

Caring for your perineum after childbirth

First week to 10 days

Following the birth of your baby and especially if you have sustained perineal trauma, there are a few things you should know. Although you may be keen for things to return to normal as soon as possible it is important to allow your own body to begin its healing process. It is highly likely that you will experience one or more of the following: swelling, bruising, grazing, or stitches.

Please note that altered bladder and bowel sensation requires special attention and should be reported to your health professional.

Below are a few simple steps for you to follow:

1. Hygiene

Hand held showers directed towards the perineum with warm water will improve blood flow and help disperse swelling and dried blood. If you prefer you may have a bath. Remember to pat dry carefully afterwards. You can repeat this several times per day. This is an excellent way to obtain pain relief. The use of soaps, talcum powders, and creams is not recommended. Remember to shower after opening your bowels and change your pad frequently to reduce the risk of infection.¹



2. Resting perineum

If you have sustained an injury elsewhere in the body it is likely that you applied the R.I.C.E. regime. i.e. Rest, Ice, Compression and Elevation. It is no different for perineum injuries.^{1,2}

First 48 - 72 hours:

(R) Rest:

In the first few days it is important to take the pressure off the perineum by sitting or preferably lying for short periods. In particular you should also avoid lifting or straining, like pushing movements or long periods of standing.^{1,2}

(I) Ice:

Ice cubes or ice packs should be wrapped in a wet cloth and applied externally to reduce pain, inflammation and swelling. Apply for 2 - 15 minutes at a time every two hours. This is most effective for the first 72 hrs.^{1,2}

(C) Compression:

Close fitting pants and pads usually feel more comfortable by adding support to the perineum.^{1,2}

(E) Elevation:

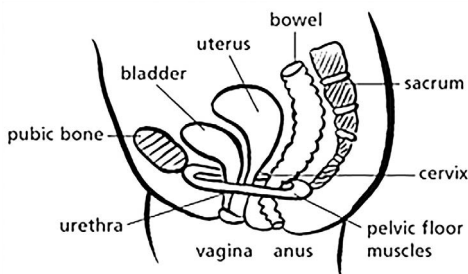
Lying down combined with gentle pelvic floor exercises is the best option for assisting the perineum to heal. Whenever feeding your baby sit with feet supported or try feeding whilst resting on your side.^{1,2}

3. Pelvic floor exercises

It is important to commence gentle contractions of the pelvic floor muscles to stimulate blood flow and facilitate healing. These exercises can be done lying down initially, and progress to sitting and standing as able.

To do this, squeeze and draw up the muscles around your anus, vagina and urethra as strongly as possible. Try to hold this squeeze and lift for 2-3 seconds then relax completely. Repeat this exercise 3-5 more times, at least 6 times a day. Gradually increase your strength by holding the lift and squeeze longer.

It is important to include 3-10 quick strong contractions holding each exercises for only 1 second; this will train the muscles to contract quickly when you cough, laugh or sneeze.^{3,4,5}



4. Toileting posture (emptying bowels)

Try not to put off emptying your bowels. This may lead to further problems. It is also essential that you empty the rectum without straining or breath holding. Make sure that your abdomen bulges out and is not pulled inwards and that your back is straight. Ensure that your knees are higher than your hips. You can use a footstool or telephone book to achieve this (See diagram). You can support your perineum when emptying your bowels by wrapping your hand in toilet paper and apply upward perineal pressure as you empty your bowels. After emptying a perineal shower is recommended.^{5,6}



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5. Diet & prevention of constipation

Avoiding constipation when you have had a perineal injury is important. It is essential to eat a healthy diet rich in fresh fruit and vegetables, and drink to thirst (approximately 2-3 litres/day). You may benefit from fibre supplements such as psyllium husks or other soluble fibre. Discuss with your health professional or pharmacist for more information. The sort of stool you are aiming for should be "like a sausage or snake, smooth and soft".^{7,8}

Gentle exercises such as walking will also assist with regularity.⁹

6. Sexual activity

Sexual activity can resume whenever you and your partner both feel that it's the right time for you.

Be guided by your pain, comfort and desire. It is an individual decision. Lubricant may be needed due to hormonal changes.¹⁰

Discuss your concerns with your health provider.

7. Follow up

See your GP or specialist in 3 to 6 weeks as guided by your maternity carer. If you have had a 3rd or 4th degree tear, have ongoing bladder or bowel concerns, or ongoing sexual discomfort, seek a referral from your GP to a gynaecological clinic, women's health physiotherapist, continence nurse advisers or women's health nurse.

At your 6 week post natal GP follow up discuss referral to a health professional if:

- You are experiencing poor control of bowels
- Have altered bladder control/sensation
- Sexual discomfort

Gynaecology Outpatient Clinics

Area Health Physiotherapists:

Can be found across the Central Coast Local Health District. You will require an allied health referral.

These can be obtained on discharge from hospital after the birth of your baby. Child and Family Health Nurses and General Practitioners can also refer to local area health physiotherapist.

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Private Physiotherapist

Contact Continence Advisers for a list of local professionals with an interest in women's health.

Continence Nurse Advisers

Can be found across the Central Coast Local Health District and patients can self refer or be referred by allied health professionals or your General Practitioner.

Erina4367 9600

Wyong4356 9300

Other Resources

Continence Helpline Freecall 1800 330 066

National Continence Website www.continence.org.au

Reference:

1. Chiarelli, P. Cockburn J. 1999 , Post partum Management and best practice. ACMI Journal, March 14-18.
2. East CE, Begg L, Henshall NE, Marchant P, Wallace K. 2007, Local cooling for relieving pain from perineal trauma sustained during childbirth. Cochrane Database Syst Rev. Oct 17;(4):CD006304. Links
3. JBI The effectiveness of a Pelvic Floor Exercise Program on Urinary Incontinence following childbirth. Best Practice (2005) 9 (2):1-6
4. Chiarelli, P. Cockburn J.2002, Promoting urinary continence in women after delivery: Randomised controlled trial. British Medical Journal (international edition), May 25,vol 324, iss 7348,1241 4 pages
5. Post Natal exercises for New Mothers. Royal Women;s Hospital Victoria. <http://www.thewomens.org.au/PostNatalExercisesForNewMothers>
6. Good Bladder and Bowel Habits Grampians Regional Continence Service. March 2007 http://www.bhs.org.au/files/fmanager/community_programs/GoodBladderBowelHabits.pdf
7. The Bristol Stool Chart or Bristol Stool Scale is a medical aid designed to classify faeces into seven groups. It was developed in 1997 by K. W. Heaton and S. J. Lewis at the University of Bristol and was first published in the Scandinavian Journal of Gastroenterology. The form of the stool depends on the time it spends in the colon. <https://www.continence.org.au/pages/bristol-stool-chart.html>
8. <http://www.bladderbowel.gov.au/living/bowelp/constipation.htm>
9. <http://www.bladderbowel.gov.au/about/habits/bowelhabits.htm>
10. <http://www.babycenter.com.au/baby/youafterthebirth/sexandrelationships/sexpostchildbirth/>

This written information is to support the discussions held with your healthcare provider.