

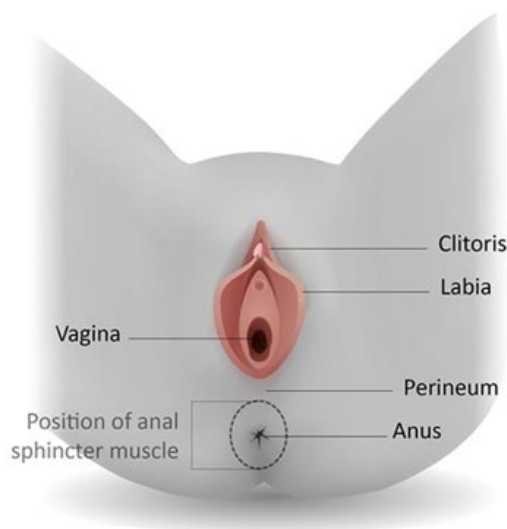


Preparing your perineum and pelvic floor muscles before birth

This leaflet has been produced to help you prepare your perineum and pelvic floor muscles for the birth of your baby/babies. This will help to minimise the risk of perineal tears during birth. If you are unsure about anything, please speak to your midwife or doctor.

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 stretchier. During labour your pelvic floor stretches and becomes thinner to allow the baby's head to move during birth. In 9 out of 10(4) of all vaginal births there will be some sort of tear (or an episiotomy – a cut made in the tissue between the vaginal opening and the anus during childbirth) and with 65-75% will need some stitches.



Types of perineal tears

Types of perineal tears	What that means
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

A number of factors can be linked with perineal tears, and you may have an increased risk if:

- this is your first vaginal birth
- you are sitting on your bottom or lithotomy position (on your back with your legs at 90 degrees)

- your baby's birth weight is over 4kg (8lb 8oz)
- if your birth happens quickly, not allowing your perineum to stretch
- you need an instrumental or assisted birth using forceps or a ventouse
- your baby's shoulder gets stuck behind the pubic bone (shoulder dystocia)

There are also certain birth positions, that don't encourage your pelvis to be open, increasing the risk, such as sitting on bottom and lithotomy (laying on your back with your legs at 90 degrees). We will talk about the best positions in this leaflet.

There is also an increased risk of perineal tears if:

- your labour was started artificially (induced)
- you have a long second stage (the stage during which you push your baby out)
- your baby is in a back to back (OP) position.
- if you have an epidural for pain relief as there is more likelihood of 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?

The risk of perineal tears can be reduced using some of the following techniques:

- Antenatal perineal massage.
- Active and upright positions for birth such as birthing in left lateral or on all fours.
- 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.

Perineal massage may reduce the likelihood of needing an episiotomy and may reduce the degree of tearing.

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 of 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:

- 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 do perineal massage 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 2-3 minutes until you feel a slight stretching or slight 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, remember to breathe and focus on relaxing.
- Repeat the massage 2-3 times (so 6-9 minutes) and repeat daily
- After a few weeks you will notice the area becoming stretchier 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

Active and upright positions can help reduce the risks of perineal tears. Leaning over the back of a bed or lying on your left hand side (left lateral) are also encouraged. We suggest avoiding lying on your back with your legs wide apart. The position for your birth is your choice, but your midwife will guide you through different positions to enable the best experience possible.

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 can shorten the second stage of labour. 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.

There are lots of benefits to a water birth, both for pain management while in labour and during the birth. The water can have a softening effect on the perineum and can reduce the risk of third or fourth degree tears or the need for episiotomies.

Being in the water means that your midwife is not able to manually protect your perineum, which can mean an increased risk of first or second degree tears, it may be recommended that you labour in the water for pain relief but get out as your labour progresses to allow for a more 'hands on' birth to benefit from the techniques mentioned below.

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 to soften the perineum 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 can 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 you may need more direction especially when there is an epidural for pain relief, affecting how much you can feel.

References

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E Seddon, Midwife, March 2019

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