

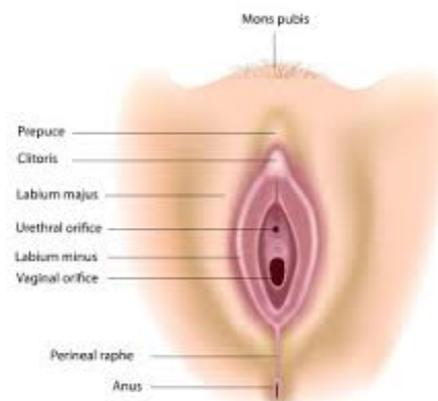
# How to minimise perineal tears at your birth

**This leaflet has been produced to help you prepare your perineum and pelvic floor muscles for the birth of your baby.**

**If you are unsure about anything then please speak to your midwife or GP.**

## What is the perineum and pelvic floor?

The perineum is the area of tissue and muscles between your vaginal opening and anus (back passage) which connects to the muscles of your pelvic floor. Your pelvic floor muscles and supporting ligaments act as a hammock to support your pelvic organs such as your bladder and bowels, maintain continence (control) of your bladder and bowels and help to support your spine. During pregnancy, hormones such as relaxin and progesterone soften your ligaments making them more elastic and stretchy. During labour your pelvic floor stretches, thins and enable's the rotation of the baby's head during birth. This natural stretching can result in some degree of perineal tearing during the birth of your baby, which is very common, especially for a first vaginal birth. Around 85% of women having a vaginal birth will experience some degree of tear or an episiotomy, with 65-75% of women needing some stitches.



## Types of perineal tears

Types of perineal tears	Classification
First degree	Injury to the perineal skin layer only.
Second degree	(Equivalent to an episiotomy). Injury to the perineal muscle and skin layers.
Third degree	This tear also involves the muscles that control the anus.
Fourth degree	More extensive than a third degree tear and extends further into the lining of the anus or rectum.

## Risk factors linked to perineal tears

There are a number of factors that can be linked with perineal tears, these are:

- Having your first baby.
- A baby born over 4kg (8lb 8oz).
- A quick birth.

- If your labour was started artificially (induced).
- A prolonged second stage.
- If your baby is in a back to back (OP) position.
- Forceps or Ventouse instrumental assisted birth.
- An epidural for pain relief as there is a link with an instrumental assisted birth.
- You may be slightly more likely to have a third or fourth degree tear if you have had one before or you are of South Asian origin.

## Can perineal tears be prevented?

Perineal tears may be prevented or minimised using some of the following techniques:

- Antenatal perineal massage.
- Positions for birth.
- Using a warm compress on your perineum during the birth.
- Having a slow and controlled birth of your baby's head and shoulders.

## What are the benefits of antenatal perineal massage?

Perineal massage is a way of preparing your perineum to stretch more easily and less painfully during the birth of your baby and is particularly beneficial if you are having your first vaginal birth, if you are over 32 years old (as collagen levels start to decrease), if you have any previous scar tissue, if you are a horse rider or a dancer.

Although research has shown that perineal massage does not make any measureable difference to the rate of tears, it does reduce the likelihood of needing an episiotomy or having a tear that requires stitches.

Perineal massage has also been shown to reduce perineal pain in the months following childbirth for women that have previously had more than one vaginal birth, so if you have previously had a perineal tear or an episiotomy then you can still perform antenatal perineal massage if you feel comfortable to do so.

## When do I start antenatal perineal massage?

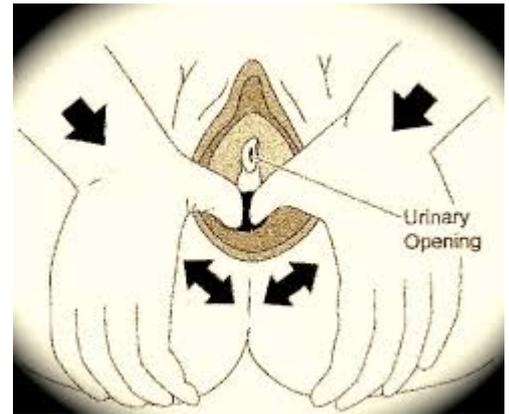
You can start anytime from 34 weeks pregnancy and it is recommended that you massage 3-4 times a week for 5-10 minutes each time. The massage should not be painful.

## Instructions for perineal massage:

- Leaning over the back of a bed, lying on your side (left lateral) and avoiding lying on your back with your legs wide apart has been shown to reduce the likelihood of an episiotomy and tearing, particularly if this is your first baby. The position for your birth is your choice, but your midwife will guide you through the progress of your labour and the different positions that you could try to help your labour and the birth of your baby. You or your partner can undertake perineal massage.

- Wash your hands and keep fingernails short.
- Relax in a private place, sit with your knees bent in an upright position, leaning on some pillows for back support if preferred.
- It can be helpful to start following a shower or bath.
- Use a lubricant such as vitamin E (avoid nut based oils if you have a known allergy)
- Place lubricated thumbs or thumb 1 to 1.5 inches inside your vagina.
- Press down towards the anus and to the side, hold for about 1-2 minutes until you feel a slight stretching, burning sensation, this is simulating the baby's head being born.
- With your thumbs, slowly massage the lower half of the vagina using a 'u' shaped movement, while focusing on relaxing.
- You will notice the area becoming more stretchy and with less of a burning sensation as you get used to practising the technique.

There are no known risks for massaging your perineum, but you should not perform perineal massage if your waters have broken, have vaginal thrush (candida), genital herpes or any other vaginal infection. If you suspect you have any of these conditions then please consult your midwife.



## Positions for birth

Leaning over the back of a bed, lying on your side (left lateral) and avoiding lying on your back with your legs wide apart has been shown to reduce the likelihood of an episiotomy and tearing, particularly if this is your first baby. The position for your birth is your choice, but your midwife will guide you through the progress of your labour and the different positions that you could try to help your labour and the birth of your baby.

## Use of water for labour and birth

Evidence suggests that water birth may be linked to an increase in first and second degree tears but a decrease in the rate of third and fourth degree tears. The use of water also decreases the use of episiotomies and does shorten the second stage. When you birth in water, midwives are 'hands off' the perineum during your birth, which might be linked with a slight increase in tears due to the expulsive nature of the head and body under the water.

There may be times when it is recommended that you use the water for pain relief but exit the water for birth and this will be discussed with you in advanced of entering the water.

## Warm compress on perineum during second stage of birth

The use of a warm compress (a pad or flannel), that is kept warm between contractions, has been shown to significantly reduce third and fourth degree tears and pain at birth. By soaking a compress in warm water (between 45-59c), wrung out and gently placed on the perineum, it can

help with the last part of the second stage of labour as your baby's head begins to stretch the perineum.

### **Slow and controlled birth of your baby**

Research has shown that by controlling the speed of the birth of your baby's head and shoulders, the incidence of severe tears can be reduced by 50%. The midwife will watch your baby's head advancing, placing gentle pressure on your baby's head if necessary, asking you to breathe or pant and not push as your baby's head starts to crown. This allows your perineum to stretch in a slow and controlled way. We will encourage you to go with your instinctive urge to push although some women may need more direction especially when there is an epidural for pain relief.

### **The use of perineal stretching devices**

Perineal stretching devices are available to purchase online, to prepare and stretch the perineum in preparation for birth. Although their use may give increased confidence in preparation for birth, there is currently insufficient evidence to support promoting the general use of these devices.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

E Seddon, Midwife, March 2019  
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