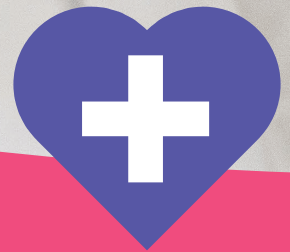




Lansinoh®



Benefits of Antenatal Perineal Massage

For Healthcare Professionals only

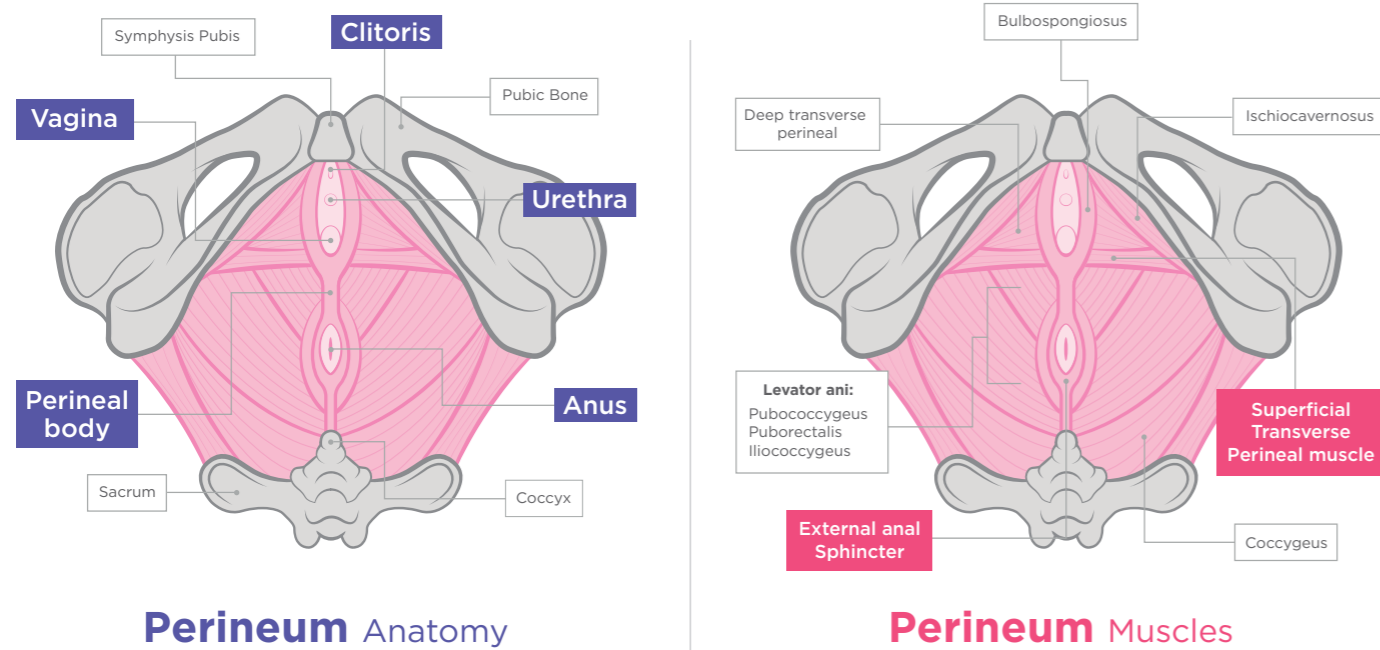
Introduction

Approximately 140 million women around the world give birth every year.¹ Most are vaginal births with rates of childbirth-related trauma varying across countries². In the UK for example, **85% of women will sustain perineal trauma after childbirth**, and at least 70% of these will require suturing.³ In the US, The American College of Obstetricians and Gynecologists estimate between 53–79% of women will sustain some type of laceration at vaginal delivery.⁸

Perineal trauma is more likely in first-time mothers (primiparae).⁴ When referring to perineal trauma it is important to note 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.

Perineal trauma refers to damage to the perineum. The perineum is commonly referred to as the area between the vagina and anus; the correct anatomical definition being the area reaching from the symphysis pubis to the coccyx.³ Although most tears are minor first or second degree tears, some can be severe, damaging the perineal tissue and muscles, and sometimes extending into the anal sphincter.⁴

Depending on the extent of the damage, and the effectiveness of repair and treatment, perineal trauma can have significant detrimental effects on a woman's physical and psychological wellbeing, both in the immediate postnatal period and in the long term.⁵



What happens to the perineum during childbirth?

The perineal body provides muscle anchorage and support and is essential for the integrity of the pelvic floor.⁶ During labour, the perineal tissue needs to relax and slowly stretch to allow the baby to pass through the mother's vagina. The perineal body has an average length of 37-38 mm, however stretching during crowning (delivery of the baby's head), can increase the length of the perineal body by 50% vertically and 170% horizontally.⁷

In some cases the baby passes through the vagina without causing any trauma, but in many cases the perineum spontaneously tears (most commonly downward from the posterior of the vagina through the perineal body⁸) or is cut in a procedure called an episiotomy, to allow the baby to be born.

Preventative Measures for the Perineum

The pelvic floor plays a vital role in childbearing with the tissues and structures undergoing functional changes during the processes of pregnancy and birth. During pregnancy, especially in the third trimester, expectant mothers should be able to voice their hopes, fears and expectations about their labour and birth to their midwives who are in a unique position of trust, and can provide support and advice in the weeks prior to birth.

Different strategies can be used antenatally and during labour to reduce perineal trauma, and options discussed with women from 32 weeks of pregnancy, prior to birth and during labour itself. Every birth is different, every woman is different, so it is important to establish a rapport with the expectant mother, to ask her about her wants and expectations for labour, pain relief, and what approaches are acceptable to her.⁹

Antenatal Perineal Massage (APM)

Antenatal perineal massage is associated with a lower risk of severe perineal trauma and postpartum complications, and there is strong scientific evidence (2020) which showed 3,467 women who practised antenatal perineal massage had significantly lower incidence of episiotomies and perineal tears, particularly the risk of third and fourth-degree perineal tears.¹⁰ Furthermore, The World Health Organisation (WHO) as part of its Intrapartum Care for a Positive Childbirth Experience recommendations (2018), advises women be offered APM during the second stage of labour as perineal massage may increase the chance of keeping the perineum intact and reduces the risk of serious perineal tears.¹

The technique is particularly beneficial in women having their first baby. It involves massaging the skin of the perineum (the area of skin between the vagina opening and anus) to help expand the perineal tissue more easily during birth.

Why is it important?

Perineal tears and episiotomies require stitching, which can lengthen recovery time after delivery and in some women, can increase the risk of long term problems such as dyspareunia, pain, urinary and faecal incontinence, pelvic organ prolapse, and psychosocial problems.³ This can have a negative impact on the mother's wellbeing, delaying post-partum recovery.⁸

Benefits of Antenatal Perineal Massage

- Massage prepares the perineal tissue. It increases blood flow which helps the tissues and skin stretch a little more easily.¹¹
- Lowers risk of tearing. For every 15 women who do antenatal perineal massage, one woman will avoid an episiotomy and perineal tearing that requires stitches.¹²
- Prepares mothers for birth. By practising antenatal perineal massage, it helps the woman become familiar with the feeling of stretching when her baby is crowning, so when in the second active stage of labour, she can remember this sensation and feel calmer and in control.¹³



The benefits of **antenatal perineal massage** (APM) have been well researched and established (Beckmann and Stock 2013). Women who practise APM are less likely to sustain perineal trauma which requires suturing following a vaginal birth.¹⁴

When to recommend antenatal perineal massage?

Scientific evidence supports a woman practising antenatal perineal massage from 34 weeks pregnancy, at least 2-3 times a week, 5-10 mins, reduces the likelihood of perineal trauma and ongoing perineal pain post-partum.^{10,14} Midwives and health care providers are very skilled in tailoring their care to each woman they are looking after, creating a safe space for a frank discussion about the benefits of antenatal perineal massage, comfortable positions to try, and how to perform the technique on her own or, with a little help from her partner if acceptable.

Some expectant mothers may find the discussion comfortable and feel better prepared for birth. Some women may find it awkward and embarrassing, so sensitive discussion is required to discuss the benefits of APM as a routine practice for labour preparation.

Comfortable

When having discussions, it may be helpful to suggest that some women are more comfortable practising APM during or after a bath/shower, because the blood vessels dilate making the perineum softer and more comfortable to touch.

Another available option is to warm the perineum with a warm compress or water bottle before beginning the technique.



Breathing

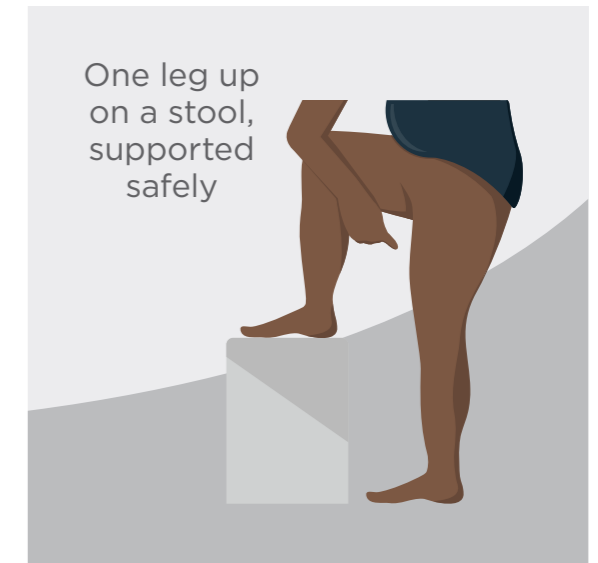
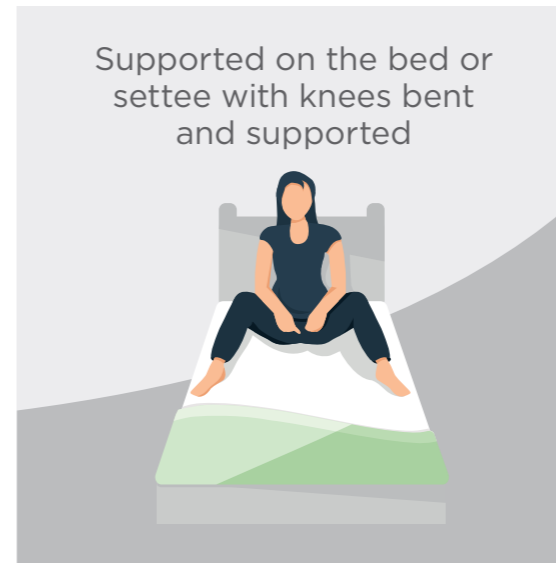
Triggers such as stress, fear and anxiety make breathing shallow. Taking deep breaths relaxes the body, increasing oxygen levels, lowering blood pressure, heart rate and stress levels, preparing the woman mentally.

It is important to explain that preparation of the perineum through **antenatal perineal massage** involves gentle stretching of this area, which helps increase the suppleness and flexibility of the perineum. Mental preparation is important when preparing for birth, and health professionals caring for pregnant women can reassure the woman in her care that by practising APM, this is 'her time, her space' to connect her body and mind.

With practise, APM becomes smoother as the perineum relaxes and becomes more elastic. Being able to relax through this stretch will enable the expectant mother to relax as she feels the pressure as her baby's head is crowning at birth. Practising APM before birth allows her to feel this sensation, connect with the muscles and be more prepared for birth.¹³

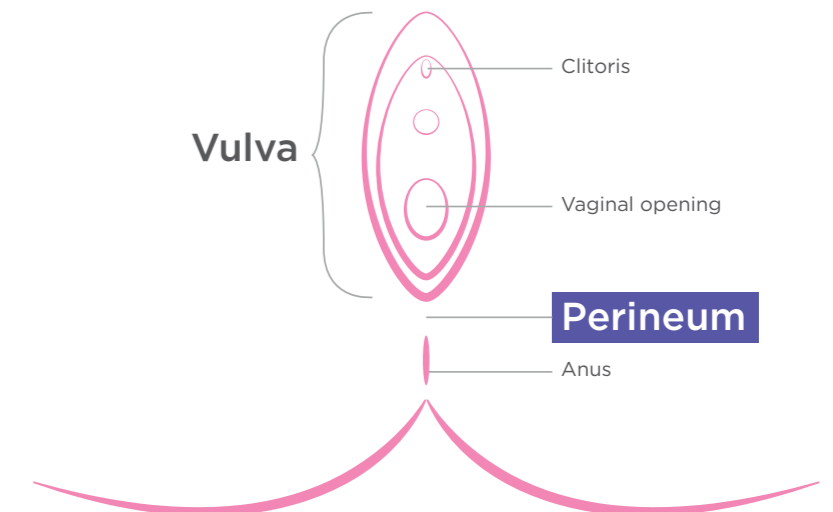


Comfortable Positions Include



Anatomy

It is important to ensure the woman feels comfortable with her anatomy and understands where her perineum is. A small mirror can be a helpful visual guide and can help connect the expectant mother with her body especially when getting ready for birth.



The Technique

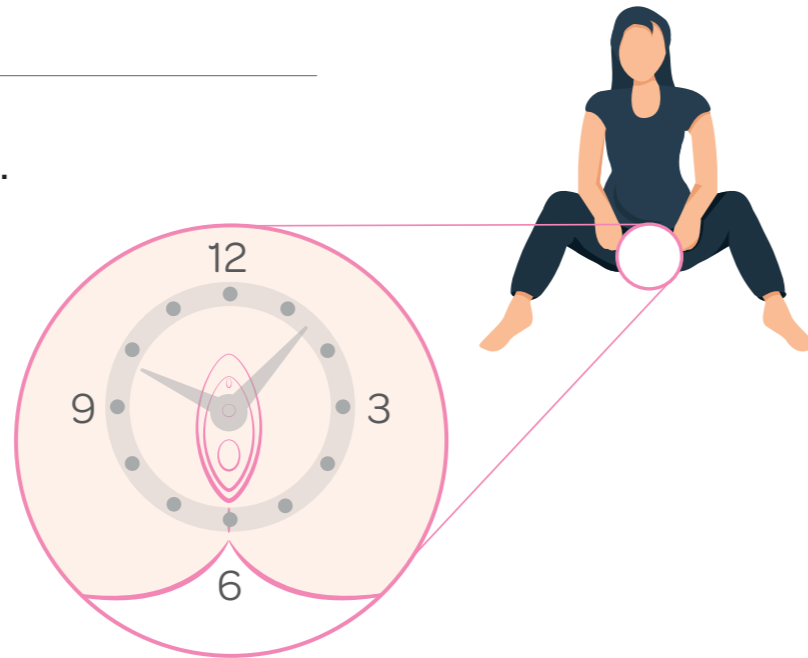
Make sure hands are clean & nails short.

1

Imagine the vulva is a **clock face**.

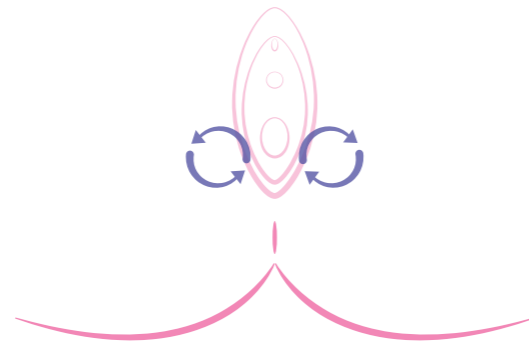
12 o'clock points towards the clitoris

6 o'clock points towards the perineum



2

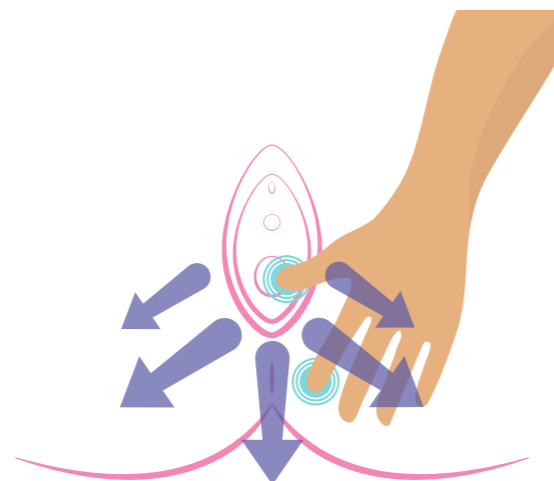
Make small, **circular movements** either side of the vulva, to **warm** the tissue.



3

Put thumb or finger **2-3 cms** into vagina.

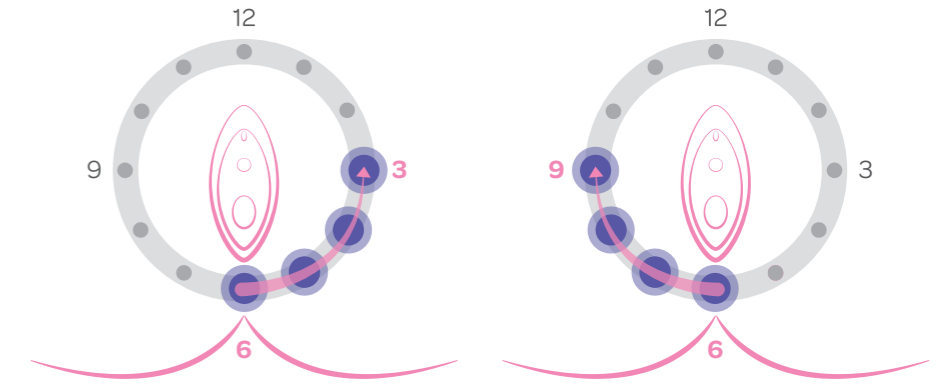
Gently stretch the tissue at the vaginal entrance, holding it between thumb and forefinger.



4

Massage from the **6 o'clock to 3 o'clock** position, then from the **6 o'clock to 9 o'clock** position. Focus on the area at the entrance to the vagina.

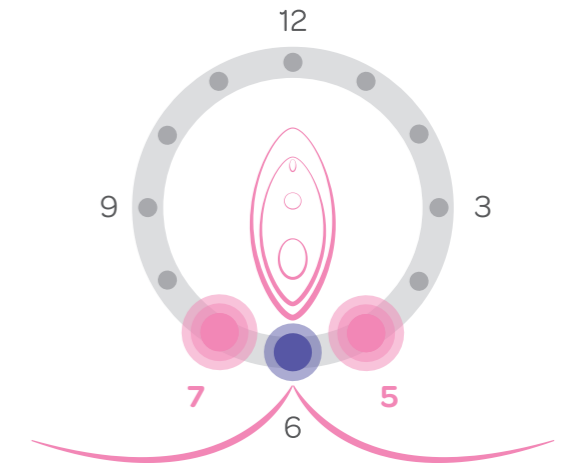
Take time and repeat each side **3-4 times**. Be gentle but firm enough to work into the tissue.



5

Finish with gentle outwards stretches at the **5 and 7 o'clock** positions, holding for **30-45 seconds**.

The 5 o'clock and 7 o'clock positions are important to relax and stretch, allowing the baby to pass through the vagina when crowning.



Things to Note:

- It is common for women to feel a mild prickling, stretching and slight burning sensation when they begin to practise, but women report this feeling disappearing by the second or third week of massage.¹⁴
- Women should not feel pain at any point, when performing APM. If pain occurs, they should be advised to stop and seek help from their healthcare team.
- Like any new activity in pregnancy, any concerns should be discussed before the pregnant woman begins APM at home.
- If consent is given, it may be useful to check the APM technique before the woman leaves her antenatal appointment.



87% of women who practised antenatal perineal massage would recommend it to other pregnant women with 79% confirming they would massage again.¹⁴



Current evidence suggests antenatal perineal massage (APM) is not known to be associated with any health risks. There is one small, published trial (Ugwu et al 2018) that directly addressed the safety of APM. In this randomised controlled trial of 108 Nigerian primiparous women, the researchers found that the group of women who received APM did not have an increased incidence of premature rupture of membranes, pre-term labour or birth asphyxia compared to controls. Incidences were similar between the two groups ($p > 0.05$).¹⁵

Women should not practise APM if they have:

- Vaginal herpes, yeast infection or any other vaginal infections.¹⁶

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