



POSTNATAL CARE: MATERNAL

PERINEAL CARE

Key words: perineum, perineal care, third degree tear, fourth degree tear, perineal pain, perineal discomfort, ice to perineum, HIPPS, ice to perineum, postnatal perineum care

POSTNATAL PERINEAL CARE QRG

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Text

ALL PERINEAL TEARS

1. **Ask** about / **inspect** perineal healing / pain – each shift for 48 hrs
2. Postnatal care (HIPPS¹):
 - **Hygiene**- keep clean and dry
 - **Ice/ cold packs**- first 24-72 hours for 10-20 minute intervals^{10,11}
 - **Pelvic floor exercises**- gentle PFE within 24 hours.
 - **Pain relief**
 - **Support**- at all times. Give written & verbal information on perineal care
3. **Review** by Medical Officer if signs/symptoms of infection, wound breakdown, inadequate repair, or non-healing
4. **Dysuria** from labial grazes: Consider Ural, void in shower

3RD & 4TH DEGREE TEARS

(See specific [guideline](#))

In addition to the above:

1. **Infection prevention:** Antibiotics & good hygiene
2. **IDC:** insert and to remain in situ for 12 hours or until swelling has subsided post birth
3. **Bowel care:** Laxatives, healthy diet & adequate fluid intake
4. **Referrals:** Physiotherapy (& consider dietitian)
5. **Comfort / care:** IDC (24 hrs) & encourage twice daily perineal showers
6. **Medications:** Avoid rectal suppositories & codeine
7. **Follow-up:**
 - 3rd degree: With GP at 6 weeks & 3 months- give the woman written information (Orange Card- KE314)
 - 4th degree: At KEMH between 6-12 weeks
 - Physio will organise a routine follow up at 6 weeks for all patients (except overseas patients)

Note: This flowchart represents minimum care & should be read in conjunction with the following full guideline & [disclaimer](#). Additional care should be individualised as needed.



AIM

- To provide appropriate and evidence based care and advice on perineal care to postnatal women.

KEY POINTS

1. There is no evidence of benefit from adding either salt or anything else to bath water.¹
2. There is not enough evidence to evaluate the use of ultrasound on perineal pain.¹ However referral to a physiotherapist may be considered since many women report improvement in perineal pain following ultrasound therapy.
3. Women shall be advised of the importance of perineal hygiene.¹
4. Women should be informed that wound healing can be affected by age, obesity, medications, smoking, stress, anxiety and diet. Women should be educated on recognising the signs /symptoms of infection² and advised to seek medical care if any develop.³ See KEMH Clinical Guideline, O&M, Postnatal Complications: [Infection \(Maternal\): Postnatal Sepsis](#).

PROCEDURE

1. All women should be asked whether they have any perineal pain or concerns about the healing process of any perineal / vulval wound each shift¹ for the initial 48 hours after birth (regardless of whether there is documented trauma).⁴
2. Offer to inspect the perineum / labia daily³ and / or if the woman has any pain or discomfort.¹ Daily inspection is recommended due to sepsis being the leading cause of maternal mortality.³ Severe pain and swelling to the perineal area or in the labia may be caused by haematoma and should be immediately reviewed by the obstetric team.¹
3. Postnatal perineal care (H.I.P.P.S.)¹:
 - Hygiene- keep the perineal area clean and dry¹:
 - Encourage the woman to undertake strict perineal hygiene strategies to help reduce the risk of infection (e.g. hand washing before & after toileting/ changing sanitary pads and after nappy changes).²
 - They should be encouraged to wipe from the symphysis pubis towards the anus (front to back). The area should be washed with warm water and patted dry after showering, voiding and bowel movements. When clean pads are applied, care should be taken to avoid touching the central area, which will be in contact with the wound. Pads should be changed at least every three hours.⁵
 - Ice- first 24-72 hours^{1,10,11}

- Women shall be advised that topical cold therapy e.g. cold pads / crushed ice in a wrapper are effective methods of pain relief for perineal pain.¹
 - If cold therapy is used, it shall be applied to the perineum for 10-20 minutes⁶ and no more frequently than 2 hourly. Cold therapy is only of benefit in the initial 72 hours following birth.^{1, 10, 11}
 - **Pelvic floor exercises³**
 - Women who do pelvic floor exercises are less likely to report perineal pain and feelings of depression at three months following birth.¹
 - Explain and teach pelvic floor exercises. See also patient brochures: [Physiotherapy after Childbirth](#) and [Caring for Your Perineum](#)
 - Encourage all women to perform gentle pelvic floor exercises within 24 hours of birth.
 - **Pain relief¹**
 - If oral analgesia is required for perineal pain, paracetamol is the first line of treatment, followed by non-steroidal anti-inflammatory drugs (NSAID), unless contraindicated.¹ NSAIDs are effective for episiotomy / severe perineal trauma.¹ Rectal anti-inflammatory suppositories (e.g. diclofenac) are effective in the first 24-48 hours⁴ but should be avoided in women with 3rd and 4th degree tears.
 - **Support- at all times¹**
 - The midwife shall assess the level of discomfort / pain the woman is experiencing and discuss / provide appropriate pain relief options / comfort measures.¹
 - Consider referral to a physiotherapist for ultrasound therapy.
 - Advise the woman to contact her GP following discharge if she experiences pain in the perineal area despite the wound having healed.
 - Provide verbal / [written information](#) on perineal care- including infection prevention (e.g. good personal hygiene), signs/symptoms of infection and the importance of seeking medical advice early²
4. Signs and symptoms of infection, inadequate repair, wound breakdown or non-healing shall be evaluated urgently by the Medical Officer.
 5. Healing can be assisted by keeping the area clean and dry and parting the labia to prevent adhesions/fusion. Labial grazes / lacerations that cause pain / stinging when voiding may be relieved by voiding in the shower, pouring warm water over the genitals during urination, or using a urinary alkaliniser

(e.g. Ural) for the first few days, unless contraindicated. This is most effective when commenced immediately after birth / trauma.¹

THIRD AND FOURTH DEGREE TEARS

Provide care as outlined above plus the following:

1. Consider the need for antibiotics.⁷ The use of antibiotics is associated with less wound infection and wound dehiscence in third and fourth degree perineal tears.⁷ See guideline: [Perineal Trauma: Third and Fourth Degree Management](#)
2. Prescribe and administer laxatives; however bulking agents should not be given routinely with laxatives. Using lactulose with ispaghula husk (e.g. Fybogel) may cause more frequent incontinence than lactulose alone.⁷ Dietary fibre is important to prevent constipation which could place undue tension on the healing tissue or sutures. Encourage a healthy diet and to report any concerns.⁸
3. Ensure an adequate fluid intake so the woman remains well hydrated.⁹
4. An indwelling catheter is inserted for at least 12 hours or until swelling has subsided.
5. Consider referral to the dietician.
6. Ensure the woman has been referred to the physiotherapist.^{7, 9}
7. Rectal analgesia shall be avoided.⁹ Avoid codeine as it may lead to constipation.⁸
8. Encourage twice daily showers for perineal comfort.⁹
9. Follow up:
 - For a **third degree tear**, give the woman written information⁷ (Orange Card- KE314) and ask her to see her GP at 6 weeks and at 3 months
 - For a **fourth degree tear**, ensure the woman has a gynaecology appointment at KEMH, for a 6-12 week follow up.⁷
 - The physiotherapy department will organise a follow up appointment at 6 weeks for these women

For full details, access the KEMH Clinical Guideline, O&M, Intrapartum Care:

[Perineal Trauma: Third and Fourth Degree Management](#).

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National Standards – 1- Care provided by the clinical workforce is guided by current best practice
 3- Preventing and Controlling Healthcare Associated Infections

Legislation - Nil

Related Policies - KEMH Clinical Guidelines, Obstetrics & Midwifery:

- Intrapartum Care: [Episiotomy & Infiltration of the Perineum](#); [Episiotomy / Genital Laceration: Suturing](#); [Perineal Trauma: Third and Fourth Degree Management](#)
- [Postnatal Care \(Routine\)](#)
- Postnatal Complications: [Infection \(Maternal\): Postnatal Sepsis](#)

Other related documents– Patient brochures: [Caring for Your Perineum](#)(2014) & [Physiotherapy after Childbirth](#)(2013)

RESPONSIBILITY		OGCCU
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