that enable your obstetrician to pull, in time with your contractions, to assist with the birth of your baby.
- Which instrument is used depends on how your birth is progressing and the position your baby is in. These instruments can help the mother and baby achieve a safe vaginal birth.
- If this is your first birth and you require assistance by forceps or ventouse we will recommend an episiotomy. An episiotomy is a cut made with scissors at the entrance to your vagina into the perineum.

How will I know if I have a third or fourth degree perineal tear?

- After the birth of your baby we will examine your perineal and anal area to see if you have a perineal tear. To ensure a tear is not missed we recommend a rectal examination for all women.
- This examination can detect internal tears, and ensures we are able to offer appropriate treatment and follow up.
- We will ask for your consent before we conduct this examination, and you can withdraw your consent for the examination at any time.

What happens if I get a third or fourth degree tear?

- The tear will need to be repaired, usually in the operating theatre. Your baby will be looked after by your partner, a family member or a midwife. Support will be provided to them.
- You should be provided with pain relief and information on what you can do to help the tear heal.
- An appointment will be made to see a health professional after you go home. Follow up with an experienced women's health physiotherapist is also recommended.

Perineal massage

What is perineal massage?

Perineal massage is a method of preparing the outlet of the birth passage, particularly the perineum, for the stretching and pressure sensations during the birth of your baby. It has been used in different countries and cultures throughout much of human history.

The aim is to avoid trauma to that area; either tears or an episiotomy (a cut made in the perineum to enlarge the outlet). A large study has shown that women experiencing their first vaginal birth, who practice perineal massage from 35 weeks of pregnancy, have a lower risk of serious tearing (requiring stitches) or episiotomy.

Perineal massage will make you more aware of this area and will assist you to relax and open up for your baby's birth. Women who have consistently performed perineal massage do not report the extremes of stinging and burning that often accompany the birth of baby's head. Furthermore, perineal massage also decreases the chance of ongoing perineal pain at three months post-delivery.

Recommended practice

It is recommended that antenatal perineal massage be commenced from 35 weeks of pregnancy. The benefit is seen when practiced just once or twice per week. Performing perineal massage more frequently than this recommendation may decrease the protective effect. ^{1,2}

You may experience a strong stretching, or burning sensation when you first start massaging, but this should decrease over time.

What should I do prior to performing perineal massage?

- Empty your bladder
- Wash your hands and find a relaxing place to perform the massage (bathroom, bedroom, or anywhere else you are comfortable)
- A warm bath or warm compresses on the perineum for 10 minutes prior to the massage may help with relaxation
- Sit/position yourself comfortably
- Use a mirror to become thoroughly familiar with the vaginal opening and the perineum

Technique

- Put a water-soluble lubricant, or natural oil like olive oil, on your thumbs and the perineum
- Place thumbs just inside the vagina to a depth of three to five centimetres
- Gently press downward towards the rectum and to the sides of the vagina at the same time to stretch the opening, until a very slight burning, stinging, or tingling sensation is felt
- Work the lubricant in slowly and gently, maintaining the pressure and pulling the perineum forward a little as you sweep your thumbs from side to side of the vagina in a “U” shaped motion for approximately two minutes
- The massage can be done in one direction at a time i.e. from side to side, or the thumbs can be swept in opposite directions. Try different ways until you find which is more comfortable for you.
- Focus on relaxed breathing whilst trying to consciously relax the pelvic floor muscles and allowing the tissues to stretch
- Relax and repeat once.

If your partner is assisting you or performing the massage for you, they need to use clean hands and one or two index fingers inside the lower part of the vagina. It is important to tell your partner how much pressure to apply without causing pain.

Caution: Avoid pressure at the top of the vaginal opening. Massage gently as forceful massage could cause bruising or swelling. Cease massage with any pain or discomfort.

Contraindications

Do not perform perineal massage in the following situations:

- prior to 34 weeks of pregnancy
- if you have placenta praevia (a low-lying placenta) or any other condition where there is bleeding from the vagina during the second half of pregnancy
- if you are suffering from vaginal herpes, thrush or any other vaginal infection, as massage could spread the infection and worsen the condition.

Pelvic floor exercises

Pelvic floor exercises should be practised daily throughout pregnancy. This practice will help you to be able to consciously relax the muscles of the pelvic floor, which is exactly what you will do to assist in the birth of your baby. Pelvic floor exercises after birth will help you to re-tone your stretched muscles and tissues.



References

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