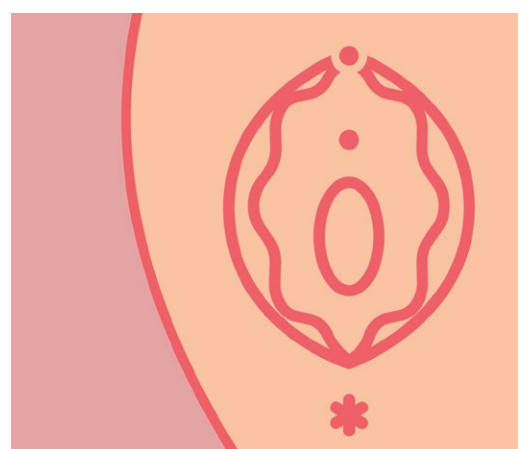
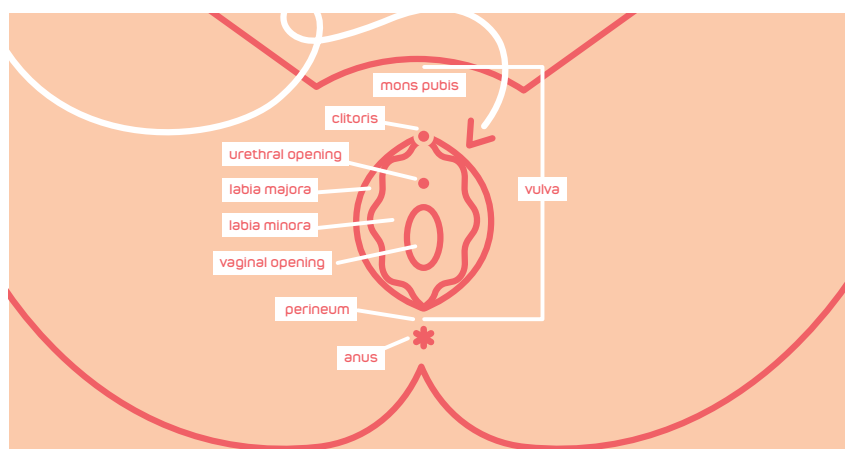


my expert  
midwife.

know your bits

A guide to perineal health through  
pregnancy, birth + beyond

Author - Karen McEwen, Registered Midwife



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Helping you feel like you again



# Introduction

At My Expert Midwife we understand that pregnancy can be a time of great changes to your body. There are also times when you may worry about changes and if what you are experiencing is normal, or if you need to seek further help from your midwife or doctor.

This guide has been produced to help you get to know your bits better. Your body is changing as it grows a brand-new life within it and this can include changes to your bits too.

Learn all about your bits, their function and importance, how to prepare your bits for birth, what you can do during the birth to protect them and how to provide the care your bits need to optimise your recovery after the birth.

This guide to your bits covers everything, from understanding how female anatomy works to common ailments and conditions you may encounter during pregnancy and after the birth and what techniques and products can be helpful for you throughout this time. So read on to discover the information you need in this midwife written guide.

**Author - Karen McEwen,  
Registered My Expert Midwife**



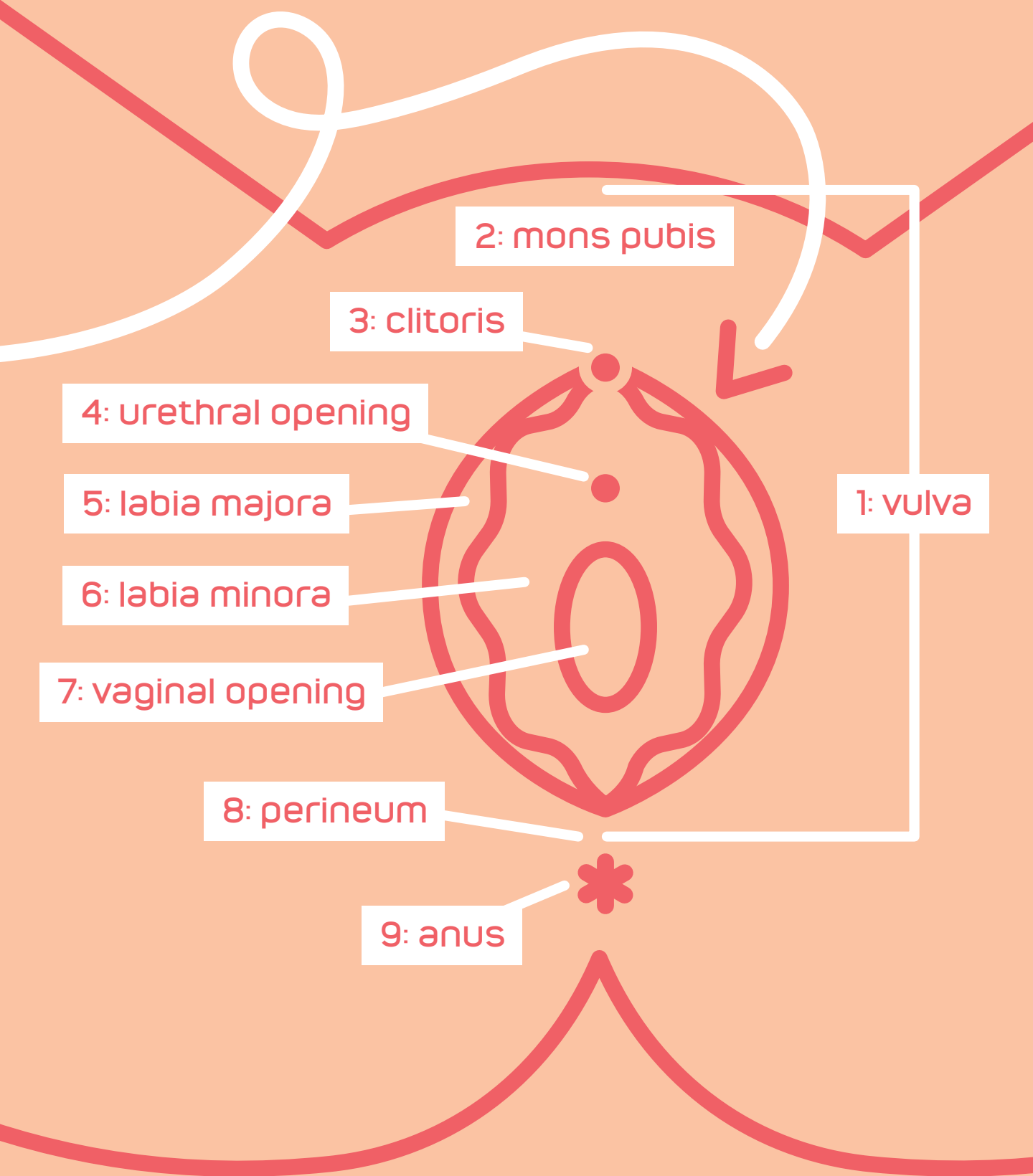


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know your bits

Did you know 83% of women feel more education about the physical changes that can occur to the vagina and vulva during pregnancy and childbirth is required? and two thirds of UK women (66%) believe there is social stigma around discussing your genitals during pregnancy and after childbirth!

My Expert Midwife thought it was about time we developed a much-needed information resource, dedicated to helping everyone learn more about their bits, which bits are where, what bits do which jobs and, generally, to celebrate how amazing our bits are!



2: mons pubis

3: clitoris

4: urethral opening

5: labia majora

6: labia minora

7: vaginal opening

8: perineum

9: anus

1: vulva

# Here's our guide to understanding all about your bits.

## 1: Vulva

The vulva is the name for female genitals visible on the outside of the body. The vulva includes the labia majora and minora, clitoral hood and clitoris, opening to the vagina and the urethra. Vulvas are as personal and unique as faces, they have the same parts in similar places but will look different from each other, in both shape and colour. Their hair covering also varies, some having more than others, of different colours, lengths and textures.

## 2. Mons Pubis

The Mons Pubis is a rounded pad (or mound) of fatty tissue that covers your symphysis pubis, or 'pubic bone', at the front of your pelvis. It is covered by skin and pubic hair and provides protection to the thick cartilage that joins your pelvis together, also offering cushioning during sexual intercourse. It contains many touch receptors as well as glands that secrete pheromones, which are chemicals that induce arousal and attraction in a partner.

## 3: Clitoris

The clitoris is at the top of the vulva and is protected and covered by the clitoral hood, which is literally a hood of skin over it. It can vary in size from a small pea to the size of the tip of the nose. Although relatively small from the outside, the shaft and roots extend through the body much further and around the vulva and

vaginal area. The clitoris, like the penis, has the ability to grow in size during sexual arousal and can create orgasms when stimulated.

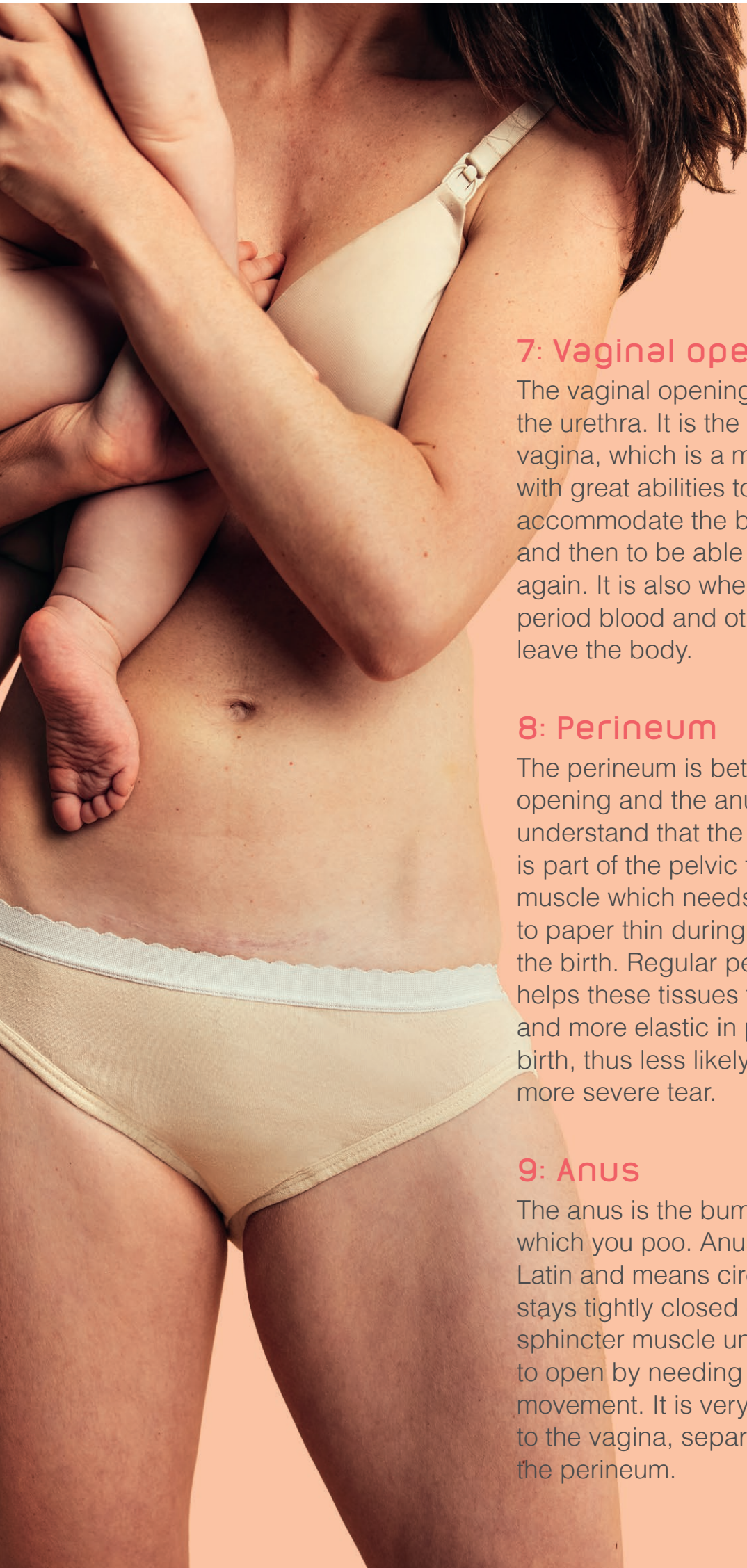
## 4: Urethral opening

This is the opening between the clitoris and vagina from which you pass urine. It is connected to the urethra which is the tube that transports urine from the bladder and can be visualised as slightly smaller than the end of a drinking straw.

## 5+6: Labia Majora / Minora

The labia majora are the thicker lips surrounding the vaginal opening with pubic hair on and the labia minora are the thinner lips inside next to the vaginal opening. The labia provide protection for the more delicate parts of the vulva such as the vaginal opening, vagina and its mucous membranes, the urethral opening and the clitoris.

Some people have short labia minora and others longer labia which are more visible externally. It is common for one side to be longer than the other and for the colour to vary from dark brown to pale pink, especially with different skin tones. All these variations are completely normal.



## 7: Vaginal opening

The vaginal opening is just below the urethra. It is the entrance to the vagina, which is a muscular tube with great abilities to stretch to accommodate the birth of a baby and then to be able to shrink back again. It is also where the menstrual/period blood and other secretions leave the body.

## 8: Perineum

The perineum is between the vaginal opening and the anus. It is useful to understand that the perineum, which is part of the pelvic floor, is a thick muscle which needs to thin down to paper thin during crowning for the birth. Regular perineal massage helps these tissues to become softer and more elastic in preparation for birth, thus less likely to sustain a more severe tear.

## 9: Anus

The anus is the bum hole from which you poo. Anus is derived from Latin and means circle or ring. It stays tightly closed due to the anal sphincter muscle until it is stimulated to open by needing to pass a bowel movement. It is very close in location to the vagina, separated only by the perineum.

# Perineal Massage from 34 weeks

By Malena Monteverde  
My Expert Midwife,  
registered midwife



How to reduce the extent of tearing in childbirth.



During vaginal birth, around 9 out of 10 first time mums and 7 out of 10 mums having subsequent births will have some type of damage to their perineum.

The perineum is the skin and muscular area between your vagina and anus (your back passage) which stretches during childbirth. Some of the risks of having a tear are predetermined by genetics, the position of your baby during birth and the position you are in when you give birth.

## Here are some things you can do to reduce the extent of tearing in childbirth.

> Avoid active pushing or the 'Valsalva' manoeuvre, where you hold your breath and push during the pushing stage of labour. Push when you get the urge and avoid holding your breath. Hypnobirthing techniques are good to help you learn how

to breathe your baby down, especially as their head crowns.

- > Give birth in any position other than on your back. Upright positions are advisable but, if you are on the bed, lying on your left or right side are good positions too.
- > Practice a simple technique called perineal massage from 34 weeks which has been clinically proven to help make the perineum more elastic and to stretch better during childbirth, therefore reducing your risk of tearing and the need for an episiotomy (a cut to the perineum, which may be recommended for medical reasons and should only be performed with your informed consent).

**You may want to discuss perineal massage with your midwife, but the following is a simple guide to help you.**



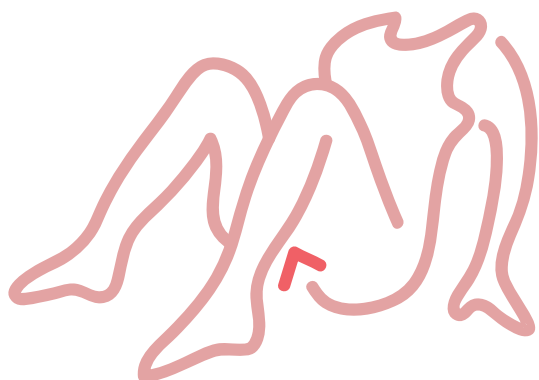
# How to do Perineal Massage

It is recommended to start perineal massage from 34 weeks pregnant, doing it three to four times a week, for around three or four minutes at a time.

**1:** First find a perineal massage oil. You can use one specially blended and designed for perineal massage such as Peri Prep your bits or an oil such as almond oil.



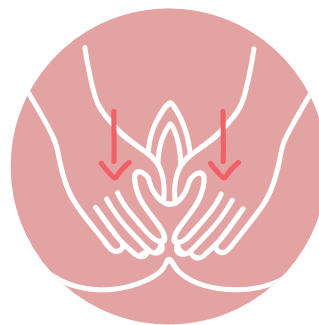
**2:** Wash your hands.



**3:** Sit comfortably, bring your knees together and towards your chest and then open your knees like a book, or you may find it easier to put one foot on the toilet/bath/stool in a similar way to how you would insert a tampon.

**4:** Put a small amount of the massage oil on your perineum to make the massage more comfortable.

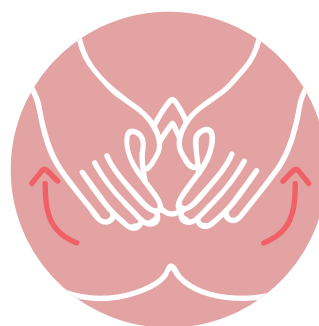
**5:** Using your thumbs, insert them into your vagina and then place your forefingers on the skin of your perineum.



**6:** You now need to stretch this skin gently by pressing downwards towards your anus and to the sides until you feel a slight stretching sensation.

Hold the stretch for 1 to 2 minutes.

Then massage the area between your thumb and fingers upwards and outwards and back again in a “U” shape.



As your pregnancy progresses you may find it easier to invite your partner to perform this for you. Perineal massage should not be painful, and, with time and practice, it will become effortless.

# Partners and perineal massage

- > Make preparations to be as comfortable and relaxed as possible. This may mean adapting your environment such as dimming lights, adding pillows and cushions for support.
- > Explain in as much detail as possible to your partner prior to this about perineal massage. This will help them to understand the method required, why you are doing it and how often it needs to be done.
- > The easiest position for a partner to perform perineal massage is probably in a semi upright position - as the previous illustration demonstrates (page 9, no.3) - on a bed or sofa. However, it is fine to experiment with other positions, such as lying on your left or right side.
- > Your partner will probably find it easiest to use their fingers rather than their thumbs, but again it is fine to try both to see what works best for you.
- > Once comfortable, apply some perineal massage oil on the patch of skin between your vagina and anus. Using both hands, your partner should gently insert their index finger and middle finger on either side into the vagina, up to about the 2nd knuckle (try starting with just the index finger of each side if you don't find this comfortable to start with).



- > Using the same method as demonstrated on page 9, they need to move their fingers in a 'U' shape for a few minutes, whilst you guide them as to what feels comfortable and when to start and stop.
- > Perineal massage is best avoided if you have a known vaginal infection, thrush or genital herpes.

[Here is an animated video demonstrating how to do perineal massage>](#)

## Summary

Perineal massage, when undertaken from 34 -35 weeks, has been proven by research to reduce the extent of deep and superficial perineal tearing, particularly in women having their first vaginal births. It has also been shown to reduce the amount of discomfort felt by women who are having a second or subsequent baby 3 months after their birth.

# peri prep your bits



Our five star 100% natural perineal massage oil



**"the best**  
So glad i came across this magical product!  
Worth every penny!  
Definitely does the job  
10/10 will recommend to all the mummy to be's!"



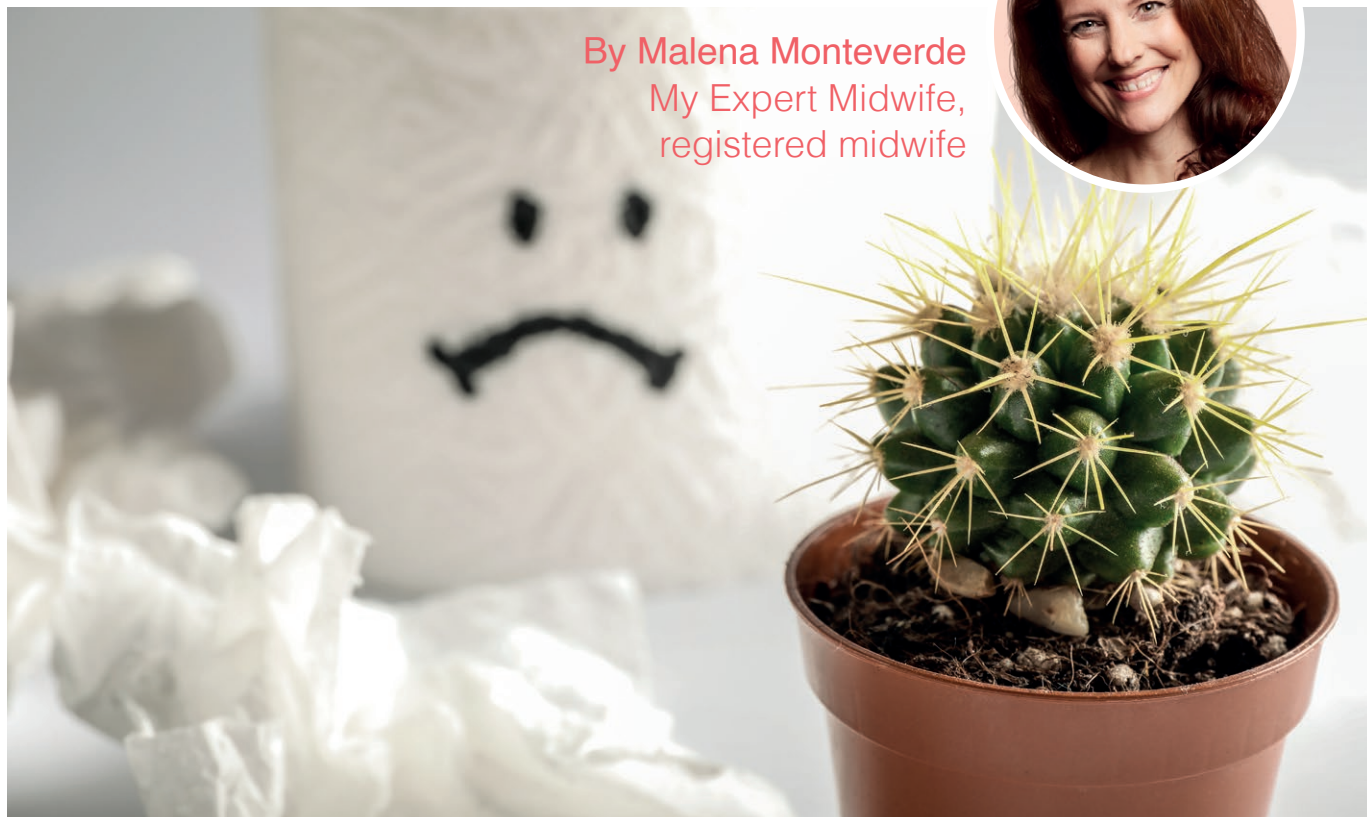
- ✓ Avocado oil protects skin integrity.
- ✓ Sweet almond oil nourishes and moisturises.
- ✓ Grapeseed oil helps minimise cell damage.
- ✓ Eucalyptus leaf oil for increasing blood supply to the area.

**midwife developed.**

for use from 34 weeks helping you prepare for birth

# Haemorrhoids/piles in pregnancy and what to do about them

By Malena Monteverde  
My Expert Midwife,  
registered midwife



## What are piles?

Haemorrhoids, or piles, are swollen blood vessels that occur around your anus (bum hole) or inside, in your rectum (back passage). They can appear at any time in your life but are particularly common during pregnancy and in the immediate post-birth period.

## Why do piles appear?

During pregnancy, the walls of your blood vessels relax – due to the hormone progesterone - and you have an increased blood volume. As well as this, the weight of your growing womb puts increasing pressure on the circulation of your lower body, causing this to slow down.

If this wasn't enough, constipation - in its own right, another very

common symptom of pregnancy - plays a starring role in the appearance (and exacerbation) of piles.

It is therefore easy to see why haemorrhoids, varicose veins and vulval varicosities (swollen blood vessels around your vulva) commonly occur during pregnancy.

## What are the signs and symptoms of piles?

Piles can feel different for everyone, depending on where they are (external – around the anus, or internal – inside the back passage), how long they've been there for and how big they are.

If you have piles, you could experience some or all of these symptoms:

- > **Itchiness** – caused when an internal haemorrhoid prolapses.
- > **Pain** – usually exacerbated after you've been to the toilet or been sat/stood for a long time.
- > **Bleeding after having a poo** – you will usually notice this as bright red blood when you wipe.
- > **Slimy mucus** discharge after opening your bowels.
- > **Feeling like you still need to go** after you've done a poo.
- > **A lump or lumps** around your anus, which may feel harder or softer to the touch.



## How can I prevent them?

Prevention is key! If you can stop the appearance of piles, you'll rid yourself of a big pain in the - well, you know!

The single most important thing you can do is prevent or manage constipation. So, keep really well hydrated, eat plenty of foods that contain both types of fibre (soluble and insoluble), significantly reduce or give up on processed carbohydrates (white bread, pasta, etc- just replace with the wholegrain version, wholemeal bread and pasta, brown rice etc) and processed foods, do regular exercise (a daily brisk walk may be enough!) and enjoy a regular tummy massage.

## Also

- ✓ Try not to put off having a poo, as this can make it drier and harder to pass.
- ✓ Use a stool to elevate your feet when you go to the toilet.
- ✓ Avoid standing or sitting in the same position (including on the toilet) for prolonged periods of time.
- ✓ Use loose-fitting clothing and underwear.
- ✓ Remember to do your pelvic floor exercises daily, as this will help strengthen your pelvic floor muscles and make having a poo easier.
- ✓ Do not strain!

## I have piles, so how can I ease them?

- > Soaking the area – Sit in the bath, on a bidet or invest in a Sitz bath (a small bowl that sits in your toilet) and soak the area, ideally, twice a day. Warm water will soothe the area, relieving some of the pain and itchiness of piles. You can also add Soak for Bits to provide further relief. Alternatively, soak in cold water to momentarily numb the area.
- > Applying cold or warm compresses to the area – a soaked sanitary pad or towel, a cold-pack wrapped in a cloth or a warm heat pack will work.
- > Using moist toilet tissue or wipes instead of dry toilet paper to clean yourself and patting rather than wiping or rubbing to avoid irritating the area even more.
- > Trying to gently push the haemorrhoid back in after opening your bowels, using your finger and some lubricating gel.
- > Spraying Spritz for Bits directly onto the area or applying it using a small piece of soaked cottonwool can help alleviate the swelling, pain and itching of the pile.
- > Asking your midwife or GP for a haemorrhoid cream suitable to use in pregnancy and, if you are struggling to manage your constipation, a prescription for a 'bulk forming' laxative (these are not absorbed and are therefore safe to use in pregnancy).

- > Not scratching!  
This will only irritate the area further. Try the warm or cold compresses, Spritz for Bits and/or apply an ointment to relieve the itch.



- > Avoiding irritating foods such as hot spicy foods and caffeine.

## When do I need to contact my midwife or doctor?

- > If you are not sure you have piles but experience bleeding, itching or pain around your anus.
- > If the bleeding is heavier than just a little blood when you wipe.
- > If your stools appear black/tarry (dark stools are normal if you take iron tablets, so see if they appear different or check with your doctor if you are unsure).
- > If you experience severe symptoms.
- > If your symptoms don't ease despite treatment or management.



# Vaginal discharge in pregnancy

Let's talk about a subject that doesn't get much coverage- vaginal discharge! During pregnancy it can be different to what we were used to pre-pregnancy. Learn about what to expect, what it could indicate and when to seek medical input on this subject.

By Debs Neiger  
Independent midwife



Vaginas are amazing things. They bring life, pleasure and play a part in our overall pelvic health. One of the many worries that often comes up during pregnancy is the fact that vaginal discharge generally increases in pregnancy. Adding this into the context of vaginal discharge generally being seen as something 'undesirable and dirty', it becomes something midwives and doctors are often asked about.

So, what is normal and what is not? To answer this, we need to talk a little about why most vaginal discharge is normal.

The vagina is essentially a self-cleaning mechanism in itself. It has a microbial flora of helpful bacteria that keep the vagina at a certain pH level, and which suppresses the growth of more unhelpful and harmful bacteria and other organisms.

The vaginal discharge that is commonly seen is generally a healthy symptom of this particular self-cleaning mechanism and helps 'wash' harmful bacteria out of the vagina. The discharge itself is made up of water, electrolytes, surface cells from the vaginal canal, (good) bacteria, fatty acids and carbohydrate compounds.

In pregnancy, this type of discharge can increase as your body is even more keen to protect itself from infection, due to the increased blood flow and change to the vaginal tissues that occurs when your body is gestating a baby.

- > Normal discharge is clear or milky coloured with a distinct but not unpleasant smell.
- > You will often simply find it in your knickers or on a pad, as a whitish stain.
- > It doesn't have any other concerning symptoms associated with it.

### The signs and symptoms of discharge that may need investigating are:

- > Brown, green, bloody or grey discharge or you notice a change in colour generally.
- > A fishy or offensive odour, or generally a very noticeable smell.
- > A sudden increase in discharge that feels concerning.
- > A change in consistency to very thick or lumpy.
- > Burning in or around the vagina or vulva.
- > Lower pelvic or abdominal pain.
- > Pain or burning when passing urine.
- > If you suddenly have very watery loss from your vagina this may be your waters leaking.



If you are experiencing any of the above symptoms, consult your midwife or doctor. There are many reasons as to why you may be experiencing these symptoms, often related to an infection, and you and your baby may very much benefit from some proactive treatment.

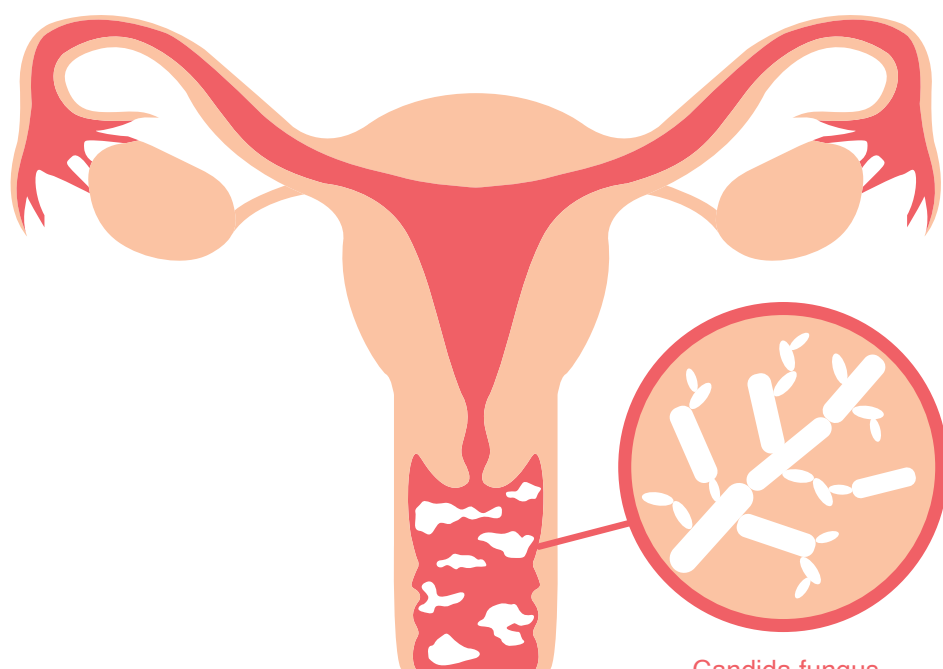
But remember, normal vaginal discharge is **NOT** a sign of lacking personal hygiene or infection. It is simply a reassuring and necessary bodily function that keeps your vagina and vulva as healthy as possible.



# Vaginal thrush in pregnancy



By Karen McEwen  
My Expert Midwife,  
registered midwife



Candida fungus

## What is thrush?

Thrush is caused by *Candida albicans*, a yeast-like fungus that lives within our 'gut' as part of our microbiome. However, this can become bothersome when it overgrows (for example, due to diet and life-style choices, the intake of antibiotics, etc) or if it thrives when there is a pH imbalance within the vagina.

Thrush is common, with around 75% of women developing it at least once during their lifetime. Thrush can also be found on other parts of the body, such as in the mouth, within or under the breast/s or in the penis. This means that it can be spread among sexual partners, although it is not classed as a sexually transmitted infection.

Pregnancy hormones, a course of antibiotics and diabetes can all be a trigger for women to develop a bout of vaginal thrush, as these can all disturb the body's pH balance. Once you have developed thrush, it can disappear naturally or there are treatments available which target the yeast growth and ease the symptoms.

Developing thrush during pregnancy will not harm your unborn baby. However, if you have thrush during the birth, it can be passed to your baby. A paediatrician will advise on how to treat your baby if this happens.

## What are the symptoms of vaginal thrush?

Thrush can cause irritation of the vagina, the vulva and the surrounding area and can even spread onto the upper thighs if it doesn't clear up naturally and is left untreated. It can present as swelling, a white lumpy discharge (often described as resembling cottage cheese), sometimes a white-ish watery discharge, mild pelvic pain and, most commonly, it causes varying degrees of itchiness.

## How can I ease and help to prevent thrush?

- > Try to wear loose fitting underwear and clothes made from natural fibres such as cotton, silk and linen- these are more absorbent and help your skin to breathe more easily. If you can, go pant-free to allow air to circulate freely.
- > Make sure your washing detergent or fabric conditioner isn't causing or increasing the irritation by changing to a milder or anti-allergy type.
- > If you use pads or panty liners make sure they are natural or fragrance free. Even better, invest in washable ones which you know are free from chemicals and you can wash in a fragrance-free washing product of your own choice. They are also softer, so don't rub and irritate the vulval area any further.
- > If your underwear or clothes become sweaty or damp for any reason, for example when swimming or exercising, change into fresh clothing as soon as you

can. Thrush loves a damp, warm environment in which to multiply.

- > Avoid using perfumed soaps and shower gels as these can irritate you further. It is best to wash your vulva with plain warm water only. If you are still struggling with irritation from the itchiness you can try relieving this with Spritz for Bits, as it is safe to use during pregnancy.
- > Do not douche (rinse or clean out the vagina with water or anything else) your vagina. Your vagina is a self-cleaning, self-balancing tube.
- > Be careful after going to the toilet, making sure you always clean front to back to avoid any bacteria from your back passage being wiped into the vulval/vaginal area.

## Treatments for thrush and recurrent thrush

- > There are several over-the-counter creams and pessaries available to treat vaginal thrush. Although your pharmacist will be able to advise you on the latest recommended treatments and which to use during pregnancy, they will not sell you treatment unless it has been prescribed by a doctor. You can phone your midwife or GP and ask for a prescription over the telephone.
- > Thrush is often a systemic condition, meaning that it affects many systems in your body and will need treatment from within. Treatment like creams and pessaries only treat a small part of the problem and only temporarily.



Yeasts thrive on sugary foods, processed foods and refined carbohydrates and will also overgrow when good bacteria are killed, for example, by antibiotics. Research into this complex subject will allow you to become informed and able to make the choices that are right for you and your family.

- > Try to avoid sex whilst your thrush is being treated and wait for symptoms to clear completely. Current advice is that your partner doesn't need specific treatment for thrush unless they also become symptomatic.

- > If self-help measures have been tried and they haven't worked or your thrush reoccurs despite these measures, make an appointment with your GP to discuss the next stage of treatment.

### **Summary**

Developing thrush during pregnancy can be extremely irritating, but there are effective self-help remedies available to help you take control of this itchy situation.

# Urinary tract infections (UTIs) + cystitis in pregnancy



By Malena Monteverde  
My Expert Midwife,  
registered midwife



## What's a UTI?

A UTI is the general term used to refer to any infection that happens in the urinary system, which includes your urethra (the tube that carries urine out of your body from your bladder), bladder, two ureters (the tubes going from the kidneys to the bladder) and two kidneys.

Most UTIs are caused by bacteria and, depending on where the infection is, may be described as lower UTIs – when it affects the urethra or bladder – or upper UTIs – where the kidneys or ureters are involved. Lower UTIs are much more common than upper ones.

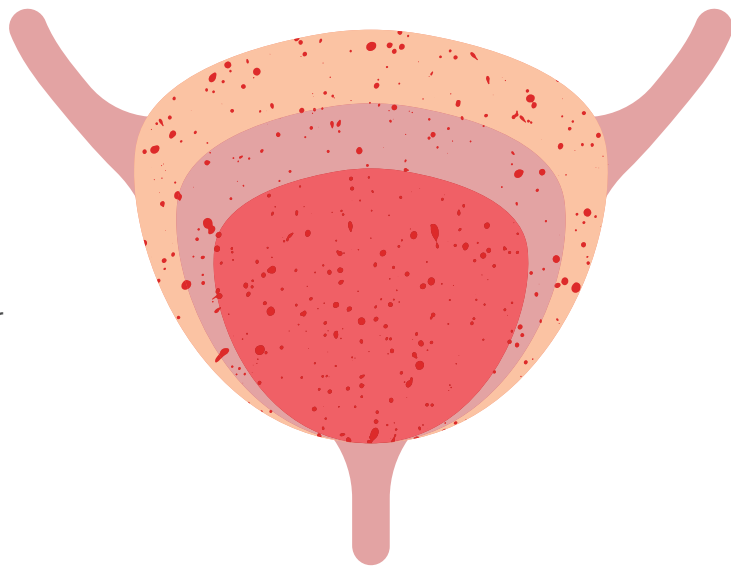
## Is Cystitis the same as a UTI?

Yes and no.

**Cystitis** is an inflammation of the bladder that is generally caused by bacterial infection. Although it is the most common type of UTI, not all cystitis cases are caused by infection. Complications from illnesses such as diabetes, reactions to certain medications, long term catheter use or sensitivity to chemicals in some hygiene products can give rise to cystitis, too. In these latter cases, urine test results will come back negative, as no bacteria will be found in the urine.

## Symptoms of cystitis include:

- Frequency
- Urgency
- Pain, stinging or burning when passing urine
- Blood in the urine
- Urine that is cloudy, dark and/or has a strong or foul smell
- Discomfort or pain in your lower tummy



**Interstitial cystitis**, or painful bladder syndrome, is a chronic inflammation of the bladder where symptoms that are similar to a UTI last 6 weeks or more and where infection or other recognisable causes are absent. Although pain during sexual intercourse is not a symptom usually associated with a UTI, it may be experienced by women with interstitial cystitis.

## Are there other types of UTI?

Yes, and these are classified depending on where the infection is found.

When the infection affects the urethra, it is called **urethritis**. Symptoms may include a burning sensation when you pass urine and, possibly, discharge from the urethra.

**Pyelonephritis** describes an infection that has reached the kidneys. This is more serious and, if left untreated, could lead to preterm labour, cause miscarriage or result in permanent kidney damage. It needs urgent medical attention and treatment.

Symptoms of pyelonephritis may include a high fever, pain in lower

and/or upper back, tightenings, chills, nausea and vomiting, as well as other UTI symptoms mentioned.

**Asymptomatic Bacteriuria** is the presence of bacteria in your urine (which should be sterile) in the absence of symptoms. This is a condition for which is screened for at least once in your pregnancy (usually at your booking appointment) as 20-35% of women with asymptomatic bacteriuria develop a UTI if not treated. Treatment of asymptomatic bacteriuria can reduce the chances of a UTI by 70-80%.

## Why do UTIs happen?

Most cases of lower UTIs, including cystitis, are caused by the *Escherichia Coli* (E. Coli) bacteria. This and other bacteria, that usually live in the bowel or on the skin and are harmless in those environments, can enter the bladder through the urethra causing infection.

In pregnancy, small but significant changes that happen to your urinary system can increase your chances of developing a UTI.

## Can I prevent them?

You can reduce the risk of developing a UTI by:

- > Always wiping from front to back, even if you've only had a wee
- > Hydrating yourself well, as this will help flush out any bacteria that may be traveling up into your bladder
- > Not waiting to empty your bladder when you feel the urge
- > Emptying your bladder after having sex, regardless of whether this includes penetration
- > Making sure you empty your bladder fully every time you visit the loo

## How are UTIs diagnosed?

UTIs are usually first diagnosed by your midwife or GP, who will consider your symptoms and concerns and 'dipstick' a sample of your urine to see if it shows any possible signs of infection.

They will then send the sample of urine off to the lab where it will be cultured and accurately tested for bacteria. These results will take a couple of days to be ready and will specify which type of antibiotic is suitable to treat the bacteria causing the infection.

You may receive a prescription for antibiotics before the test results are back if your midwife/GP thinks that your symptoms and/or evidence from the urine dipstick indicate an infection.

## How are they treated?

Whether you have asymptomatic bacteriuria or a suspected or proven UTI, a 7-day course of antibiotics should be started promptly. If you are given antibiotics before the lab results are back, these may be changed to a different one if the results then show that another antibiotic may be more suitable.

Along with your antibiotics, some of the preventative measures listed above may help the treatment along, as well as alleviate some of the discomfort. You may also take some simple pain-relief, like paracetamol, if you need to.

Most UTIs in pregnancy are easy to treat and respond well to antibiotics.

## When should I contact my midwife or doctor?

Any UTI could rapidly travel up to your kidneys, posing a potential risk to your pregnancy. Therefore, it is important to get medical advice and treatment as soon as possible if you are concerned.

Never hesitate to contact your midwife or GP if you suspect you may have a UTI. If your symptoms are severe before you are able to attend an appointment, you can contact the 24-hour maternity assessment unit at your local hospital.

If you have symptoms of a UTI which don't show improvement within 2 days, or if they worsen, call your GP/ maternity unit to get checked.

# Bleeding in pregnancy - what could be the cause?



By Karen McEwen  
My Expert Midwife,  
registered midwife



**Bleeding during pregnancy can be quite alarming and frightening for women as it can indicate that your pregnancy could be having problems. We explain the possible causes of bleeding in early pregnancy through to labour, to help give you a better understanding of what is normal and when to contact your midwife or maternity assessment centre.**

## **The 1st trimester- before 12 weeks**

Bleeding before 12 weeks of pregnancy can be quite common. Your baby is still an embryo and is developing and changing at a rapid rate, as well as your placenta starting to embed and grow into the blood rich wall of your uterus. Spotting during the 1st trimester can be the result of this embedding process, as the growth of both the baby and placenta may cause a small loss of blood. If the bleeding becomes more

than spotting or is accompanied by pain, contact your GP or your local hospital for advice. They will be able to talk about your symptoms with you and may advise that you stay at home or that you need to attend hospital to be checked over. Bleeding and pain can indicate that a pregnancy is miscarrying and will ultimately be lost but, equally, it may settle down and you can continue to have a healthy and problem-free pregnancy.

## The 2nd and 3rd trimester

Bleeding after 12 weeks of pregnancy is less common but can still happen. Sometimes there is no obvious reason for this, despite investigations that the hospital may do to try to find the root cause. However, these are possible reasons that you might experience bleeding during this time:

### Placenta praevia

Placenta praevia means that your placenta is either partially or totally covering your cervix (the neck or opening of the womb). Women who have placenta praevia or a low-lying placenta (often seen if you have a 20-week anatomy scan) can expect their placenta to have a good chance of moving away from the cervix by their 3rd trimester. This is because the lower segment of the womb grows during this time, which means that the placenta moves with it. However, for those whose placenta doesn't move and remains completely or partially covering their cervix, the best option for birth would be a caesarean section. A vaginal delivery would carry a high risk of bleeding, the placenta being born before the baby and of the baby experiencing difficulties.

You will be offered serial ultrasound scans during your pregnancy to check if your placenta has moved and your consultant will be able to discuss the results of these with you, along with the recommended mode of delivery/birth.

In the unlikely event that your placenta remains covering your cervix, it is quite common to have more episodes of bleeding as your pregnancy progresses as your

uterus is becoming more stretched and the lower segment, where your placenta will be if you have placenta praevia, develops and stretches more during the 3rd trimester.

Women with placenta praevia will be offered an elective caesarean section or a caesarean section if bleeding becomes too heavy during their pregnancy.

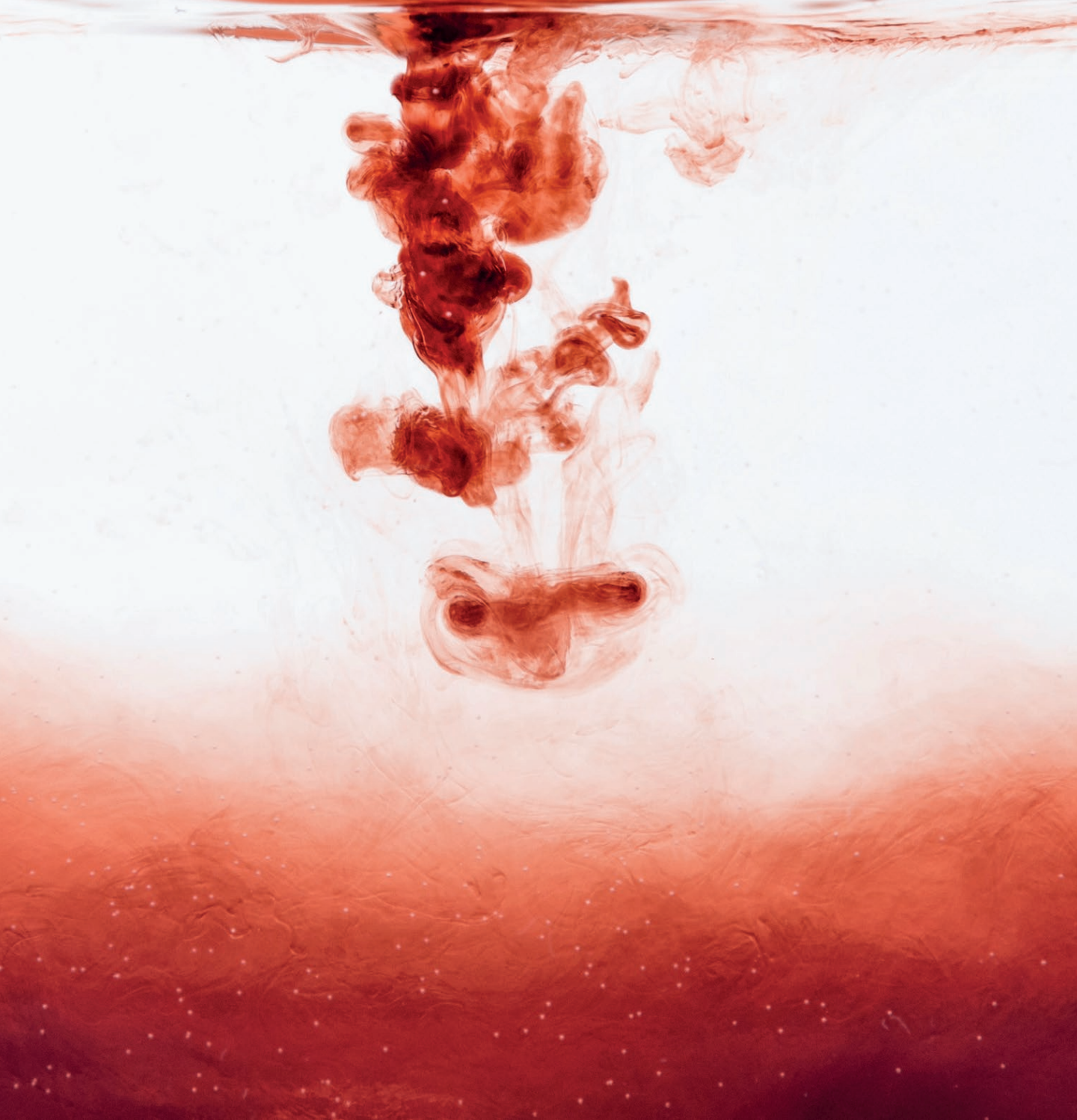
### Ectropion

An ectropion is a patch or layer of glandular cells on the cervix. It can develop because cells from the cervical canal have formed on the outer part of the cervix. Ectropions are found when you are not pregnant, in fact you can be born with an ectropion. They are more prone to bleeding during pregnancy due to hormonal changes and as the cervix develops a more robust blood supply due to your pregnancy, in preparation for the birth. They can also bleed during sex. Although any unusual vaginal bleeding should be checked out whether you are pregnant or not, if an ectropion is diagnosed it is not a sign of cervical cancer.

### Placental abruption

This is a serious condition where the placenta either partially or completely separates from the uterine wall. It usually involves bleeding, but the bleeding can be concealed. It is often, but not always accompanied by pain and your bump feeling very hard. Bleeding that needs a sanitary pad or is running down your legs needs medical attention and it would be recommended that you go to hospital urgently for close monitoring of yourself and your baby.





## Early labour

Bleeding during early labour is normal if in small amounts. A blood-stained show is a common sign that labour has started. It will appear as a pinky rather than a bright red discharge or as a mucousy show that is stained with blood. Bright red bloody discharge running down your legs and/or soaking a sanitary pad should be checked at your maternity assessment centre.

## Summary

Bleeding in pregnancy can have a variety of causes and may be nothing to worry about. It is advisable, however, that you discuss any type of bleeding with your midwife or call your maternity assessment centre, who can assess if this is normal or if you need further assessment.

# Warm perineal compress in labour



By Karen McEwen  
My Expert Midwife,  
registered midwife



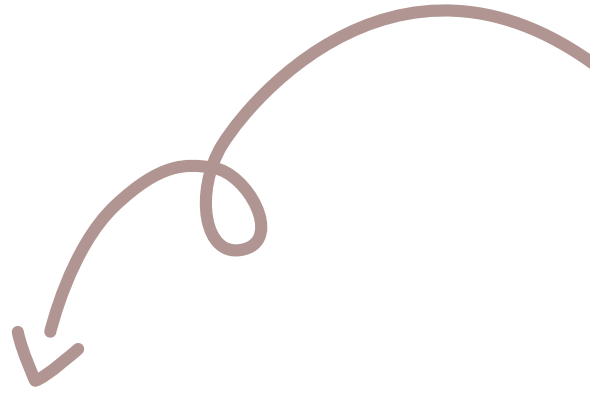
**Did you know that using a warm compress on your perineum during the birth of your baby can help to reduce tearing? If you didn't you won't be alone, as although this is supported by robust research, it is not talked about much or offered very frequently as an option during birth.**

A number of research studies on using warm perineal compresses during birth have been undertaken in recent years. When the results from these different studies are combined to give a more rounded conclusion it was found that not only did women have a better chance of having an intact perineum after the birth (no tearing) but, also, that they were significantly less likely to have a more severe tear (known as a 3rd or 4th degree tear) and less likely to need an episiotomy (a cut made to the perineum to widen the vaginal opening).

So, you may be wondering.....why isn't this option offered to birthing women in the UK? The reason for this is that when research comes out, it can take many years to filter into practice in the NHS and other institutions. We think this research is something that all women should be aware of so they are able to opt for it during their own births, should they choose to.

When discussing tearing in childbirth, many women like to know how to help reduce the likelihood of it happening during their births. Now

you know that the research supports the use of warm compresses on the perineum to help reduce the likelihood and/or extent of tearing during birth, this blog will discuss how does a warm compress work, how would this be done and the best time to use the warm compress, and how to request this for your birth, if you choose to.



## Guide to using a warm compress for the perineum

- 1: 300mls of boiling water and 300mls of cold tap water in a clean bowl (does not need to be sterile).
- 2: Use a pad or cloth for the compress.
- 3: Apply when the baby's head is stretching the perineum and the woman can feel the associated stinging.
- 4: Hold pad/cloth on the perineum during a contraction and then rewarm between contractions.
- 5: If the pad/cloth becomes soiled, then replace with a clean one.
- 6: Continue until the birth of the baby's head.
- 7: If you need to replace the water due to cooling (after around 15 minutes) then start again. Never add boiling water to warm up current bowl as hot pockets of water can be created.

# Your bits after the birth- perineal hygiene

## Top 10 Tips

The postpartum period can often feel like all the focus is on the new baby, but you also need to spend time caring for yourself - especially your perineal area - to ensure optimal recovery and reduce the chances of infection.

Your needs can vary greatly after a vaginal birth as your body may recover quickly or, more likely, may take some time to start feeling more like yourself again. These variations are all normal.

Our midwives have compiled their Top 10 Tips to help maintain perineal hygiene after the birth of your baby:

- 1:** Wash or shower at least twice a day during the first week to keep the perineal area clean.
- 2:** Wash your hands before and after changing your maternity pad to help reduce the chance of infection.
- 3:** Change your maternity pad at least every four hours. This helps to prevent the build-up of bacteria and reduces the chances of an infection developing.
- 4:** You will probably want to pass urine more often as this is how your body rids itself of extra fluid after the birth. Always ensure you are wiping from front to back, so you don't spread any bacteria from the anus to the perineal/vaginal area. This will reduce chances of infection, especially if there are sore areas or you have stitches.
- 5:** You can use **Spritz for Bits** from day one after you give birth if you've had a vaginal delivery.
- 6:** Try to have time each day when your perineum is not covered with a pad and pants to allow air to circulate, especially once your postpartum bleeding has reduced in flow. The air flow prevents the area from being the moist breeding ground that bacteria thrive in.





**7:** Ensure you maintain good hydration as this will dilute your urine and make it less stinging when you wee if you have sore areas. You can also spray **Spritz for Bits** before and after having a wee to ease stinging.

**8:** You can use a 'peri bottle' which is a specially designed bottle with a curved spout that sprays water on your perineum when you squeeze it. This can help you to keep the area clean in between bathing or showering. You can also use a jug of warm water to pour over your bits whilst sat on the toilet.

**9:** Start gentle pelvic floor exercises as soon as you feel able to and gradually build them up in intensity. Strengthening your pelvic floor helps you to control your bladder and bowels more easily.

**10:** If you are worried about any changes, or you think something is wrong, don't hesitate to talk to your midwife, health visitor or GP. This could be anything from unusual discharge - which may or may not smell - and soreness which is not improving, to problems with holding urine or, later on, pain when trying to have intercourse.



## Why use Spritz for Bits?



By Karen McEwen  
My Expert Midwife,  
registered midwife



As midwives we know it is common for women to experience discomfort after giving birth. Midwives are always trying to find ways to help people to relieve the feelings of soreness after a vaginal or caesarean section birth. Feeling more comfortable helps to improve experiences in the postnatal period and makes the transition for the whole family with a newborn less stressful and more enjoyable.

Apart from regular paracetamol and keeping the area clean, midwives often recommend a soak in a warm bath infused with lavender essential oil as it is known for its soothing, healing and relaxing properties. The problem is that oil and water don't mix well, which means that the essential oils won't necessarily reach the parts they need to when taking a bath. Some midwives also recommended putting witch hazel onto a maternity pad to ease

swelling and discomfort, but women are often unsure as to the quantity to use.

Spritz for Bits provides a solution to this problem, making sure the correct amount of these ingredients is delivered to the right place, for the instant soothing relief women need after birth.

Having a safe but effective solution for soreness after childbirth, one

that can be trusted to help manage symptoms postpartum, has helped thousands of women and birthing people recover more easily and have a much more comfortable experience.

## Why we use essential oils and natural compounds in Spritz for Bits

Essential oils are extracted from individual plants, the flowers, stems, leaves or roots. Each plant has unique characteristics and aromas which are present in their individual essential oil.

Essential oils can work when applied topically onto the skin, or by inhalation to influence behaviours and emotions. They can be several times stronger than dried herbs, therefore they need to be diluted into the recommended safe quantities.

Many essential oils are so effective for helping to relieve discomfort and treat problems that they have their own monography (a detailed study) with the Medicines & Healthcare products Regulatory Agency (MHRA), which is the UK's regulatory agency for medicine safety.

## So, what is in Spritz for Bits and how does it work?

The unique blend of essential oils and compounds below were selected to specifically target and calm sore, swollen and irritated areas. Spritz for Bits can also be sprayed upside down to target the exact area you need it to, as well as stored in the fridge for extra cooling relief.

**Witch hazel compound-** This helps to reduce skin irritations and has anti-

inflammatory properties which can help soothe and reduce soreness, haemorrhoid pain and itchiness.

**Tea tree** - Has anti-bacterial and anti-fungal qualities.

**Lavender** - Is known to be calming, can reduce anxiety, stress and restlessness as well as ease swelling, bruising, itching and stinging.

Here are some FAQs about when to use Spritz for Bits

### After the birth

- Use after birth from day one.
- Spray onto a pad, if you prefer.
- Use it before and after your first wee post-birth to calm any stinging.
- Use it at each pad change (at least every 4 hours).
- Can use on your caesarean section wound after the dressing has been removed (around day 5).





### During pregnancy

- If you have haemorrhoids/piles causing discomfort.
- For swelling or discomfort around the vulval area.
- To help calm itching and discomfort of thrush (after seeking assessment/treatment from your midwife or pharmacist).
- Other irritations such as cystitis or post coital discomfort.

### Other uses

- Can be used on any wound going through a normal healing process.
- On bites and stings for adults and children.
- On haemorrhoids/piles when not pregnant.
- On swelling and bruising on the body.



### When not to use

If you think you are developing an infection, we advise consulting with your doctor or midwife first.

Signs of an infection can be:

- Oozing or discharge from the wound site.
- Pain which is not improving each day.
- An offensive odour from the wound site.
- Feeling unwell with flu like symptoms.



# How to use Spritz for Bits®



## during pregnancy

1. Spray on haemorrhoids/piles to ease discomfort.
2. Helps ease swelling or discomfort around the vulval area.
3. Calms discomfort associated with itching conditions, such as thrush.

## after the birth

1. Spray onto perineum straight after birth for instant relief.
2. Use before and after your first post-birth wee to ease the sting.
3. Spray onto your pad at each change.

## beyond birth

1. Spray onto c-section wound (after the dressing has been removed and wound is undergoing normal healing process)
2. Use on swelling and bruising anywhere on the body.
3. Spray to ease stings, bites and grazes for adults or children.

- ✓ Lavender for soothing pain relief
- ✓ Tea Tree for antibacterial and antifungal properties
- ✓ Witch Hazel to promote healing
- ✓ Vitamin E for encouraging skin health and elasticity



**Our five star natural  
Spritz for Bits®**

# Investing time in your recovery



By Karen McEwen  
My Expert Midwife,  
registered midwife



**We often hear about how hard recovery from childbirth can be. It can be a shock to realise how much your life has changed once you bring your baby home and when you have a baby to care for too you might feel as though your needs are not as important. However, it is essential that you allocate some time each day for yourself.**

You will certainly benefit from this as self-care will have positive effects for both your body and mind as you recover from pregnancy and the birth.

Spending time caring for your body, whether you have had a vaginal birth or a caesarean section (c-section) birth, can help you to understand if you are healing well or if you need to seek some support.

## **Caring for your bits after the birth:**

- > A warm soak in the bath to help a sore, swollen perineum, soothe aching, stretched muscles, or ease a healing c-section wound.
- > Using Soak for Bits in your bath can make your postpartum bath an even more relaxing experience (from day one after a vaginal birth and after your dressing has been removed and your wound is healing normally with a c-section).

Specially developed for the postpartum it contains Epsom salts to soothe a tired body, arnica and calendula to soothe soreness and bergamot to relax your mind.

- > Starting regular pelvic floor exercises, as soon as you feel able to, can improve continence by strengthening your pelvic floor—there are apps available to help with this.
- > Taking effective pain relief will keep you comfortable and reduce stress from having pain. It can be in the form of medication or cooling gel pads for the perineum, heat packs or hot water bottles for backache. Using Spritz for Bits can help soothe your perineum or No Harm Nipple Balm can ease sore nipples.
- > Making sure you make a space in the day for yourself to do something just for you for at least 30 minutes. This could be a walk to the shops, a lie down to close your eyes and relax or to take a soothing bath to help you unwind.





### Caring for your c-section wound after the birth:

A c-section is major surgery so it's important to set aside some time each day to focus on resting and recovering after giving birth.

Your midwife can advise you when your dressing and any non-dissolvable stitches or staples will be removed- different surgeons can use different techniques. Good wound care and hygiene after your dressing is removed will help the healing process.

### Here is our guide for caring for your caesarean section wound when you are at home:

- > Have a daily bath or shower to gently clean your c-section wound and pat dry with a clean towel.
- > Clean your wound area twice daily to prevent bacteria from building up. You can do this by wiping gently with warm water and cotton wool, if you are not taking a bath or shower, and then pat dry. It's a good idea to let the air circulate to the area by gently lifting your tummy for 5-10 minutes twice a day.
- > You can use Spritz for Bits once your c-section dressing has been removed and normal wound healing is taking place. This will help reduce itchiness and soreness.
- > Take regular analgesia such as paracetamol and ibuprofen to help with pain relief and reduce swelling.
- > Wear loose, comfortable and soft clothing to help your skin 'breathe' such as cotton. This will also reduce any rubbing or discomfort on your wound.
- > After your 6-week postnatal check-up you can begin to gently massage the area which will stimulate blood flow, reduce the appearance of scar tissue and assist with healing.
- > Talk to your midwife if you have any concerns about your wound, the surrounding area or are feeling unwell.

# SOAK FOR BITS



- ✓ Premium Epsom salts to detoxify and ease aching muscles
- ✓ Tea tree oil for anti-bacterial and anti-fungal properties
- ✓ Bergamot oil to help with relaxation
- ✓ Arnica to help reduce bruising and swelling



100% natural birth  
recovery essential



"this was a game changer following the birth of my second child. It smells lovely and I healed a lot quicker this time around"

# Our trouble-shooting guide for your bits from pregnancy through to post-birth and recovery



By Malena Monteverde  
My Expert Midwife,  
registered midwife

my expert  
midwife.

know your bits



## Common Symptoms in Pregnancy, Birth and Beyond

Understanding the different changes and possible ailments that may happen to your "bits" during your pregnancy, your birth and your recovery will help you feel informed and able to distinguish what is 'normal' and when you may need to seek advice from a health professional.

### Changes and ailments in pregnancy

**Discharge** - is mostly a healthy symptom and helps 'wash' harmful bacteria out of the vagina. It is increased during pregnancy as your body is even more keen to protect itself from infection. Normal discharge is clear or milky coloured with a distinct but not unpleasant smell and you will often simply find it in your knickers or on a pad, as a whitish stain. It should not be accompanied by any other concerning symptoms.

### Top Tip

To prevent irritation, avoid underwear made of synthetic materials and, if you need/choose to use panty liners, opt for cloth ones.

## When to contact your midwife/doctor:

If your discharge changes colour (to brown, green, bloody or grey), becomes offensive or changes smell, changes in consistency (becomes thick or lumpy), is suddenly very watery, or is accompanied by pain to your lower abdomen, pelvis or vulva/vagina.

**UTIs** - are infections of the urinary system, most commonly affecting the bladder (cystitis). They are more common in pregnancy and, if left untreated, could rapidly travel to your kidneys and cause complications to your pregnancy, including preterm labour.

### ✓ Top Tip

To avoid transfer of bacteria, always wipe front to back and ensure you empty your bladder fully when you go to the toilet and after having sex.

**Thrush** - occurs when there is an overgrowth of *Candida Albicans*, a yeast-like fungus that naturally lives within our 'gut'. This can be caused by the intake of antibiotics, diet, lifestyle choices and/or when there is a pH imbalance within the vagina due to other causes.

### ✓ Top Tip

Go pant-free as much as possible and keep the area well 'ventilated' by choosing loose-fitting clothing. Wash with plain water and use Spritz For Bits to relieve the irritation.

## When to contact your midwife/doctor:

It is important to exclude other infections/conditions, so seek advice if: your vulva/vagina feels irritated, itchy and/or swollen, you have mild pelvic pain, a white lumpy discharge or an unusual white-ish watery discharge. You may be prescribed a cream and a pessary. However, bear in mind that thrush needs to be treated systemically (by changes to diet, lifestyle, etc) rather than topically (by applying treatment only to the affected area), or it is likely to keep recurring.



**Piles** - are swollen blood vessels in or around your anus (bum hole). Constipation plays a starring role in the appearance (and exacerbation) of piles so, if you want to avoid/ease them, it is essential to prevent/manage constipation.

## ✓ Top Tip

Soak the area by sitting in a bowl/bath with Soak for Bits or place a warm/cold compress previously sprayed with Spritz for Bits.



## When to contact your midwife/doctor:

If you experience bleeding, itching or pain around your anus and are unsure if you have piles; the bleeding is heavier than just a little blood when you wipe; your stools appear black/tarry (and you're not on iron tablets), your symptoms are severe or haven't eased despite treatment/management.

**Vulval varicosities** - these are swollen blood vessels that occur around your vulva. To help alleviate the pressure and discomfort, avoid tight clothing and standing/sitting for prolonged periods.

## ✓ Top Tip

Promote circulation by raising your feet above the level of your heart - you can rest them on the wall. Place a pillow under your right hip to tilt you slightly left (prevents you from feeling dizzy and ensures good circulation to the placenta is maintained). After about 5 minutes, lower your legs onto the bed/couch and turn on your left side for a few minutes before sitting up.

Also, follow the top tip for piles.



## When to contact your midwife/doctor:

Although there is little they can do, do mention your symptoms during your routine visit, and call them if the swelling/pain worsens or you are concerned.

**Bleeding** - can have a variety of causes and may be nothing to worry about. 'Spotting' during the first trimester can be quite common and some bleeding can still happen after 12 weeks of pregnancy. Sometimes there is no obvious reason for this, but causes could include: ectropion, infection, having the 'show', placenta praevia, early labour or placental abruption.

### Top Tip

Monitor your blood loss by using light-coloured pads/panty-liners and keeping note of when you bleed and how much.



## When to contact your midwife/doctor:

Discuss any type of bleeding with your midwife/maternity assessment centre to determine if you need further assessment. Spotting during the first trimester or after intercourse can be common but seek advice if the bleeding becomes more than spotting or is accompanied by pain. Any heavier loss of fresh/watery blood, with or without pain, should be investigated as soon as possible. If your loss is very heavy or you feel very unwell, call an ambulance.

**Perineal massage** - when done regularly, from 34 weeks of pregnancy, perineal massage has been clinically proven to help make the perineum (the muscle between your vagina and anus, which stretches to allow your baby to be born) more elastic and stretch better during childbirth, reducing your risk of tearing and the need for an episiotomy.

### Top Tip

Use our My Expert Midwife's perineal massage oil which has been specially blended and designed for perineal massage or an oil such as almond oil.



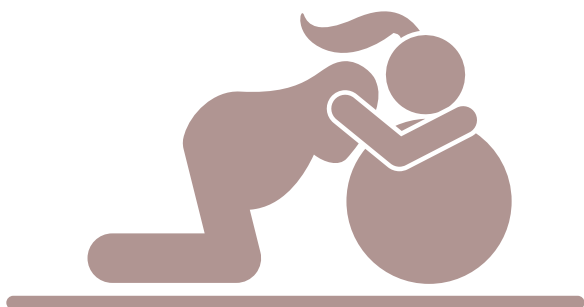
## Birth

**Warm compress** - Applying this to the perineum, when it is stretching during the birth, helps the tissues warm up and improves their flexibility and stretch during the birth, reducing the incidence of tearing.

### Top Tip

Use the warm compress during the second stage of labour, when you are pushing and your baby's head is descending. Download/print our 'Guide to using a warm compress for the perineum' and put it with your birth-plan or maternity notes.

**Positions** - All fours, kneeling and side lying positions seem to result in less perineal trauma, whereas lying on ones back and lithotomy (legs in stirrups) can make it harder for your baby to be born and may result in more severe tearing.



## Recovery

**Tender, bruised, swollen bits and recovering from tears and episiotomy**

- Your vulva and perineum are likely to feel sore and uncomfortable after the birth of your baby, more so if you've sustained a tear or a cut (episiotomy).

### Top Tip

You can use Spritz for Bits for instant relief from day one. Investing time in helping your bits to recover will be time well spent, so ensure you get plenty of rest and self-care.



### When to contact your midwife/doctor:

If the pain and/or swelling worsens or does not improve with pain-relief and management, you notice an offensive smell, bleeding or abnormal discharge from the wound, or you feel unwell.

**Bleeding** - blood loss after childbirth can vary enormously and can be very different from any period you have experienced.

### ✓ Top Tip

Have plenty of thick, absorbent maternity pads for the first few days after the birth and don't be alarmed if your blood loss increases when you breastfeed or are more active than usual.

### When to contact your midwife/doctor:

If you soak through your pad in less than 2 hours, pass multiple clots or single clots larger than a golf ball, you have worsening or persistent pain despite taking pain-relief, your blood loss smells foul/offensive, or you feel ill, faint, hot or sick.

**Piles** - May worsen after the birth of your baby, adding a whole new level to your endurance of discomfort.



### When to contact your midwife/doctor:

If the pain/swelling does not improve with topical treatment and pain-relief, there's more than just a little blood on wiping your bottom, or you cannot manage your constipation.

### Incontinence

Is relatively common following birth and may last a few weeks.

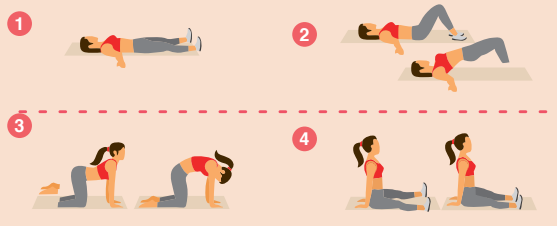
### ✓ Top Tip

Go to the toilet as soon as you get the urge and empty your bladder fully. If you don't get the urge until it's almost too late, Put an alarm on your phone and sit on the toilet every 1-2 hours to 'retrain' your bladder.

### When to contact your midwife/doctor:

If you see no improvement, despite management and regular pelvic floor exercises. Your midwife/GP may need to refer you to a physiotherapist.

### 4 exercises to strengthen the muscles of the pelvic floor



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Helping you feel like you again

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