

# Perineal Health in Pregnancy, Birth & Beyond

Antenatal discussion guide

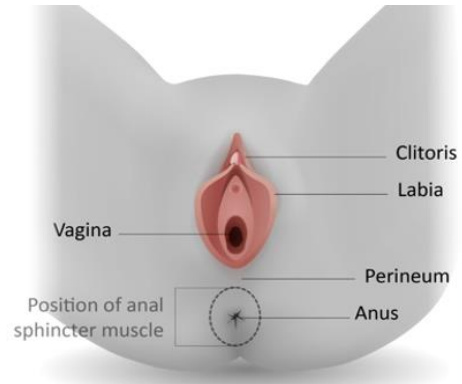
OASI TWO  
CARE BUNDLE

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## What types of perineal tears can occur during childbirth?

During vaginal birth, it is very common to experience a graze or tear of the labia or, more frequently, the **perineum**, which is the **area between your vagina and anus**. For most, these tears are minor and heal quickly.

- **1<sup>st</sup> and 2<sup>nd</sup> degree:** tears that involve muscle/skin that may require stitches
- **3<sup>rd</sup> and 4<sup>th</sup> degree:** severe tears which extend to the muscles that control the anus (the anal sphincter), requiring stitches. **These are also called 'Obstetric Anal Sphincter Injuries' (OASI).**



## Am I at risk of a severe tear?

Severe tears (OASI) occur in **3-4 in 100 births**. You are at significantly higher risk if:

- Forceps are used to help you give birth
- This is your first vaginal birth

The following may also increase your risk:

- You sustained a previous OASI
- Your baby is born in the back-to-back position
- Your baby is over 4kg (9 lbs)
- You are of South Asian ethnicity
- Your baby is born quickly
- You are over 35 years of age
- Your baby's shoulder gets stuck behind the pubic bone (shoulder dystocia)
- Ventouse is used to help you give birth
- The pushing phase of labour takes a long time

The alternative to a vaginal birth is a caesarean birth. Caesarean birth has different risks to yourself, your baby and your future pregnancies.

## What about recovery?

Most women and birthing people who have a severe tear (OASI) repaired recover well, although it can take some time. Occasionally, long-term pain and a difficulty or inability to fully control the bladder, bowels or the passing of wind can occur. This could lead to:

- Feelings of depression, low mood, isolation
- Anxiety about leaving the house and not being able to quickly access a toilet
- Difficulty bonding with your baby
- Concerns about leakage while exercising
- Concerns about having sex or giving birth again

**If you experience any of the above after birth, contact your doctor or midwife as soon as possible to access specialist care.**

## BRAIN can help you ask questions

The BRAIN acronym helps you have conversations that will support you to make a decision.

**B** = what are the benefits?

**R** = what are the risks?

**A** = what are the alternatives?

**I** = what does your intuition tell you?

**N** = what happens if we do nothing for now?



# How can I reduce my risk of a severe tear?

**Perineal massage** with a natural oil (such as coconut or almond) from 35 weeks pregnant until birth, as illustrated here. Visit [rcog.org.uk/tears](http://rcog.org.uk/tears) for more information on how to do this.



**A warm compress** is a flannel heated with warm tap water and held against your perineum during the pushing phase of labour. Ask your midwife or doctor if they can provide this.

**Spontaneous vaginal birth** (*birth without forceps or ventouse*) can be encouraged by choosing the ideal place of birth (consider a homebirth or midwifery-led unit if you are low-risk), avoiding induction and epidural where possible, creating a relaxing environment (consider soothing lighting, sounds, smells) and remaining active throughout labour and birth. *For first-time mothers with an epidural, lying on your side during the pushing phase of labour is recommended.*

**Choose a birth position that is most comfortable for you.** Listen to your midwife and they will advise a slow and guided birth of the head. Positions at the moment of birth that may reduce risk of severe tears include:



The **OASI Care Bundle** is the following set of practices, most effective when applied together:

- 1 In the antenatal period, your midwife or doctor will **discuss severe tears (OASI) with you** and what can be done to reduce the risk of this occurring.
- 2 With your consent, your midwife or doctor will **use their hands to support** your perineum and the baby's head and shoulders during birth and encourage a slow and guided birth.
- 3 You may need an **episiotomy**—a cut through the vaginal wall and perineum to make more space for your baby to come out—your midwife or doctor will ask for your consent to do this.
- 4 After your baby has been born, your midwife or doctor will ask for your consent to **examine your vagina, perineum and anus** (just inside the back passage) to ensure any tears are identified and appropriately treated to avoid further consequences.

- ✓ Developed by experts
- ✓ Supported by women
- ✓ Found effective in a 2017-18 study (OASI1)

Please speak to your midwife or doctor if you have any questions.

For more information and support, visit: [rcog.org.uk/tears](http://rcog.org.uk/tears) or [masic.org.uk](http://masic.org.uk)