



Antenatal perineal massage: reduce perineal injury during childbirth

Intervention

Digital perineal massage from week 34 of pregnancy.

Indication

Although current recommendations advise avoiding routine episiotomies, rates of episiotomy vary greatly around the world, from 1% in Sweden to 80% in Argentina.

Women aiming to have a vaginal delivery. The aim is to reduce the incidence (up to 16%) of perineal trauma requiring suturing in women who have not had a previous vaginal delivery.

It is not clear how this intervention works. The reduction in perineal trauma is mainly due to fewer episiotomies. The episiotomy rate for women in Australia having their first baby and giving birth vaginally without instruments is around 15% and with instruments the rate is around 59%.

Women who have had a previous vaginal delivery do not experience a reduction in birth trauma from perineal massage, but do report less pain at 3 months postpartum.

Contraindications

Perineal massage should not be performed in women:

- prior to 34 weeks of pregnancy (as this is earlier than has been used in trials)
- with cervical shortening
- with placenta praevia or any other condition where there is bleeding from the vagina during the second half of pregnancy
- with severe blood pressure problems in pregnancy
- with an active vaginal infection (e.g. herpes, thrush).

Availability

The technique is simple and acceptable to most women (see Consumer resources).

Description

Starting at week 34 or 35 of pregnancy, a woman (or her partner) can start massaging the perineum 1–2 times per week, with each session lasting for a maximum of 5 minutes.

There are several different techniques of perineal massage. All generally involve the insertion of one or two lubricated fingers (or finger and thumb, or both thumbs) approximately 5 cm (2 in) into the vagina and applying gentle pressure downward (toward the anus) and to the side of the vagina until a very slight tingling or burning sensation is felt. The stretch is held for about 2 minutes and then the fingers are repositioned (see Consumer resources).

The massage is performed in a seated, lying or standing position with legs apart – whatever feels comfortable for the woman.

Massage oil (e.g. sweet almond oil) or water-soluble vaginal lubricants (e.g. K-Y Jelly) can be used.

Tips and Challenges

Women should be advised that massaging more than 1 to 2 times per week does not result in less perineal trauma. More frequent use of perineal massage is actually associated with decreased benefits and is not recommended.

There may be some transient discomfort in the first few weeks of massage, but it is generally well accepted by women.



Grading

NHMRC Level 1 evidence.

References

Beckmann MM, Stock OM. [Antenatal perineal massage for reducing perineal trauma](#). Cochrane Database of Systematic Reviews 2013;4:CD005123. doi: 10.1002/14651858.CD005123.pub3.

Consumer Resources

Royal Brisbane and Women's Hospital: Antenatal Perineal Massage – preparing your body for birth. <https://www.health.qld.gov.au/rbwh/docs/ante-peri-massage.pdf>