PERINEAL TRAUMA REDUCTION

FOR PROVIDERS ONLY

SAFE PASSAGES

Reducing the risk of perineal trauma

Start perineal massage at 36 weeks (1, 2)
Alleviate fear and anxiety (3)
Facilitate occiput anterior presentations (4)
Eliminate midline episiotomy (5,6)

Place a warm compress in late second stage (7)
Adduct the thighs at delivery--position 90° or less (8)
Straighten the legs at delivery--position 90° or less (9)
Support the perineum--Hands on (3)
Aim lateral if episiotomy needed (10, 11)
Go slow, control the head; deliver after contraction (3, 12, 13)
Excel at operative delivery
Superb repair technique

The above recommendations are strongly supported in the literature and apply to most patients. Each individual recommendation reduces the incidence of harm by 50% or more. Nonetheless, there are individual circumstances where one or several of the interventions are contra-indicated or a different intervention would optimize the likelihood of a good outcome. Thus, clinical judgment remains paramount.

SELECTED REFERENCES

(1)Beckmann, et al, Three trials (2434 women), All were of good quality, Conclusions: Antenatal perineal massage reduces- Perineal trauma (mainly episiotomies) and ongoing perineal pain.

(2)Aasheim, et al, Cochrane Review, Perineal message reduces the likelihood of perineal trauma by 50%, There was also a significant effect towards favoring massage versus hands off to reduce third- and fourth-degree tears (RR 0.52, 95% CI 0.29 to 0.94 (two studies, 2147 women)

(3) Hals, et al OB GYN 2010, 40,152 vaginal deliveries enrolled, Design focused on: Good communication between the accoucheur and the delivering woman, Adequate perineal support, Delivery position that allows visualization of the perineum, Episiotomy only on indication. Results: OASIS from non-instrumental vaginal deliveries decreased from 3.90% to 1.14%

(4) Shaffer et al AJOG 2006, OP or OT, N=1715, 712 Manual (41%), 737 Forceps (43%), 266 Vacuum (16%) auto rotation

(5)Kudish, et al. AJOG March, 2006, 33,842 Births, 12% Operative Delivery, 22.4% midline Episiotomy, Episiotomy Tripled Risk of OASIS

(6)Hartmann et al, JAMA 2005, Metanalysis, 1950-2004, 26/986 articles useful, No benefit from routine episiotomy, More "trauma", Unclear Median vs Mediolateral, "In the absence of benefit and with a potential for harm, a procedure should be abandoned", Stop Routine use

(7)Aasheim, et al, Cochrane Review, Assessed techniques to reduce 3rd/4th degree lacerations, 8 trials including 11,651 randomized women, Two studies, 1525 women, evaluated warm compresses, The use of warm compresses during labor cut the risk in half (RR) 0.48, 95% confidence interval (CI) 0.28 to 0.84

(8)Soong et al, Birth3756 vaginal births analyzed, Regional anesthesia, 1,679 women (44.5%) required perineal suturing, semi-recumbent position → inc need for suturing, lateral position → reduced need for suturing

(9)Shorten et al, Birth 2002, 2891 vaginal births analyzed, Retrospective, Compared Midwives to Physicians, Lateral position was associated with highest rate of intact perineum (66.6%), Squatting position was associated with the least favorable perineal outcomes (intact rate 42%), especially for nulliparas.

(10) Sooklim, et al. Reproductive Health, 2007, 1302 term, low-risk vaginal deliveries, All women received episiotomy, 426 midline, 876 mediolateral, 14.8% of midline resulted in deep perineal tears, 7% of mediolateral resulted in deep perineal tears, No difference in blood loss, vaginal hematoma, infection, pain, dyspareunia, women's satisfaction with method

(11) De Vogel, et al AJOG May, 2012, 2861 operative vaginal deliveries, Netherlands; retrospective cohort, Median episiotomy excluded, Obstetric Anal Sphincter Injuries (OASIS) , 162 cases = 5.7%, 3.5% of women with mediolateral, 15.6% of women without episiotomy, Vacuum 5.9%, Forceps 3.2%, Sixfold reduction in OASIS with mediolateral vs none, NNT Vacuum = 8.64, Forceps 5.21

(12) Albers, et al., Valsalva pushing associated with increased trauma, Delivery of infant's head between contractions associated with reduced trauma

(13) Laine et al, OB GYN 111, No 5, May 2008, 12,369 women, 2002 to Mar 2007, Mother not to push while head delivered, No sig difference in operative delivery or size during study