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## Perineal Massage Reduces Likelihood of Episiotomy

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### Article Outline

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Prenatal perineal massage started after 34 weeks of pregnancy was associated with a 15% reduction in episiotomies and a reduction in reported pain after childbirth, compared with women who did not do the massage, in an Australian review of 2,434 women's vaginal births.

Women who practiced perineal massage also had a 9% reduction in the incidence of trauma severe enough to require stitches during vaginal delivery, Dr. Michael Beckmann of the Queen Elizabeth II Jubilee Hospital in Coopers Plains, Queensland, reported in a Cochrane review of three studies.

However, the risk reduction was statistically significant only among the 1,925 women who had not had previous vaginal births.

In one study, women who had practiced perineal massage generally reported less perineal pain at 3 months post partum, but these differences were statistically significant only among women who had undergone previous vaginal births.

The women in the studies practiced digital perineal massage for as little as 4 minutes three to four times per week to as much as 10 minutes daily.

Surprisingly, the women who averaged more than 3.5 massages per week had a significantly longer second stage of labor, compared with those who averaged fewer than 3.5 massages per week, but there was no significant difference in the length of second-stage labor when the women who had episiotomies were excluded. Women with a strong desire for an intact perineum may have been the more frequent massagers, and may have wanted to push longer and avoid episiotomies unless they were truly necessary, the reviewer noted.

An episiotomy can reduce the risk of traumatic tearing during delivery, but most women wish to avoid any types of cuts or stitches with vaginal delivery because of concerns about long-term pain, complications, and decreased sexual satisfaction.

Perineal massage has both medical and midwifery supporters, Dr. Beckmann said in an interview. "It is now more frequently taught in antenatal classes, and the interest already generated by this review reassures me that many more practitioners are likely to recommend perineal massage to the women they care for."

In the United States, the technique is more often recommended by nurse-midwives than by physicians, although some ob.gyns. do mention it to patients. Anecdotal evidence suggests American women would be amenable to the technique in order to avoid episiotomies and tears.

"I have recommended this technique occasionally," Dr. Robert Marotz, an ob.gyn. in private practice in Chandler, Ariz., and an American College of Obstetricians and Gynecologists' section chair, said in an interview. "Patients who have expressed concerns about avoiding episiotomies and lacerations were receptive to the idea of perineal massage, although I don't have end-result data as to their success with it."

Perineal massage had no significant impact on the incidence of first- or second-degree perineal tears or on third- or fourth-degree perineal trauma, wrote Dr. Beckmann (Cochrane Database Syst. Rev. 2006;doi:10.1002/14651858.CD005123.pub2).

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