Doctor



Warm compresses and massage reduce perineal trauma

EARLS

Clinical question

How effective are perineal techniques during the second stage of labour in reducing the incidence of perineal trauma?

Bottom line

Compared with hands off or no warm compresses, warm compresses and perineal massage reduced third-degree tears (involving the anal sphincter complex) and fourth-degree tears (involving the anal sphincter complex and anal epithelium). Compresses also reduced pain and urinary incontinence. Hands off (or poised) versus hands on showed no effect on third-degree and fourthdegree tears but hands off reduced the episiotomy rate. The procedures were cheap and acceptable to women and midwives.

Caveat

The studies showed considerable clinical variation, and the terms "hands on", "hands off", "standard care" and "perineal support" meant different things and were not always defined sufficiently. The methodological quality of the studies also varied. The question of how to prevent tears is complicated and involves many other factors (eg, birth position, speed of birth, individual women's tissue), in addition to the perineal techniques that were evaluated in the review.

Context

Most vaginal births are associated with some form of trauma to the genital tract. The morbidity associated with perineal trauma is significant, especially for third-degree and fourth-degree tears. Different perineal techniques are used to prevent perineal trauma, including perineal massage, warm compresses and perineal management techniques.

Cochrane Systematic Review

Aasheim V et al. Perineal techniques during the second stage of labour for reducing perineal trauma. Cochrane Reviews, 2011, Issue 12. Article No. CD006672. DOI: 10.1002/14651858. CD006672.pub2.

This review contains 8 studies involving 11,651 participants.

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