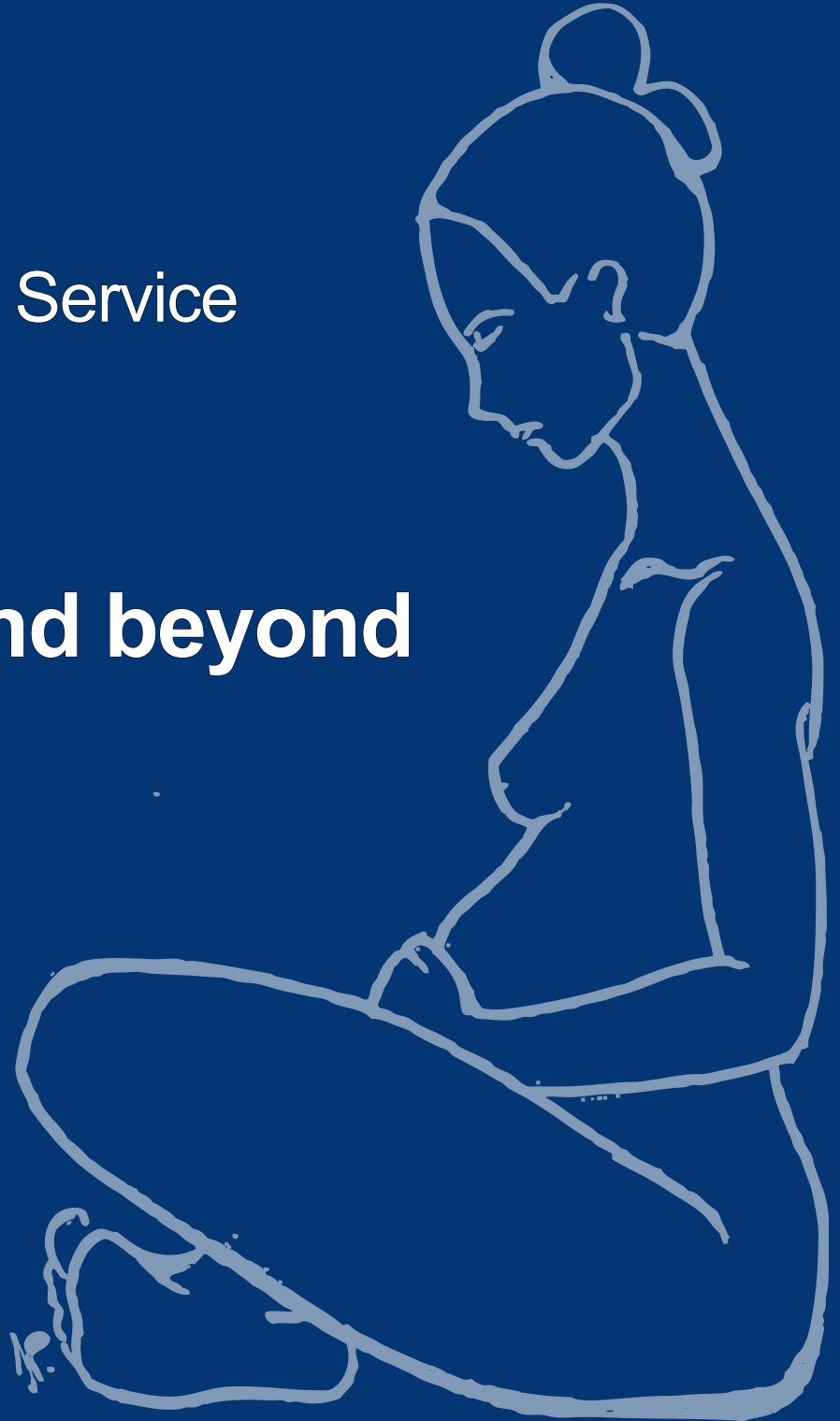




Government of **Western Australia**
Department of **Health**
Armadale Health Service

Armadale Health Service

Childbirth and beyond



Produced by Armadale Health Service

Elements of this booklet were originally created by the King Edward Memorial Hospital
Physiotherapy Department and have been used with their permission.

Contents

- Pregnancy causes your body to change
- Discomforts of pregnancy
- Carpal Tunnel Syndrome
- Hints for managing pelvic girdle pain
- Pelvic floor exercises
- Good bladder habits
- Good bowel habits
- Positioning for labour
- Massage
- Breathing awareness
- Mitchell's physiological relaxation
- TENS
- Perineal massage

Pregnancy causes your body to change

Hormones soften supporting ligaments and muscles

As baby grows, body shape changes causing added strain and fatigue

Take extra rest time and practice relaxation

Keep fit with regular gentle exercise

Walk or swim

Maintain good posture

Stand tall

Draw in your lower abdomen

Gently pull shoulder blades together

Distribute your weight evenly

Walk and stand with soft knees

Avoid twisting

Stretch tight calves

Balance the weight of your baby

Take care lifting

Hold close

Bend knees

Lean from hips

Maintain natural spinal curves

Tighten tummy

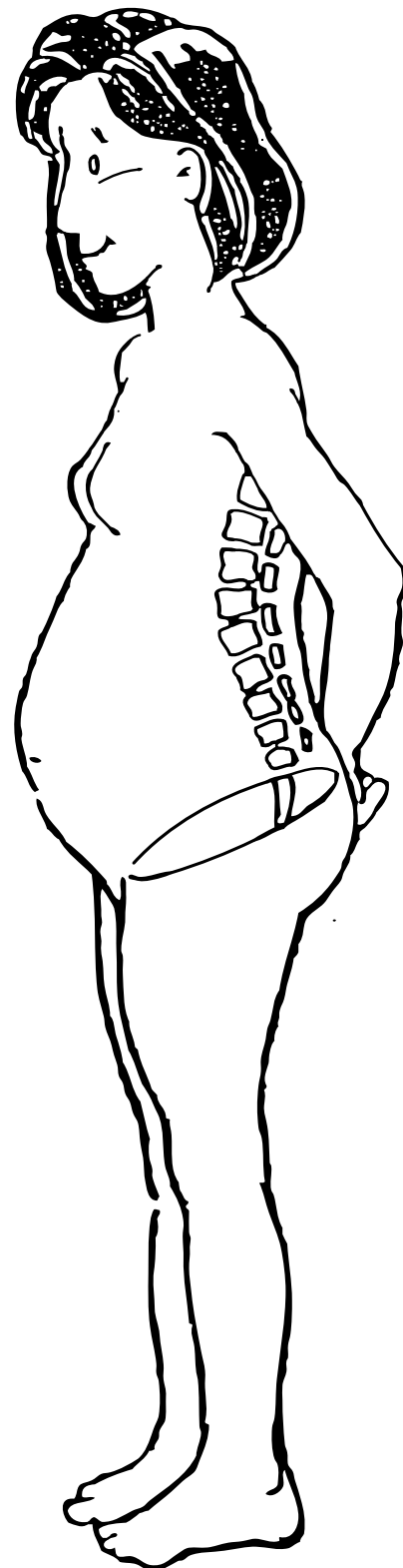
No heavy objects

Exercise pelvic floor

Muscles every day in everyway

Wear supportive shoes

Avoid prolonged standing



Discomforts of pregnancy

Discomfort	Self-help
Constipation	<ul style="list-style-type: none">▪ Increase soluble fibre and fluid intake▪ Increase activity (exercise, walking)▪ Hot drink, exercise then eat breakfast▪ Correct toileting position▪ Change iron supplement- seek medical advice
Urinary frequency	<ul style="list-style-type: none">▪ Empty bladder often▪ Pelvic Floor exercises▪ Seek medical advice for infection
Haemorrhoids	<ul style="list-style-type: none">▪ Don't strain to empty your bowels▪ Increase soluble fibre and fluid intake▪ See constipation▪ Pain relief medication- seek medical advice▪ ICE packs▪ Pad for support
Nausea/vomiting	<ul style="list-style-type: none">▪ Small frequent meals▪ Eat before rising (dry toast, crackers)▪ Avoid greasy/rich foods
Heartburn	<ul style="list-style-type: none">▪ Limit frequent meals▪ Sleep propped up in sidelying▪ Restrict intake before sleep▪ Ingest milk, antacids (seek medical advice)▪ Avoid fatty foods, coffee and smoking
Fainting	<ul style="list-style-type: none">▪ Avoid overheating, crowds▪ Do not stand or rise from lying too quickly▪ Avoid prolonged standing▪ Lie down at first indication of feeling faint▪ Avoid lying on your back
Varicose veins	<ul style="list-style-type: none">▪ Wear support hosiery▪ Avoid prolonged standing▪ Walk rather than stand▪ Elevate feet when lying▪ Rest frequently with feet elevated

Discomforts of pregnancy

Discomfort	Self-help
Vulval varicosities	<ul style="list-style-type: none">▪ Sanitary pad for support▪ Avoid prolonged standing/squatting▪ Avoid constipation/straining
Swelling in legs	<ul style="list-style-type: none">▪ Avoid prolonged standing▪ Walk rather than stand▪ Rest with feet elevated
Backache/ pelvic pain	<ul style="list-style-type: none">▪ Be aware of your posture▪ Lumbosacral support belt and stability and strengthening exercises (see physiotherapist)▪ Rest
Tender breasts	<ul style="list-style-type: none">▪ Firm bra support/cross-back bra▪ Warmth▪ Good posture and upper back stretches
Muscle Cramps	<ul style="list-style-type: none">▪ Calf stretches during day▪ Support stocking▪ Medical advice for calcium sources▪ Massage▪ Avoid pointing toes maximally▪ When you feel cramp beginning- stretches and massage
Carpal tunnel	<ul style="list-style-type: none">▪ Working/resting splints▪ Contrast bathing to increase circulation and reduce swelling▪ Physiotherapy treatment▪ Ice and elevation when resting▪ Muscle pump exercises
Insomnia	<ul style="list-style-type: none">▪ Relaxation techniques e.g. Mitchells relaxation▪ Rest if cannot sleep▪ Physiotherapy advice re sleeping positions▪ Visualisation and stress management techniques

Carpal Tunnel Syndrome

What is carpal tunnel

Carpal tunnel is pressure on the median nerve that supplies the wrist and fingers. It is very common during pregnancy and generally resolves within six weeks of the baby being born.

Why does it happen?

During pregnancy you tend to get an increase in fluid this places extra pressure on the nerve.

What are the signs and symptoms?

- Tingling in the fingers
- Weak grip (difficulty carrying bags, difficulty holding things e.g. pens)
- Pain in hands, wrist

What is the treatment for carpal tunnel

- Splints
- Resting (avoiding wrist movements)
- Alternating hot and cold
- Ice and elevation
- Muscle pump exercises
- Stretches
- Cortisone injection
- Surgery in very severe cases that do not resolve (uncommon).

Tendon stretches



Straight



Hook



Fist



Table top



Straight fist

Median nerve stretches



Wrist and fingers extended, thumb in neutral.



Wrist, fingers and thumb extended.



Wrist, fingers and thumb extended with palm up.



Wrist, fingers and thumb extended. Palm up and stretch thumb.

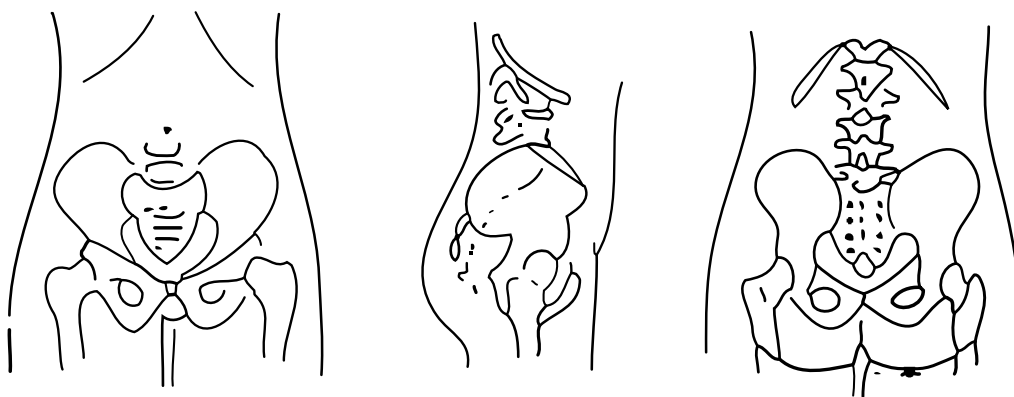
Maintain each position for 5 seconds x 5 each session. If you have any problems contact your local physiotherapist.

Hints for managing pelvic girdle pain

Your pelvic girdle is the ring of bones at the base of your spine. With their ligamentous and muscular attachments the pelvic girdle provides the stability needed to support the trunk whilst permitting the movement required for walking, running and jumping.

During pregnancy and in the weeks after childbirth the ligaments and muscles around the pelvis may be laxer than usual. This may cause difficulties and pain when moving from one position to another.

Pelvic girdle pain affects up to 85 per cent of women in pregnancy and generally resolves within 6-8 weeks of having the baby. If managed well it does not necessarily get worse as the pregnancy progresses.



The following hints can help you to minimise pain from the pelvis during your daily activities.

- **Stabilise your pelvis**
Tighten your tummy, pelvic floor and buttock muscles when changing position. Stand tall when walking so the deep layer of corset like muscles in your tummy tightens.
- **Avoid twisting your body**
Move your feet. When moving from lying to standing turn to your side and push up with your hands.
- **Avoid standing on one leg only**
Stand with equal weight on both feet. If standing for long periods gently sway from side to side. Sit to put on your knickers and slacks.
- **Avoid crossing your legs**
Sit symmetrically on the chair. Try facing the back of a kitchen chair.
- **Put a pillow between your knees when sleeping**
You may need two pillows to have your top knee as high as your hip when sleeping on your side. Keep the pillow(s) between the knees when you turn. The long body pillow or the “boomerang” pillow can also support under the tummy.
- **Avoid lifting and carrying heavy things**
Sit down and let your toddler climb up to you. If you do have to lift something from the floor, squat or kneel down and lift it close to your body.
- **Avoid vacuuming, repetitive or prolonged bent positions**
If unavoidable, stabilise the pelvis, keep your body upright and minimise twisting at your hips.

- **Getting in and out of the car**
Sit down backwards on the seat and turn around to the front of the car with the knees and ankles together. To make this easier slit a plastic bag down its sides and put it on the seat (the top half slides as you turn).
- **Shorten your stride length**
Walk with small steps if you have a lot of pain.
- **Take weight through your arms**
Lean on a shopping trolley, pusher, chair on wheels or walking frame to lessen the weight on your legs when walking.
- **Take one step at a time on stairs**
Try a sideways shuffle.
- **Sex**
Lying flat on your back with partner on top can aggravate pelvic pain. Try other positions such as on your side or on your back with legs over partner who is lying on their side.
- **Exercise**
Avoid high impact activities. Walk rather than run. Step rather than jump. Maintain the strength of your abdominal, buttock, thigh and pelvic floor muscles.
- **Exercise in water**
The decrease in weight in the water enables you to maintain strength and cardiovascular fitness without jarring the pelvic girdle joints. It is also a great place to relax. Try walking forward and backwards, swimming with a flutter or dolphin kick, and exercising at the edge of the pool.

If you are having difficulties managing your pelvic girdle pain, return to your physiotherapist for further assessment, advice and/or treatment.

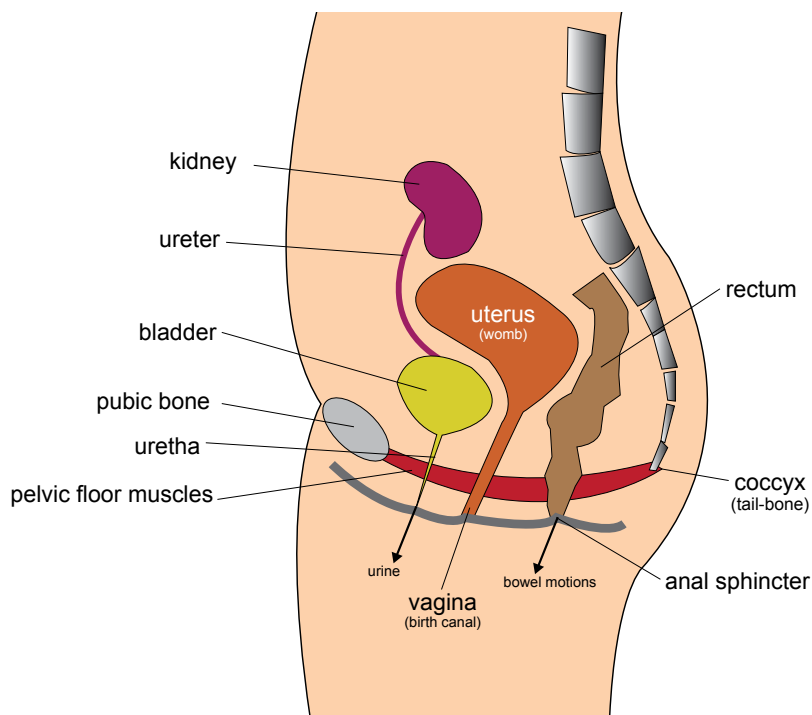
Pelvic floor exercises

What are the pelvic floor muscles?

The floor of the pelvis is made up of muscles and other tissues. These layers stretch like a hammock from the tailbone at the back to the pubic bone in front.

A woman's pelvic floor supports the bladder, the womb (uterus) and the bowel. The urethra (front passage), the vagina (birth canal) and the rectum (back passage) pass through the pelvic floor muscles.

The pelvic floor muscles play an important role in bladder and bowel control and sexual sensation.



Why the pelvic floor muscles may weaken

The pelvic floor muscles can be weakened by:

- Pregnancy and childbirth.
- Continual straining to empty your bowels (constipation).
- Persistent heavy lifting.
- A chronic cough (such as smoker's cough or chronic bronchitis and asthma)
- Being overweight.
- Changes in hormone levels at menopause (change of life).
- Lack of general fitness.

How to contract the pelvic floor muscles

The first thing to do is to correctly identify the muscles that need to be exercised.

1. Sit or lay down comfortably with the muscles on your thighs, buttocks and abdomen relaxed.
2. Tighten the ring of muscle around the back passage as if you are trying to control diarrhoea or wind. Relax it. Practice this movement several times until you are sure you are exercising the correct muscle. Try not to squeeze your buttocks.
3. When you are passing urine, try to stop the flow mid-stream, and then restart it. Only do this to learn which muscles are the correct ones to use and do it no more than once, as this may interfere with normal bladder emptying.

The different types of pelvic floor contractions

There are two types of muscle in the pelvic floor – fast twitch, ‘strength’ fibres that tend to work more when you cough and sneeze and slow twitch ‘endurance’ fibres that work more to hold things for example holding on to a wee when the toilets further away. So you need to do two types of exercise to keep these muscles working properly:

1. Fast, quick contractions – pull the muscles up inside you hard and fast with buttocks and abdomen relaxed. Try and do 10 in a row.
2. Slow long contractions – pull the muscles up inside you (make sure you keep breathing gently and normally) and hold them for as long as you can up to 10 seconds. It might help to lift your pelvic floor muscles by lifting your hands and raising your eyebrows to facilitate the lift. Try and do 8–12 in a row or as many as you can until you fatigue. Repeat three times a day (i.e. morning, midday and afternoon/evening).
3. Switch on’ your pelvic floor muscles when you cough, sneeze, laugh, lift, stand and sit. Practice contracting on the breath out.

Your program

- I can hold my pelvic floor for ____ seconds then relax for ____ seconds.
- I can complete ____ in a row.
- I can complete the strongest squeeze and lift ____ times in a row.
- Complete both exercises ____ times a day.

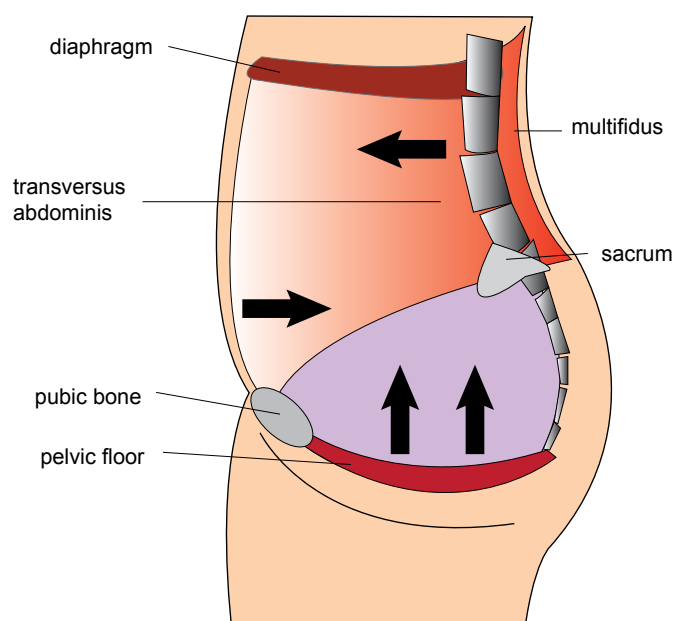
Each week try and increase the holds by 1-second aim for up to a 10-second hold.

Success doesn’t happen overnight. Work on this program daily for three to six months to ensure that your pelvic floor muscles are supporting you in everyday living. Continue these exercises into the future to maintain your strength, ideally once/day.

Besides these exercises, it is important to lose excess weight, avoid constipation or straining, heavy lifting, sit ups and ensure you are physically active every day.

Doing pelvic floor exercises

Squeeze around your back and front passages and then lift it all upwards behind your pubic bone.



Good bladder habits

How often should I go to the toilet?

Go to the toilet when your bladder feels full, not 'just in case' – average is 4–6 times per day, 0–1 times per night.

What is the normal amount of urination?

The average bladder volume is 350–500mls. The bladder has a stretchy lining the more often you go the bladder will shrink. The longer you hold for the bladder will overstretch. Aim for this normal volume.

What are good bladder habits?

- Drink 1.5–2 litres of fluid each day (three litres if breastfeeding)
- Limit caffeine, alcohol, soft drinks and artificial sweeteners.
- Don't go to the toilet just in case.
- Do your pelvic floor exercises each day.

How to sit correctly on the toilet

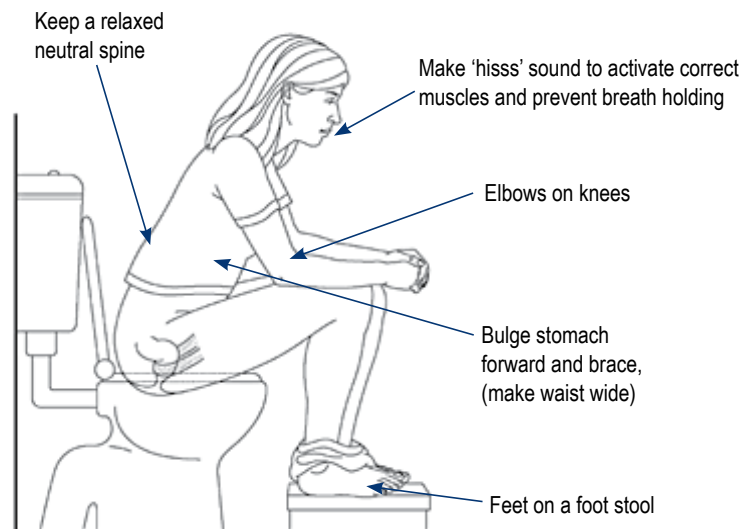
Sit on the toilet and take your time

Keep back straight, lean forwards, rest forearms on knees

- Lift heels or use a footstool
- Have your legs apart
- tummy is relaxed.

What are not normal bladder habits?

- Urinary leakage
- Urinary Urgency
- Reduced sensation of needing to wee
- Difficulty emptying bladder (i.e. slow stream or straining).



If you have are experiencing any problems with your bladder contact your local Women's health physiotherapist.

Good bowel habits

How often should you go?

Anywhere from three times per day to three times per week is within normal limits.

Obey the urge

Do NOT put off going. If you don't obey the urge to use your bowels you will get water reabsorption and the stool becomes firmer making it more difficult to pass.

However avoid 'speculating' and awaiting a strong urge. If you do not have a strong urge you are more likely to strain.








Consistency

Aim for a soft sausage consistency stool (type 4).

How to avoid constipation

- **Fibre:** Eat enough fibre, check your stools in the toilet. A soft sausage floater means you have enough fibre in your diet.
- **Exercise:** Activity stimulates the bowel. Exercise daily for 30 minutes.
- **Water:** Drink the recommended 2 litres of water per day or 3 litres if you are breastfeeding.
- **Relax:** Stress can stop the normal reflexes needed to empty your bowel.
- **Meals:** Eat regularly, don't skip meals or go on fad diets. Eat plenty of fresh fruit, vegetables and unprocessed food. Prune, pear and apple juices are natural laxatives.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Why you should avoid constipation and straining

This weakens your pelvic floor and may cause haemorrhoids, anal fissures and prolapse.

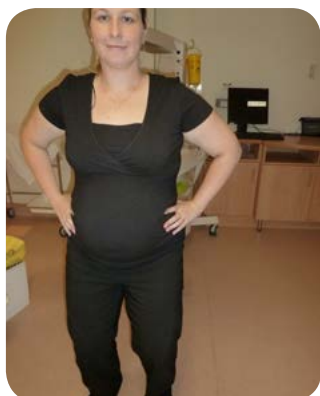
If you have pain, swelling or stitches, support the area between the vagina and anus with a wad of toilet paper while you empty your bowels.

Positioning for labour

There are number of positions you can try to assist you with coping with labour and having the most efficient delivery. All positions in the first and second stage of labour use gravity to facilitate the delivery of your baby.

First stage of labour

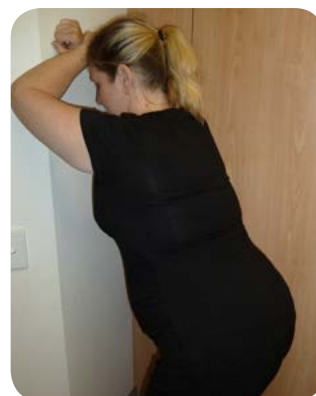
The cervix (or opening of the womb) dilates from 0–10cm. When you first start to feel contractions try:



Squats



Lunges



Pelvic rocking



Pelvic rocking
with a partner
(slow dance)



Train position



Kneeling

The premature urge to push

When the cervix is 7–8cm dilated and you have an overwhelming urge to push. Don't push during this stage. Try the following positions:



Sidelying



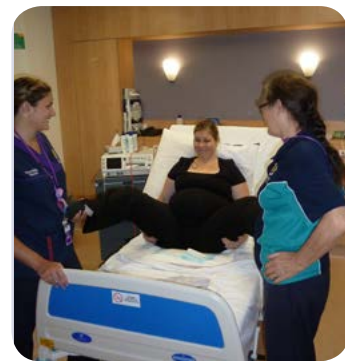
Head down bottom up

Second stage of labour

Time to push. The cervix is 10cms dilated. Try the following positions:



Supported kneeling



Supported sitting



The birthing stool



Sidelying

Massage

- Reduces stress
- Alternative to drugs
- Useful for your baby, sleepless nights after childbirth and during labour.

How to:

- Massage should be given evenly to both sides of the body.
- Massage can be done without being completely undressed.
- Use oils (cold pressed vegetable oil, olive, apricot, almond) or aromatherapy oils. Warm the oil first with your hands.
- Use talc if you don't like oil.
- These notes help you to develop your massage techniques but there are no set rules so do whatever relaxes your partner.
- Massage can be done in any of your positions.



Stroking

Slide your hands lightly along the surface of the skin.

- **Back**
Stroke the neck down from ears, let the stroke flow on down the back. You can continue down the legs to the feet. Start the next stroke slightly away from the midline of the back so eventually you cover the whole back.
- **Abdomen**
Mums to sit in front of your partner with your back leaning onto your partner, your partner can be supported by the wall or beanbag. Start the stroking at the top of the abdomen with both hands in the middle and stroke out to the side. Gradually work your way down the abdomen. In labour let your partner feel you are stroking her pain away.
- **Arms**
Stroke from the upper shoulders down to the hands – encouraging low shoulders and long soft fingers.



Effleurage

Effleurage is slightly deeper than stroking and is in the opposite direction to stroking. You are assisting with the flow of lymph towards the lymph nodes – base of neck, groin, armpits and back of the knees. This can be very useful to give some temporary relief from swelling.

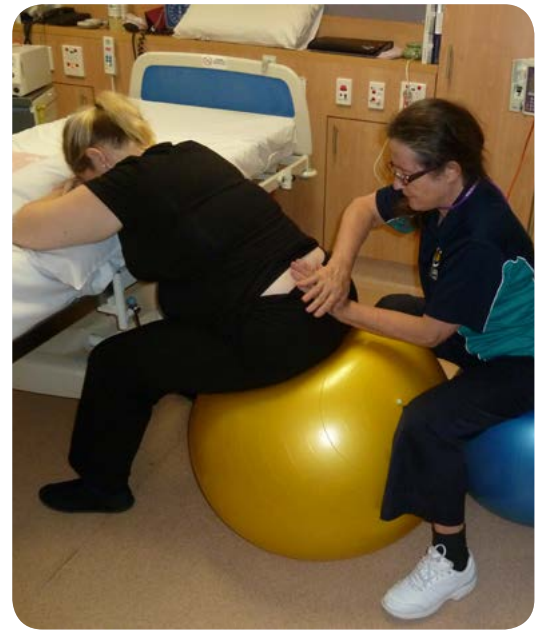


Kneading

Kneading is a deeper more localised form of massage. The hands are pressed down into the skin and moved in a slow circular fashion, before moving on to another area of skin. Double handed kneading provides a deeper pressure often useful in relieving low back ache.

Rocking back pressure

Rocking Pressure Massage: On all fours position or forward lean sitting – support person to place a relaxed hand over the area and using their body weight “rock” the pressure on and off. Keep the hand in contact, just alternate the pressure. When a contraction starts most women find it more useful for the support person to “rock” the pressure on and maintain it until the contraction has come to an end. The alternating pressure can then continue until the next contraction.



Frictions

This is a very deep localised pressure using your thumbs in a circular motion. This can be used on muscle knots in your shoulders or low down in your back for localised back pain.



Breathing awareness

Different types of breathing will help you to cope with the different stages of labour.

Breathing in first stage

1. Easy breathing with focus on outward breaths

A long easy breath out through slightly open mouth. Let your lips come together. Pause while your body breathes in for you. When you are ready to breathe out, repeat the long easy breath out. Use when you first start having contractions and continue as long as possible as the contractions strengthen and lengthen. You can add an 'ooo' or 'ahh' sound to this as contractions become more intense.

2. SOS breathing

As contractions become more intense emphasise soft slow sighs falling out of slightly open lips.

3. Breathing in transition stage

Use pant-pant blow to inhibit breath holding and pushing. Use a separate breath for each pant and blow. Keep them soft and relaxed.

Breathing in second stage

1. As contractions start, exhale, inhale deeply, hold a few seconds and bear down, releasing the breath making an 'eeee' sound. This helps to turn the pelvis into a wide birth passage. Repeat about 4 times for the length of the contraction.
2. Crowning slow relaxed pants with a soft loose mouth.

Note: In all stages, the emphasis is always on the breath out.

Mitchell's physiological relaxation

Reminder notes

Physiological relaxation is the name given to this method of obtaining relaxation of the whole, or part of the body, by using physiological laws controlling muscle work, this method relieves muscle tension produced by stress.

In stress conditions, the body adopts a definite posture. All muscles are tensed – it is a recognisable pattern. It produces the exact position for fighting or running like this: - the face is frowning, the jaw is shut tightly or the teeth may be grinding; shoulders are raised, elbows squeezed into the sides, hands clenched; the trunk crouched, and the head thrust forward; the breathing is either quick and shallow or held on the inward breath; the legs are crossed or constantly moving. The greater the stress the more developed these positions become.

Situations of fear, frustration, pain, grief, anger, anxiety, or a mixture of any of these triggers off these actions. The body responds by adopting the whole pattern of attack or defence.

It is exhausting when tension makes you have more muscles working than you need at the time. There is a quick method to stop these extra muscles working, which, when learnt carefully can be used for gaining relaxation in one area while other parts remain active.

Method of relaxation

Choose one of these positions:

1. Lying on one side with the underarm behind your body and the top leg bent on a pillow.
2. Sitting upright in a high backed chair with hands resting on your thighs.
3. Sitting astride facing the back of the chair, arms resting over the back.

A darkened room is quite unnecessary and noise is unimportant. The room should be just warm enough for normal comfort.

Three orders are given to each area in turn:

1. Move into the reverse position of stress ie: the position of ease.
2. Stop doing this.
3. Consciously sense the new position.

Exact orders will be given to each area.

They never vary. They are all positive and have been selected to be equally suitable standing, sitting, lying or sidelying.

The changes can become as quickly learned as any other muscle skill, in fact, since the person finds it a pleasurable sensation to change stress to ease, it is often mastered at one lesson. Of course, by frequent practice a greater depth of relaxation and quickness of achievement is possible.

During the learning phase someone else may give the orders, but soon the person learns to orders her own joints.

Self orders to the arms

Shoulders:

- Pull your shoulders towards your feet
- Stop pulling your shoulder towards your feet
- Check the new position of your shoulders – “low shoulders”. Register that your shoulders are lower down and that there is a wider space between them and your ears.

Elbows:

- Give a little bend at your elbows – push them away from your body
- Stop pushing your elbows away from your body when you find a comfortable position
- Check the new position of your elbows in relation to your body.

Hands:

- Stretch out your fingers and thumbs
- Stop stretching your fingers and thumbs
- Check the new position of your hands. Register that your hands are motionless – be aware of your “long, soft fingers”. Be aware of the sensation through the tips of your fingers.

Self orders to the legs

Hips and knees:

- Turn your hips outwards so your legs roll out.
- Stop turning your hips outwards
- Check the position of your thighs and knee – “open thighs”. Feel your thighs dropped open with your knee caps turned outward.

Feet

- Press the front of your feet away from your face.
- Stop pressing the front of your feet away from your face.
- Check your resting feet.

Again be aware of your breath out. Feel the tension leaving your body through your toes as you breathe out.

Self orders to the body

- Press your body into the support.
- Stop pressing your body into the support.
- Check the feeling down your spine and the pressure of your body on the support, ie: your back, backs of your arms and legs.

Self orders to the head

- Press your head into the pillow.
- Stop pressing your head into the pillow.
- Check the weight of your head on the support.

Self orders to the face

Eyes and forehead:

Close your eyes firmly so your eyelids do not flutter. Check your eyebrows are dropped apart with no frown at the top of your nose.

Smooth up from your eyebrows into your hair – feeling the soft loose skin of your forehead – continue over the top and down your head to your neck and shoulders.

Jaw

- Unclench your teeth inside your mouth and gently drag down your jaw.
- Stop dragging down your jaw.
- Check your separated teeth and the skin of your cheeks is soft and loose.

Tongue

- Press your tongue down into the bottom of your mouth.
- Stop.
- Check the top of your tongue is touching your lower teeth.

Listen to your breathing. Check it is happening – just going in and out – breathing out the last of your tension on your **out** breath.

You have now completed learning the whole sequence. Continue working through the entire cycle using the original phrases and further explanations associated with each part again and again. Always work through your body in the same order.

In this way you will gradually develop a pleasant feeling of comfort progressively throughout your body. This is **relaxation**.

To finish – slowly stretch limbs in any direction. Do not hurry. Sit up slowly and wait a minute before standing.

Home practice

Practice total relaxation daily at home until you have mastered the changes.

You can then start using them for parts of your body while the other areas continue their activities, e.g. driving a car – sit back in the seat, keep your shoulders ‘Low’ and hands resting on the wheel with ‘long soft fingers’.

If you practice often enough it will become automatic to make the adjustment to assume a position of **ease** rather than a position of tension.

Key words: Low shoulders, long soft fingers, open thighs

Ref: Laura Mitchell, MCSP, DIP. PT.
“Physiological Relaxation” – Copyright.

TENS

What is TENS? (Trans-cutaneous Electrical Nerve Stimulation)

TENS is an option for pain control during labour which is safe for mother and baby. The TENS unit sends the electronic signals which partially block the pain messages being sent to the brain via nerves on the skin. This takes the edge off the pain.

How does it work?

It raises the body's pain threshold by releasing natural pain killers (endorphins and encephalins) and blocks out pain messages to the brain.

What does it feel like?

A pleasant tingling sensation.

How is it used?

Self adhesive electrode pads are fixed either side of the spine just above the waist (spinal level T10-L1) because that is the nerve supply to the uterus. Another pair of electrodes are placed just below the dimples in the lower back (spinal level S2-S4).

As your contraction start, switch on the TENS and turn up the intensity until you feel a strong tingling sensation, matching the strength of the contraction (but not painful). This is maintained until the contraction fades. The TENS is left on at a lower level between contractions.

Benefits: (heightened when used in conjunction with breathing and relaxation)

- Easy to apply at home/hospital when contractions start.
- Fully controlled by labouring mother and immediately reversible by her.
- No side effects or drowsiness.
- No harm to mum or baby.
- Pre-programmed for labour with boost control.
- Clips onto clothing, non-invasive giving freedom to move.
- Can be used with other methods of pain relief (i.e. Nitrous oxide, or other drugs), but reduces analgesic requirements.

Rental for Maternity TENS

- Training and practice is required before using TENS.
- Seven to 10 days before estimated date of delivery make an appointment with the Physiotherapy Outpatient Department on 9391 2281.
- On the day of appointment, go to the Hospital Auxiliary Kiosk to pay \$53 for TENS hire and electrodes. No rebate.
- Alternative rental at Medical Solutions, 20 Warren Road, Yokine, WA. \$15 per week (+ bond). Phone: 0407 196 589

Before using TENS please consult your physiotherapist.



Perineal massage

Perineal massage attempts to soften and stretch tissues around the vaginal opening, to desensitize the area to sensations of touch, pressure and stretch. It attempts to prepare the birth outlet for the coming stresses of birthing.

This massage can be done by the mother or partner during the last six weeks of pregnancy. A warm bath prior to the massage may help to relax the perineum (i.e. the area between the vagina and anus). Wheatgerm oil, Vitamin E cream, olive oil or natural lubrication can be used. Wash hands before commencing.

- Make yourself comfortable either sitting on a chair or bed with knees bent up or standing with one leg resting on a chair.
- Use the lubrication and place your thumb approximately 3 cm inside the vagina and gently press the floor of the vagina down and to the sides.
- Stretch the lower part of the vaginal opening, pressing down until you are aware of the stretch. You may experience a sensation of slight burning or tingling.
- Gently massage in the lubrication with stretching in an arc movement from side to side of the lower part of the vaginal opening.
- Massage for approximately 3 minutes.
- Avoid the urethral area (opening for bladder tube) because of potential infection.
- As you massage, gently pull the perineum down and forward a little, as this copies the action of the baby's head at crowning.

If your partner is massaging the perineum it will be easier for him to use his index and middle fingers. At all times the massage at stretching should be gentle. Commence daily perineal massage about the 34th week of pregnancy. Women who have a history of active herpes or other vaginal or perineal lesions should not use perineal massage.

This massage and pelvic floor exercises are a good way to get to know your pelvic floor. An increased awareness of this area will help you to relax rather than tense the pelvic floor muscles during delivery.

Discuss perineal massage with your doctor. It is also important that the midwife at delivery is aware that you have been stretching the perineum in an effort to avoid an episiotomy or tear.

Remember even an enthusiastic perineal massage program does not guarantee delivery without episiotomy or tear.

Contact us

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