

Care of your perineum

Information for patients

This leaflet explains how to care for your perineum during pregnancy, labour and after your baby is born. If you have any questions or concerns, please do not hesitate to speak with your midwife.

What is my perineum?

Your perineum is the area between your vaginal opening and your rectum (back passage). It can refer just to the skin, or to the skin and your pelvic floor muscles. Your pelvic floor muscles act like a hammock to support organs such as your bladder, bowel and uterus (womb).

What is perineal trauma?

Your perineum can be injured during the birth of your child. This is called 'perineal trauma'. It can be caused by:

1. the natural stretching of your perineum during birth, to allow your baby's head and body to be born, which causes it to tear
2. a surgical cut called an episiotomy, made by your midwife or doctor, to make more space for your baby's birth. You will have an episiotomy only if you consent and it is needed to help you and your baby. About 8% of women in the UK giving birth vaginally have an episiotomy. If you have one, you will be given a local anaesthetic to numb the area.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name and date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.
Ensuring your safety is our primary concern.

What is my risk of perineal trauma?

About 85% of women tear the skin or muscle of their perineum when they give birth vaginally. It is also normal for your vagina and perineum to be bruised and stretched when you give birth.

Most of these will be:

- first-degree tears, where only your perineal skin is injured.
- second-degree tears, where your perineal muscles and skin are injured. These are equivalent to having an episiotomy.

Overall, 3% of women who tear have more complicated injuries. These may be:

- third-degree tears, where the injury runs from your vaginal wall and perineum to the muscle that controls your anus (anal sphincter).
- fourth-degree tears, where the injury runs further into the lining of your anus or rectum.

Third- and fourth-degree tears are more common if it is your first vaginal birth (6.1%) than if you have had a vaginal birth before (1.7%).

What increases my risk of third or fourth degree perineal trauma?

It is hard to predict what will cause a third or fourth degree tear, but there are some things that increase the risk. These include:

- having a large baby (more than 4kg / 8.8lbs)
- a quick labour and birth, because there is less time for your perineal muscles to stretch
- a long pushing (second) stage of labour, because your perineal muscles get tired
- your baby's back lying towards yours (back to back)
- having a forceps births, because of the extra space needed to insert the forceps
- difficulty with your baby's shoulders being born (shoulder dystocia).

How can I reduce my risk of perineal trauma?

There are a number of things you can do while you are pregnant and during labour to cut your risk of tearing.

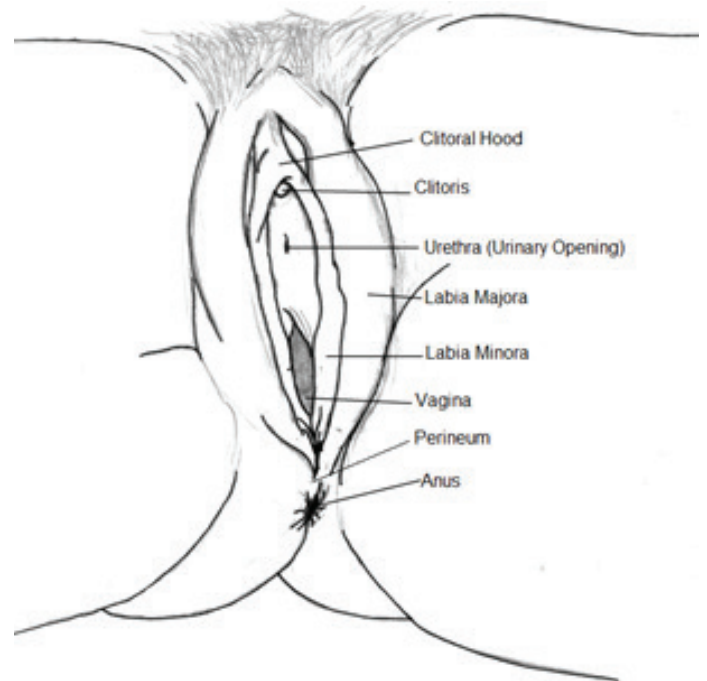
During pregnancy

The most useful thing you can do during pregnancy is **perineal massage**. This helps the muscle and skin to stretch more easily during vaginal birth. It may also help you to know your body better and prepare you for the feeling of pressure and stretching that you will feel during the birth.

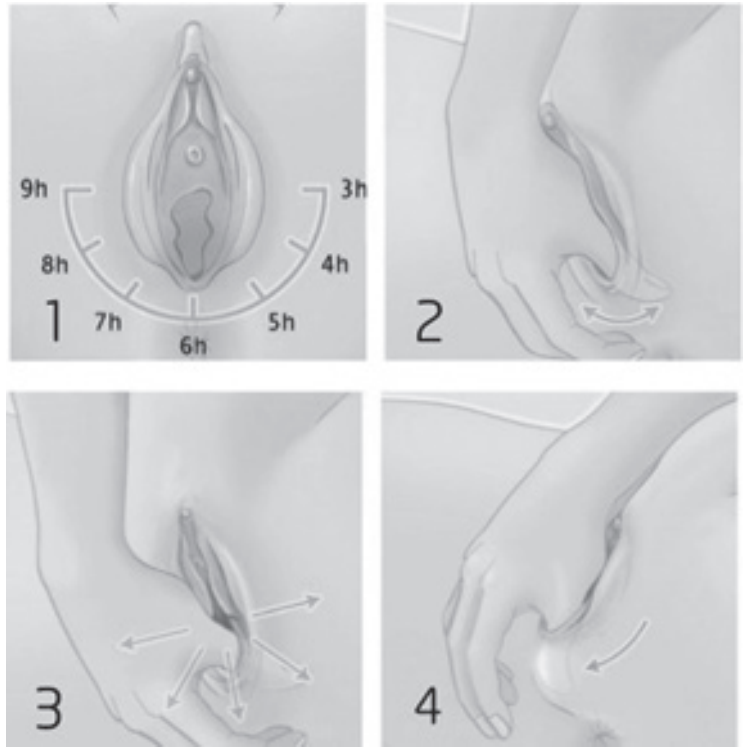
Regular perineal massage from 34 weeks of pregnancy makes you less likely to need an episiotomy or to have a tear that needs stitches, particularly if this is your first vaginal birth.

You can do the massage on your own or with the help of your partner.

(Instructions are shown on the next page).



1. Wash your hands well and make sure you have short fingernails.
2. Relax somewhere comfortable and private.
3. Sit with your knees bent up. You could also try squatting against a wall, or standing with one foot raised and resting on the bath, toilet or a chair.
4. It helps to have a bath or shower or to use a warm compress on your perineum first. This encourages a good blood supply to the area and can help soften the surrounding tissues.
5. Lubricate your thumbs and perineum well using vitamin E oil or your body's natural vaginal lubricant. You can also use unscented organic-based oil such as olive, sweet almond or sunflower oil. If you are sensitive to any of these, you can use a water-soluble jelly such as KY gel. Do not use baby oil, mineral oil or petroleum jelly.



6. If you are doing the massage yourself, it is probably easiest to use your thumb or thumbs. Otherwise your partner can use both index fingers.
7. Put your lubricated thumb or thumbs 3 – 4cm (1-1.5 inches) inside your vagina. Press down towards your anus and to the sides. Hold for about one to two minutes until you feel a slight stretching/burning sensation, simulating your baby's head birthing.
8. Using your thumbs, slowly massage the lower half of your vagina using a U- shaped movement (from 3 o'clock to 9 o'clock). This should not be painful.
9. Massage the perineal area slowly for up to 10 minutes once or twice a week only. If you do the massage more than three times in two weeks it does not work as well, so less is better!
10. You can also do gentle massage on old scar tissue to help soften and stretch it.
11. Do not massage your perineum if you have vaginal thrush, a urinary tract infection or genital herpes, as you will need to be treated prior to starting perineal massage. You can start doing it once these have been treated. Please check with your midwife if you are unsure.

During labour and birth

Keep mobile during labour in an upright position. This will help gravity and the progress of your baby moving downwards in the birth canal. Try to choose a position that is comfortable for your labour and birth.

Put warm compresses on your perineum during the second stage of labour. Your midwife or birth partner can put a warm compress/pad on your perineum as your baby's head begins to stretch your perineal area.

Use instinctive pushing to birth your baby. Your midwife will encourage you to go with your natural urge to push, using spontaneous pushing when your baby is ready to be born. If you have had an epidural for pain relief, they may need to tell you when to push.

Perineal support at birth. Your midwife will be able to work with you to control and slow the birth of your baby's head and shoulders. Doing this can reduce the risk of severe perineal trauma by up to 50%.

Have an episiotomy. Your midwife or doctor will talk to you if they think you need an episiotomy. If you need forceps to deliver your baby then you will have an episiotomy to make more space. They use specially designed surgical scissors (episcissors) which reduce the risk of third and fourth degree tears. Your perineum will be stitched afterwards.

Using a birthing pool during labour or birth has not been shown to significantly reduce the risk of perineal trauma.

What happens after birth?

After your baby is born, your midwife or doctor will gently examine your perineum. They will ask for your consent to do this. They will make sure you have adequate pain relief during the examination and you will be able to continue to cuddle and feed your baby while this is happening. They will also examine your rectum to check for third or fourth degree tears and anything that could cause continence problems.

Will I need treatment if I have a tear or an episiotomy?

We follow NICE guidelines which recommend that most second, and all third and fourth-degree tears, as well as episiotomies, are stitched. We usually leave small (first-degree) tears and grazes to heal naturally.

Stitches stop any bleeding, help the wound to heal, reduce your risk of infection, repair your perineal muscles for future childbirth, and ensure you remain continent and can have sex. If second-degree tears or an episiotomy are not stitched, the wound may not heal as well.

Second-degree tears and episiotomies: these are repaired by your midwife or doctor in the birthing room. They will give you a local anaesthetic to numb the area. You do not need to have the stitches taken out as they will dissolve on their own after 7-10 days.

Third- and fourth-degree tears: these are repaired in the operating theatre. You will have a spinal block or an epidural to numb the area. You will have a catheter (thin plastic tube) in your bladder to help empty it during the repair surgery and for 12 hours afterwards. We will give you antibiotics to prevent your wound becoming infected. We will also give you laxatives to help you open your bowels more comfortably. You need to take these for the 10 days after the repair surgery. All the medication we give you is safe while breastfeeding.

Will I need any checkups?

- If you have a first- or second-degree tear or an episiotomy, your midwife will ask you regularly during postnatal checks whether you have any perineal pain or discomfort. It is important to tell them if you do have any pain or discomfort, so they can give you pain relief. They will also ask for your consent to examine your perineum so they can check it is healing properly and to look for signs of infection or abnormal blood loss. They can do this while you lie on your side or semi-sitting.

- If you have surgery for a third- or fourth-degree tear, we will arrange for you to come back for a follow-up appointment with a doctor in the hospital six weeks later. They will check how well your perineal muscles are healing, their strength and whether you have any discomfort.

How can I reduce my risk of infection and help healing?

- Keep the area clean by having a daily bath or shower and using plain water only (no soap or shower gel)
- Wash your hands very well before and after going to the toilet and before and after changing your sanitary pad
- Use toilet paper to gently pat dry around the stitches if you have them. Do not use a hairdryer
- Wear light, breathable cotton knickers.

If your wound stings when you pee, it can help to lean forwards and pour a jug of warm water over your vulva as you go to the loo.

How do I protect my stitches when I open my bowels?

Your stitches are extremely unlikely to tear when you go to toilet. But if you are worried, you can support your perineum by placing a clean sanitary pad or toilet tissue on the area while opening your bowels. If you had surgery for a third- or fourth-degree tear, we will give you laxatives to make going to the toilet more comfortable.

How can I ease perineal discomfort or pain?

For the first 48 hours after birth, a good way of reducing perineal pain, bruising and swelling is to use a cooling gel-pad or an ice pack on the area. You can make an ice pack by sprinkling water on a clean maternity pad and putting it in the fridge-freezer. Do not put soap, shower gel, bath lotions or any type of cream (including arnica) on the area. Do not put an actual ice pack from the freezer directly on your skin, but wrap in a towel etc.

When you are in the hospital, your midwife, can give you painkillers such as paracetamol, ibuprofen or diclofenac to ease perineal pain and swelling. These are safe to use while breastfeeding. If you have had stitches, they may also give you diclofenac suppositories (tablets that are put into your rectum) straight after birth.

Postnatal pelvic floor exercises

Gentle pelvic floor exercises after birth help blood flow to the area and can help healing and ease pain. Wait until well after birth before you start doing them and make sure you empty your bladder beforehand. Do not do them if you have a catheter. You can also start gentle exercises after surgery for a third- or fourth-degree tear. You can discuss this with your midwife and physiotherapist on the postnatal ward.

Do pelvic floor exercises regularly for at least three- to six- months to regain your full muscle strength. You should try to keep doing them for life to help strengthen your pelvic floor muscles, improve your bowel and bladder control, and avoid urinary incontinence.

When can I have sex again?

You may feel sore for several weeks after birth, whether or not you have had a tear or episiotomy, so sex can be uncomfortable. When you feel ready to have sex again will depend on how well your perineum has healed and how you feel both physically and mentally. It can take

three to four weeks for your perineum to heal and some women find it takes longer than this for their vagina to feel 'normal'.

Your vagina can be dry after birth because of breastfeeding and changes in your hormones. In addition, emotional changes and the new relationship between you, your baby and your partner can lead to you feeling less like having sex. This can be difficult for couples, so try to talk openly with your partner about how you are feeling.

When you do want to have sex again, do not worry if it feels different at first. You may need to try different positions to find the one most comfortable for you. You may also find it more comfortable using a non-water-based lubricant, unless you use condoms (you should use only water-based lubricant if using condoms as a contraceptive). Remember to use effective contraception if you are not planning another pregnancy.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: 020 3299 3601

Email: kch-tr.pals@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND:

Tel: 01689 863252

Email: kch-tr.palskent@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.