

Antenatal perineal massage

Information for women



Research has shown that antenatal perineal massage from approximately 35 weeks' gestation reduces the likelihood of perineal trauma that needs stitching. Women are also less likely to report perineal pain at three months postbirth (Beckmann and Garrett 2006).

What is the perineum?

The perineum is the area of tissue between the vagina and the anus. It connects with the muscles of the pelvic floor. The pelvic floor is divided into two areas of broad, flat muscle that unite along the midline, forming a hammock. This supports the pelvic organs.

The perineum is especially important in women. Stretching or tearing of the perineum during childbirth can remove support from the back wall of the vagina, making prolapse (or dropping down) of the uterus more likely. A weak pelvic floor can also result in incontinence of bladder and bowels. Trauma to the perineum may also lead to discomfort & pain when making love. (Barrett et al 2000, Albers et al 1999, Eason et al 2002.)

Estimates suggest that over 85% of women will have some degree of perineal tear during vaginal birth. (Kettle and Tohill 2008, McCandlish et al 1998, Sleep et al 1984.)

What is perineal massage?

Perineal massage is a way of preparing the perineum to stretch more easily during childbirth. During birth, the perineal tissues need to fan out to allow your baby to pass through the vagina.

The advantages of perineal massage are:

- It increases the elasticity of the perineum. This improves the perineum's blood flow and capacity to stretch more easily and less painfully during the birth of your baby.
- Tears in the perineum are less likely, and you are less likely to need an episiotomy (a cut into the perineum that is sometimes performed to quicken the birth of your baby). Please note: since the 1990s, the episiotomy rate in the UK has gone down significantly in response to evidence of associated adverse (negative) effects. (Klein 1994, Kettle and Tohill 2008.)
- Helps you focus on letting your perineum open up.
- Your perineum is less likely to be painful after the birth of baby.
- It can be particularly helpful if you have previous scar tissue, or a rigid perineum – for example a horse rider or energetic dancer. But all women can benefit.

When to start?

You can start anytime from 34 weeks of pregnancy.

How to do it?

Perineal massage may be done by you or your partner.

You may start initially and then invite your partner to massage as it gets nearer to the time of the birth – whatever you wish. Only do this if you are happy with it.

When to do it?

A good time is during or after a bath or shower because blood vessels in the area are dilated and this makes the perineum softer and more comfortable to touch. You are also more relaxed!

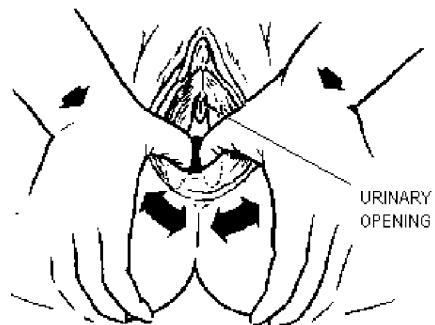
We suggest using an unscented, organic base oil: for example olive, sweet almond or sunflower oil, to lubricate the area and make the massage more comfortable.

Comfortable positions include:

- Propped up with pillows on bed/sofa with knees bent out and supported.
- Resting back in the bath with one leg up on the side. Then change legs.
- Standing under a warm shower with one leg up on a stool, then change legs.
- Sitting on the toilet.

Technique

- Get comfortable and relaxed and in a place where you feel safe, secure and will not be interrupted
- Perineal massage should be comfortable but it should also ease the perineum in a similar way to how it will open up as you give birth to your baby.
- Place one or both thumbs on and just within the back wall of the vagina, resting one or both forefingers on the buttocks. You may prefer to use only one hand.



- Pressing down a little towards the rectum, gently massage by moving the thumb(s) and forefinger(s) together in an upwards and outwards rhythmic 'U' or 'sling' type movement.
- Focus on relaxing the perineum as much as possible during the massage.
- Massage lasts as long as you wish, but aim at around five minutes a time.
- With time and practice, as the perineum becomes more elastic, you will increase your ability to release and you can increase the pressure towards the rectum. This will help you release as you feel the pressure in labour and the baby's head is about to be born.
- Repeat as often as you wish. For most benefit, aim for a massage every day or every alternate day.
- As the hormones of late pregnancy have a relaxing effect on your pelvic bones and muscles, you can also do a few strong pelvic floor contractions after the perineal massage to strengthen muscle tone. You can do this by imagining that you are trying to stop yourself passing wind and urine by tightening, squeezing and lifting the muscles around your front and back passages. Aim to hold the contraction for up to 10 seconds, relax for 10 seconds and repeat up to 10 times. It is also advisable to do a few 'quick' contractions, tightening the pelvic floor and then releasing the muscles straight away.

Do not do perineal massage if you have:

- Vaginal herpes
- Thrush or any other vaginal infection

If you feel pain at any point, stop and try again another time.

Further information

The following website has a useful review on this topic:

Beckmann MM, Garrett AJ. Antenatal perineal massage for reducing perineal trauma. The Cochrane Database of Systematic Reviews 2006, Issue 1. Art. No.: CD005123.pub2. DOI: 10.1002/14651858.CD005123.pub2.

How to contact us

If you have any questions you may contact:

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Additional reading

Albers L, Garcia J, Renfrew M, McCandlish R, Elbourne D. (1999) Distribution of genital tract trauma in childbirth and related postnatal pain. *Birth*; **26** (1):11-7.

Barrett G, Pendry E, Peacock J, Victor C, Thakar R, Manyonda I. (2000) Women's sexual health after childbirth. *BJOG: an international journal of obstetrics and gynaecology*; **107**(2):186-95.

Eason E et al (2002) Anal incontinence after childbirth. *Canadian Medical Association Journal*; **166**(3):326-30

Eason, E., Labrecque, M., Wells, G., Feldman, P. (2000) Preventing perineal trauma during childbirth: a systematic review. *Obstetrics and Gynaecology*. Mar; **95** (3): 464-71.

Johanson, R. (2000) Perineal massage for prevention of perineal trauma in childbirth. *Lancet*. Jan 22; **355**(9200): 250-1.

Kettle C, Tohill S Perineal care *BMJ Clin Evid* (Online). 2008 Sep 24; pii: 1401.

Klein MC, Gauthier RJ, Robbins JM, Kaczorowski J, Jorgensen SH, Franco ED, et al. (1994) Relationship of episiotomy to perineal trauma and morbidity, sexual dysfunction, and pelvic floor relaxation. *American Journal of Obstetrics and Gynecology*; **171**(3):591-8.

Labrecque, M., Eason, E., Marcoux, S. (2001) Women's views on the practice of prenatal perineal massage. *British Journal of Obstetrics and Gynaecology*. May; Vol 108 (5) 499-504.

Labrecque, M., Eason, E., Marcoux, S. (2000) Randomised trial of perineal massage during pregnancy: perineal symptoms three months after delivery. *American Journal Obstetrics and Gynaecology*. Jan; 182 (1 Pt 1): 76-80.

Labrecque, M. et al (1999) Randomised Controlled trial of prevention of perineal trauma by perineal massage during pregnancy. *American Journal Obstetrics and Gynaecology*. Mar; 180 (3Pt 1): 593-600

Mayerhofer K, Bodner-Adler B, Bodner K, Rabl M, Kaider A, Wagenbichler P, et al. Traditional care of the perineum during birth. A prospective, randomized, multicenter study of 1,076 women. *Journal of Reproductive Medicine* 2002; **47**(6):477-82.

McCandlish R, Bowler U, van Asten H, Berridge G, Winter C, Sames L, et al. A randomised controlled trial of care of the perineum during second stage of normal labour. *British Journal of Obstetrics and Gynaecology* 1998; **105**(12):1262-72.

Shipman, M.K. et al (1997) Antenatal perineal massage and subsequent perineal outcomes: a randomised controlled trial. *British Journal of Obstetrics and Gynaecology* Jul; 104(7): 787-91.

Sleep J, Grant A, Garcia J, et al. (1984) West Berkshire perineal management trial. *BMJ*;298:587-690.

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