

Description

Skills Summary: The Role of Antenatal Perineal Massage to Reduce Trauma

Dr Claire Feeley, Editor – The Practising Midwife

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Introduction

Reducing the chances of women suffering from perineal trauma during birth is a hot topic in maternity care. Perineal trauma is assessed as a range of classifications relating to the severity of tearing (first to fourth degree).[1] Third and fourth-degree tears pose the most significant concerns as women may suffer ongoing pain, incontinence and sexual dysfunction which has negative long-term impacts on their everyday life.[2] It is estimated that up to 80% of women will experience some degree of laceration during birth, however, wide variations exist.[3] Some researchers suggest variations relate to inconsistent classifications of perineal trauma or inconsistent reporting.[2] However, it is also conceivable that that perineal trauma is not inevitable and some can be prevented. Therefore, it is incumbent for midwives to understand the evidence for a range of techniques that may minimise perineal trauma. The focus of this skills summary is antenatal perineal massage (APM).

What is APM?

APM is a technique women carry out themselves (or with their partner's help) during pregnancy from 34 weeks onward to help the perineal muscle and skin stretch more easily during birth.[2,4] Massage improves the blood flow to the perineum, increases its elasticity and is associated with less perineal trauma that requires suturing as well as less chance of an episiotomy.[2] In the 2013 Cochrane review[2] the positive effects are most profound for primiparous women, however, more studies have since been carried out, so we can look forward to an updated review. Midwives are best placed to raise the topic of antenatal perineal massage and should create the space and time to discuss the information and to ensure women understand an effective technique. For those of you less familiar with APM, I have collated some top tips, I hope they help!

- Vaginal or urinary infections and herpes are generally said to be contraindicated, advise women accordingly.
- Familiarise yourself with the technique of APM, what it is, what it isn't. Use the online resources I have added below to fully understand how to perform effective APM and look up instructional videos.
- Consider carrying out on APM on your own perineum, that way you will have experiential knowledge of what it feels like to share your knowledge with women.
- Consider sourcing a model pelvis that has the perineal structures so to demonstrate the technique to women and their partners.
- Understand the basic preparations to share with women before carrying out APM; a warm shower or bath can be beneficial as the blood vessels are dilated and can be more comfortable for women; emptying the bladder; clean

hands; finding a private, undisturbed comfortable space; using cushions as needed to support legs.
- Advise that lubrication is recommended for greater comfort.[4] Ideally, plant-based oils so to avoid potential irritation.
- Most recommendations suggest women work up to 10 minutes of APM just once or twice a week; research has found an inverse relationship with the number of times a week women perform APM.[2,5] In this case, more frequent APM is associated with a decline in benefit.
- APM should not be painful, while some sensation should be experienced to indicate an effective technique, pain should be avoided. Discuss this point with women and suggest if pain or extreme discomfort occurs to stop and try again another time. Offering to observe their technique may be helpful. **TPM**

Further resources

1. https://www.ouh.nhs.uk/patient-guide/leaflets/files/10938Pmassage.pdf
2. https://www.kch.nhs.uk/Doc/pl%20-%20522.3%20-%20care%20of%20your%20perineum.pdf
3. https://www.royalberkshire.nhs.uk/patient-information leaflets/Maternity/Preventing%20perineal%20tears_apr19.pdf

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