Lansinoh®

Perineal Trauma

Supporting Women Recovering from Perineal Trauma

For Healthcare Professionals only

Introduction

Vaginal birth is a natural physiological process and yet it is reported that approx. 85% of women will sustain perineal trauma after childbirth, and at least 70% of these will require suturing.[1] What must be remembered is that birth causes a range of changes to the perineal area; from stretching, bruising, swelling, and grazing to degrees of perineal tears and episiotomies. All are associated with different levels of pain & discomfort. For most women, these tears are minor and heal quickly. For some mothers, the degree of injury can be far-reaching, affecting not only the physical and emotional health of the mother but potentially affecting the bonding relationship with her baby, having implications for infant feeding, disrupting family life, sexual relationships with problems extending into the long term.[2]

Classification of Perineal Trauma

The pelvic floor plays a vital role in childbearing with the tissues and structures undergoing functional perineal trauma ranging from bruising, swelling, grazes, lacerations, and tears to complex obstetric anal sphincter injury (OASI).[3]

Many women (70%) will sustain 1st and 2nd degree tears under midwifery management, with a smaller population of women (3-6%) requiring obstetric management for 3rd or 4th degree trauma (see Fig 1).[3]

For most women, these tears are minor and will heal quickly.

Up to **9 in every 10 first time mothers** (UK) who have a vaginal birth will experience some sort of tear, graze, or episiotomy.[26]

1st degree tear

Injury to perineal skin and/or vaginal mucosa

2nd degree tear

Injury to perineum involving perineal muscles but not involving the anal sphincter

3rd degree tear

3a tear: Less than 50% of external anal sphincter (EAS) thickness torn
3b tear: More than 50% of EAS thickness torn
3c tear: Both EAS and internal anal sphincter (IAS) torn

4th degree tear

Injury to perineum involving the anal sphincter complex (EAS and IAS) and anorectal mucosa

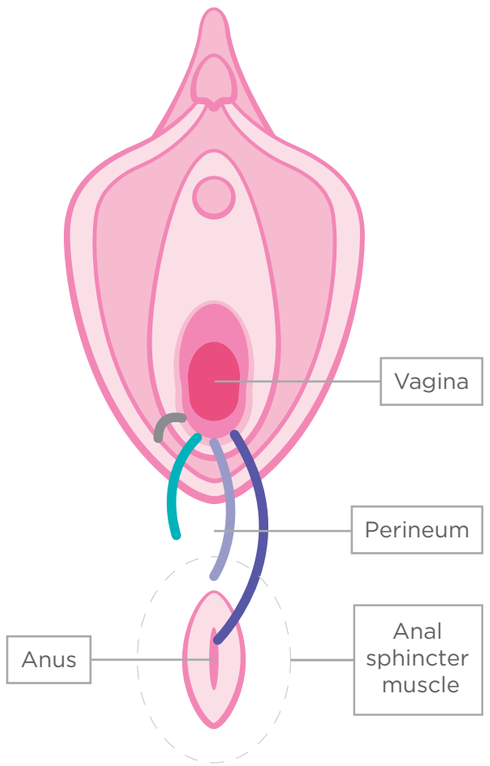


Fig 1. Royal College of Obstetricians and Gynecologists (RCOG) 2015

Episiotomy

An episiotomy is a surgical incision into the perineum and vaginal wall to enlarge the vaginal opening to make more space for the baby to be born.[3] Reported rates of episiotomies vary from as low as 9.7% (Sweden) to as high as 100% (Taiwan).[4] The large differences relate to contrasting national health policies and whether the use of episiotomy is routine rather than selective.[5]

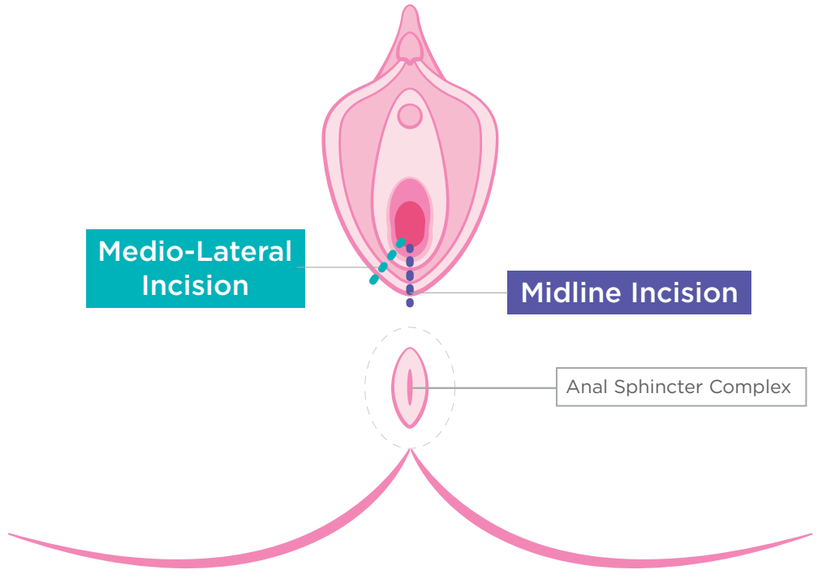
Typically, in many countries, an episiotomy is not routinely offered for physiological birth as it is an invasive procedure and overwhelming evidence suggests it is not considered necessary to facilitate birth in the absence of medical indication.[6,7]

The need for an episiotomy may be due to:[5]

- Impending severe perineal tear
- Prolonged second stage of labour
- Maternal exhaustion
- Instrumental (assisted) delivery when forceps or suction cup (Ventouse or kiwi) are used to help the baby to be born.
- Non-reassuring fetal heart rate

The World Health Organization (WHO 2018) recommend that routine or liberal use of episiotomy is not recommended for women undergoing a spontaneous vaginal birth. Restrictive episiotomy use is recommended with effective local anaethesia and the woman's informed consent is essential.[8]

If an episiotomy is necessary, a midline episiotomy is most commonly performed in the USA, as stated by American College of Obstetricians and Gynecologists (ACOG); in Europe however, the mediolateral approach is recommended by WHO and the Royal College of Gynecologists (RCOG). The advantages claimed with a midline episiotomy are better healing, less pain and fewer sexual problems. The disadvantage is an increased risk of extension to the anal sphincter.[3,8,9]



Perineal Trauma: Effects and Recovery

The following steps can support wound healing to minimize the risk of infection:

Hygiene

- Washing hands before and after going to the toilet
- Keeping the wound clean and dry
- Patting dry with a clean towel, or allowing the area to dry naturally
- Showering at least once daily
- Avoiding use of soaps or creams on the perineum
- Wearing loose cotton clothes and underwear, to avoid friction
- Changing maternity pads regularly
- Using regular analgesia such as Paracetamol and Ibuprofen

Diet & water

- Remaining hydrated to minimize discomfort in passing urine
- Maintaining a healthy, balanced diet with plenty of fruit, vegetables, cereals, wholemeal bread and pasta
- Considering the use of laxatives if passing stools is particularly painful
- Resting as much as able to at regular intervals
- Pelvic floor exercises taught and encouraged

Toilet habits

- Taking care not to strain when opening bowels as this will increase discomfort
- Maintaining a good toilet routine of wiping from front to back
- Pouring cool/warm water over the tear after using the toilet and whilst urinating to minimize discomfort
- Use a footstool, to raise knees above hips while sitting on the toilet

Midwives endeavour to maintain a holistic outlook to perineal wound healing and care, individualizing support accordingly throughout the early puerperium.

Mode of birth does not always dictate the extent of trauma, so at each postnatal visit, it is important to **encourage mothers to share their recovery experience and usual coping strategies.**

Advising women of what to expect, and what not to expect, is important to empower women and enable them to seek help when this is required.

Mode of birth

- vaginal birth
- ventouse-assisted vaginal birth
- forceps-assisted vaginal birth
- unplanned caesarean-section
- planned caesarean section

What women should expect during the perineal wound healing process?

- Typically, **dissolvable sutures** are used for wound closure, these usually absorb within 1-2 weeks, with the majority of perineal wounds healing within 6-8 weeks
- **Erythema (redness)**, bruising and discolouration to surrounding tissues
- **Odema (swelling)** to perineum
- **Discomfort** whilst mobilising or sitting
- Tenderness whilst **passing urine**
- **Stinging**, pulling or itching sensation
- **Soreness** at site of knot, particularly if this migrates
- Appearance of **sutures on underwear** as they dissolve
- Labial lacerations or grazes can cause an intense localized stinging
- Sense of **fatigue**
- **Worries** around the healing process, resuming intimacy and the post birth body
- **Scar tissue** will initially appear red and will fade over time
- Normal **lochia (postpartum bleeding)** will be present irrespective of perineal damage and can continue throughout the puerperium until approximately 6 weeks postpartum, although typically this becomes lighter day by day.

Pain management

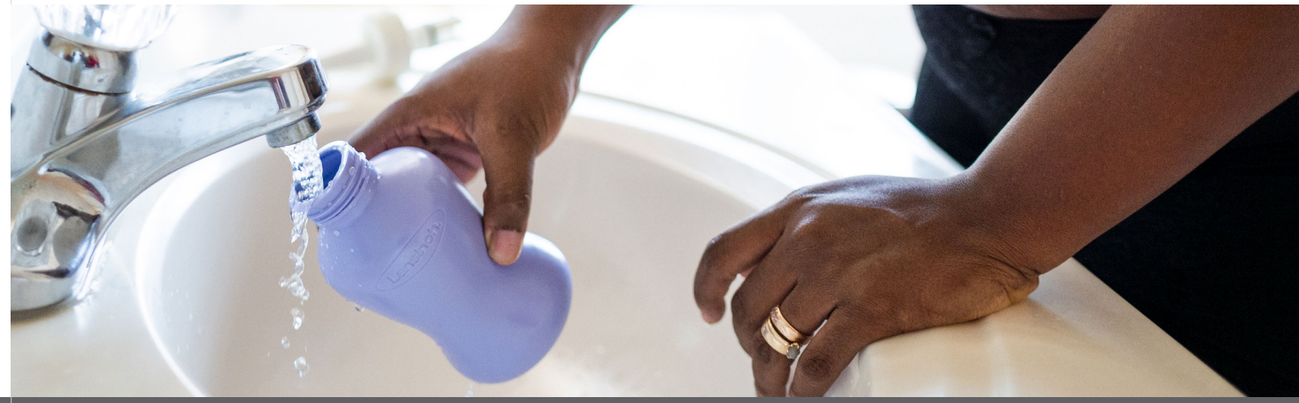
Typically, new mothers feel some level of pain and discomfort for 2-3 weeks following perineal trauma, particularly when walking, sitting, or passing urine.

As sutures begin to heal these can irritate slightly, which can create an itching or slight pulling sensation. It is important to explain to mothers to expect these changes. Knot migration is also an element of suturing which can cause irritation and the appearance of sutures on underwear or wiping can cause anxiety if not discussed fully.

Perineal hygiene step 1

Perineal hygiene is a key component to minimize the risk of infection and improve maternal comfort levels and good post-partum care of the perineum has been universally advised since the 1970's.[10,11]

WHO recommendations on postnatal care of the mother and newborn advise women to wash the perineum daily and the American College of Midwives (2013), advise women to use a plastic bottle with a spray top to spray warm water on the perineum during urination to dilute the urine and make urination more comfortable.[12,13]



A study in 2012, involving 80 postpartum women indicated that compared with a control group, women who were taught perineal hygiene (including the use of a perineal irrigation bottle to pour water over the perineum and a warm Sitz bath) had:

- Significantly lower levels of episiotomy pain at 4, 24 and 48 hours, and 7 days postpartum
- Less interference of pain with walking, sitting, and urination at 24 and 48 hours, and at 7 days postpartum
- Better wound healing progress.

Reference: MOHAMED HAE and EL-NAGGER NS (2012) Effect of self-perineal care instructions on episiotomy pain and wound healing of postpartum women. Journal of American Science 8(6);640-650[14]

Oral Analgesia step 2

The first line of analgesia recommended for perineal pain are over-the-counter oral medications such as Paracetamol and Ibuprofen. These are familiar, safe to take whilst lactating and highly acceptable for women but need to be taken regularly for optimal benefit.

Cooling Treatments step 3

Cooling treatments including ice packs and gel packs for up to 20 minutes can offer soothing relief and these are usually used in conjunction with regular oral analgesics. Cooling therapies are an acceptable, low-cost, non-invasive treatment that have no impact on breastfeeding. The American College of Obstetricians and Gynecologists (ACOG) acknowledges there is limited evidence to support the effectiveness of local cooling treatments, including ice packs, cold gel pads, and cold or iced baths, applied to the perineum after childbirth to relieve pain.[9]

Application of cold (cryotherapy) has long been used to numb pain, with icing of acute muscular injuries common practice. Cooling an injury causes vasoconstriction, reducing blood flow to the site and reducing production of pro-inflammatory agents, thus reducing inflammation.

A Cochrane systematic review (2012) and meta-analysis of 10 RCTs involving 1825 women, compared local cooling treatments (ice packs, cold gel pads or cold/iced baths) with no treatment; gel pads with compression, hamamelis water (witch hazel), pulsed electromagnetic energy (PET), hydrocortisone/pramoxine foam (Epifoam), oral paracetamol or warm baths.

Ice packs provided improved pain relief 24 to 72 hours after birth compared with no treatment (risk ratio (RR) 0.61; 95% confidence interval (CI) 0.41 to 0.91; one study, n = 208), and women preferring gel pads compared to ice packs.[15]

Women find these cooling strategies helpful in the first 24-48 hours following birth with no negative effects on wound healing reported, with some women reporting less disruption to their feeding routine and daily activities.

Herbal Therapies step 4

Some pregnant women and new mothers are receptive to trying complementary and alternative therapies, stimulating demand for organic, natural products. Organic products may be preferred as they are produced without using chemical fertilizers, pesticides, or other artificial chemicals. Some mothers may prefer these alternatives to provide soothing, cooling relief to the perineal area. It is important to guide new mothers to ensure the remedies considered are:

- Formulated for use on the perineum
- Gynaecologically tested
- Hypoallergenic or suitable for sensitive skin
- Suitable for sensitive skin
- Certification to an independent, accredited organization to guarantee products meet organic, natural, and sustainable standards

It is important to create a stepped care approach with mothers recovering from perineal trauma:

Cleanse. Soothe. Relieve. Repeat

Key Factors Aiding Recovery

Rest is essential to support wound healing and emotional well-being, which is challenging when balancing the care and feeding needs of a newborn, particularly if a new mother has perineal trauma to recover from.

Getting the 'support network' involved will help them to recognize when new mothers require help.

Simple acts such as preparing food, getting medication, grocery shopping, caring for other children and maintaining a clean and comfortable environment will be particularly helpful during this time, especially as the woman's own mobility may be reduced.

Feeding baby, especially breastfeeding, can be complicated due to maternal pain and discomfort and getting into a comfortable sustainable position to feed can be challenging. Changing feeding positions throughout the day can alleviate discomfort from prolonged sitting in one place.

It's vital the role of the healthcare professional supports the mother's wishes to breastfeed and ensure the mother is comfortable with her baby's cues to avoid developing complications such as engorgement, painful nipples, blocked ducts and mastitis.

Signs of effective milk transfer

- Wet and dirty nappies
- Baby content and alert
- Breasts soft after feeding

Early feeding cues to establish responsive feeding

- Baby's lips smacking
- Rooting
- Moving & wriggling

Different comfortable feeding positions when recovering from perineal trauma

Indeed, other factors complicating perineal trauma can be hemorrhoids, caesarean section and involution of the uterus which can involve cramping pain and discomfort following birth, as the uterus contracts and returns to its pre-pregnancy state.

Some women find placing a **warm pad or water bottle** on the abdomen helps at this time.

Communication
It is a crucial skill to sensitively enquire as to the mother's wellbeing at each postnatal contact, using open-ended questions and listening patiently.

Visiting the mother in the home environment can enable the practitioner to gain a better insight into the woman's support network and post birth behaviour and environment, thus guiding a holistic approach to maternal wellbeing.

A holistic approach

A holistic approach considers the whole person; including body, mind and spirit. Every woman has different expectations about childbirth and what they should experience – this is typical as each family has its own beliefs and hopes. When birth is unpredictable and does not go to plan, it is important for healthcare professionals looking after new mothers to provide help and assistance at this vulnerable time and tailor care flexibly when necessary.

Non-verbal cues can be insightful as women may feel embarrassed or fearful of disclosing concerns. If possible, speaking with the mother's support network (with her consent), can empower the family unit to recognize any early concerns around emotional and physical wellbeing, as they know the woman better. This provides an additional safety net and opens channels of communication for not only the new mother, but her friends and family to seek advice as and when required.

Women and their immediate support network should be encouraged to look out for the following signs and seek medical advice if they become at all concerned:

- Generally feeling unwell
- Rise in temperature
- Any gaping of wound, loose sutures, or change in wound appearance
- Feeling increasingly anxious or concerned
- Not sleeping
- Thoughts of harming herself and/or her baby
- Increase in swelling in the perineal area
- Offensive discharge
- Increase in bleeding
- Increase in pain
- Increase in redness
- Increase in heat

Longer Term Recovery

The implications of perineal trauma on emotional health can be devastating, both in the short and long-term.[16] The emotional trauma of experiencing a tear or episiotomy can be painful and difficult to come to terms with, particularly when associated with a complex birth or medical interventions. Women can experience an altered body image and psychosexual issues arising from embarrassment, feeling exposed, disempowered, and vulnerable.[16,17] This can prompt a disconnect between the expectations of birth and the puerperium (six-week period following birth), and the reality of trying to recover from perineal trauma whilst experiencing new motherhood and maintaining an intimate relationship with their partner.[18,19,20,21]

Perineal trauma can adversely affect intimacy, with women reporting feeling anxious and fearful of resuming sexual intercourse. Dyspareunia following vaginal birth is widely reported, and can persist long-term, with 60% of women at 3 months postpartum, 30% at 6 months, and 15% of women at 3 years reporting painful intercourse. In comparison to those with perineal trauma, women with an intact perineum report pain less frequently, are more likely to resume intercourse sooner, and report greater sexual satisfaction.[16,19]

Regaining physical function following birth plays an essential role in maintaining emotional health and the ability to enjoy daily life. Being unable to be as active as usual can be frustrating, upsetting and isolating, particularly alongside increased worries with severe perineal trauma about whether normal health and function will ever resume.[18,22,23,24]

For those with severe perineal trauma, referral for physiotherapy input is paramount to aid recovery.

Additionally, referral for gynaecological review and debrief can be important, particularly when women are considering future pregnancies and birth.

Women should be given the opportunity to discuss their views and ongoing plan **prior to discharge** from midwifery care. Communication is a key factor in ongoing recovery and future care planning and having good rapport with a trusted healthcare professional can enable women to speak freely and openly.

The woman's wider support network is essential throughout the recovery from perineal trauma, with partner, family, friends, and healthcare professionals all playing key roles in protecting and supporting emotional and physical health, as well as recognizing when wellbeing is outside of the normal parameters.[25,27,28]

Midwives' role to support women recovering from perineal trauma

Education
Holistically monitor wellbeing and raise awareness of maternal pelvic health

Advocate
Become a focal point for all care concerns, advocating for women and their babies by recognizing any deterioration in wellbeing

Prevention
Coordinating care and referral to other healthcare agencies if required.

Promote a new standard of care
Midwives are ideally placed as autonomous frontline practitioners to establish a unique rapport with women and their families, creating a safe and non-judgmental space, instilling confidence, and knowledge so that women feel empowered to advocate for themselves in post-partum recovery and beyond.

The midwifery role in the puerperium is fundamental to support the transition into parenthood, as well as guiding women through the emotional and physical healing and transformation which follows birth.

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