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**Literature search results**

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**Search details**

Perineal care and massage in the antenatal period. Aim to reduce perineal trauma and provide instructions for perineal massage.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; Health Business Elite; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

**Database search terms:**

**Evidence search string(s):**

**Google search string(s):**

**Summary**

**Guidelines and Policy**

1. Antenatal care: full guideline
   NICE CG 62, Corrected in 2008
   www.nice.org.uk/Guidance/CG62

2. Garrett, A J
   Care of the perineum, 2006
   RCM Guideline
3. Intrapartum care
NICE CG 55
www.nice.org.uk/CG55

4. Antenatal care – uncomplicated pregnancy
Ccks.nice.org/antenatal-care-uncomplicated-pregnancy (Incorrect link – ask at library!)

5. Evidence based guidelines for midwifery-led care in labour
Care of the Perineum
Royal College of Midwives 2012 (Printed out for you)

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Evidence-based reviews

5. Hands on or off the head during a birth? Evidence and intuition for avoiding severe perineal trauma.
Citation: Essentially MIDIRS, Jun 2011, vol. 2, no. 6, p. 17-22, 2044-0308 (June 2011)
Author(s): Frohlich, J
Abstract: Review of the evidence on reducing perineal trauma during labour. The reported rise in obstetric anal sphincter injuries (OASIs) in the last 40 years is highlighted, and the principles of the ‘hands on’ and ‘hands off’ techniques adopted by midwives during childbirth are discussed. The use of episiotomies, antenatal perineal massage and midwives’ intuition to lessen perineal trauma is considered. [(BNI unique abstract)] 24 references

Citation: British Journal of Midwifery, Nov 2012, vol. 20, no. 11, p. 768-772, 0969-4900 (November 2012)
Author(s): Steen, Mary
Abstract: Literature review exploring the risk, recognition and repair of perineal injury during pregnancy, birth and in the postnatal period. Perineal massage during pregnancy to prepare the perineal tissues for birth, risk factors associated with perineal injury during labour and classification of injuries, suturing perineal injuries and assessment of healing following birth are discussed. [ORIGINAL] 51 references
Source: BNI
Full Text: Available from British Journal of Midwifery in Lincoln County Hospital Available from EBSCOhost in British Journal of Midwifery

Citation: Women & Birth, 01 March 2012, vol./is. 25/1(4-12), 18715192
Author(s): Hall, Helen G.; McKenna, Lisa G.; Griffiths, Debra L.
Abstract: Summary: Objective: There is evidence that the use of Complementary and Alternative Medicine by childbearing women is becoming increasingly popular in industrialised countries. The aim of this is paper is to review the research literature investigating the midwives’ support for the use of these therapies. Method: A search for relevant research published from 2000 to 2009 was undertaken using a range of databases and by examining relevant bibliographies. A total of thirteen studies were selected for inclusion in this review. Results: The findings indicate that the use of Complementary and Alternative Medicine is widespread in midwifery practice. Common indications for use include; labour induction and augmentation, nausea and vomiting, relaxation, back pain, anaemia, mal-presentation, perineal discomfort, postnatal depression and lactation problems. The most popular therapies recommended by midwives are massage therapy, herbal medicines, relaxation techniques, nutritional supplements, aromatherapy, homeopathy and acupuncture. Midwives support the use Complementary and Alternative Medicine because they believe it is philosophically congruent; it provides safe alternatives to medical interventions; it supports the woman’s autonomy, and; incorporating Complementary and Alternative Medicine can enhance their own professional autonomy. Conclusions: There is considerable support by midwives for the use of Complementary and Alternative Medicine by expectant women. Despite this enthusiasm, currently there are few educational opportunities and only limited research evidence regarding CAM use in midwifery practice. These shortfalls need to be addressed by the profession. Midwives are encouraged to have an open dialogue with childbearing
women, to document use and to base any advice on the best available evidence.

Publication Type: journal article
Source: CINAHL

8. Perineal techniques during the second stage of labour for reducing perineal trauma.
Citation: Cochrane Database of Systematic Reviews, 01 December 2011, vol./is. /12(0-), 1469493X
Author(s): Aasheim V; Nilsen ABV; Lukasse M; Reinar LM
Abstract: Background: Most vaginal births are associated with some form of trauma to the genital tract. The morbidity associated with perineal trauma is significant, especially when it comes to third- and fourth-degree tears. Different perineal techniques and interventions are being used to prevent perineal trauma. These interventions include perineal massage, warm compresses and perineal management techniques.; Objectives: The objective of this review was to assess the effect of perineal techniques during the second stage of labour on the incidence of perineal trauma.; Search methods: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (20 May 2011), the Cochrane Central Register of Controlled Trials (January 1966 to 20 May 2011) and CINAHL (January 1983 to 20 May 2011).; Selection criteria: Published and unpublished randomised and quasi-randomised controlled trials evaluating any described perineal techniques during the second stage.; Data collection and analysis: Three review authors independently assessed trials for inclusion, extracted data and evaluated methodological quality. Data were checked for accuracy.; Main results: We included eight trials involving 11,651 randomised women. There was a significant effect of warm compresses on reduction of third- and fourth-degree tears (risk ratio (RR) 0.48, 95% confidence interval (CI) 0.28 to 0.84 (two studies, 1525 women)). There was also a significant effect towards favouring massage versus hands off to reduce third- and fourth-degree tears (RR 0.52, 95% CI 0.29 to 0.94 (two studies, 2147 women)). Hands off (or poised) versus hand on showed no effect on third- and fourth-degree tears, but we observed a significant effect of hands off on reduced rate of episiotomy (RR 0.69, 95% CI 0.50 to 0.96 (two studies, 6547 women)).; Authors' conclusions: The use of warm compresses on the perineum is associated with a decreased occurrence of perineal trauma. The procedure has shown to be acceptable to women and midwives. This procedure may therefore be offered to women.;
Publication Type: journal article
Source: CINAHL
Full Text: Available from Wiley in Cochrane Library, The

9. The application of antenatal perineal massage: a review of literature to determine instruction, dosage and technique.
Citation: Journal of the Association of Chartered Physiotherapists in Women’s Health, 01 March 2008, vol./is. /102(8-11), 13677845
Author(s): Jones LE; Marsden N
Abstract: A literature review was undertaken to determine the instruction, technique and dosage described for antenatal perineal massage in research trials. Relevant databases were searched and nine relevant studies were identified. The methodology of each study was reviewed and compared. Common approaches were found for the description of the technique, and the training of women and their partners. There was some variation in the dosages and frequencies recommended. A key feature of an early study, the incorporation of Kegel exercises, appeared to be lacking in subsequent studies. Furthermore, plans for effective learning, including accurate feedback, and strategies to enhance compliance were mostly absent. A supervised, patient-centred approach may address this.
Publication Type: journal article
Source: CINAHL

Citation: Evidence Based Nursing, 01 October 2000, vol./is. 3/4(118-118), 13676539
Author(s): Flemming K
Abstract: QUESTION: Does aromatherapy (treatment with aromatic plant extracts known as essential oils) have an effect on clinical outcomes in patients with various conditions? Data sources: Clinical trials that were published in any language up to June 1999 were identified by searching Medline, EMBASE/Excerpta Medica, British Nursing Index, CISCOM, and AMED using the terms alternative medicine, massage, essential oils, and aromatherapy; and by contacting experts. Study selection: Randomised controlled trials of...
the use of aromatherapy in human patients were included. Studies of the local effects of aromatherapy (eg, antiseptic effects of tea tree oil) and pre-clinical studies of healthy volunteers were excluded. Data extraction: Data were extracted on the condition under investigation, sample characteristics, type of intervention and placebo, outcomes, and results. Methodological quality of studies was assessed using the Jadad scale (randomisation, blinding, and accounting for dropouts). Main results: 12 studies were identified. 6 trials evaluated the effects of aromatherapy massage on anxiety or wellbeing in patients with cancer, patients who had cardiac surgery, and patients in an intensive care unit. All interventions were given by nurses in hospital settings. Jadad scores for methodological quality ranged from 0-2 out of 5, with a rating of 5 indicating the highest quality. Study results could not be pooled because of study heterogeneity. 5 of the studies reported that patients who received aromatherapy massage had small reductions in anxiety or improvements in wellbeing immediately after the intervention: foot massage with plain oil plus orange blossom oil; massage with oil plus aroma; massage plus lavender oil; and full body massage with bland oil plus chamomile oil (2 studies). 1 study of massage with almond oil plus English lavender oil compared with spike lavender oil found no group differences for anxiety. The remaining 6 trials each dealt with the effects of a unique intervention on a specific condition. 5 of the trials found a benefit of aromatherapy over placebo or control: inhalation of a vaporised aromatic mixture to improve pulmonary function in the common cold; oral aromatic liquid to prevent relapse of bronchitis; dummy cigarettes with black pepper smell or menthol smell for smoking withdrawal symptoms; inhalation of steam plus aroma for anxiety; and scalp massage of carrier oils plus essential oils for alopecia areata. 1 study found no difference for bath water with natural or synthetic lavender oil and placebo for perineal discomfort after childbirth. Conclusions: Aromatherapy massage has a small, transient effect on reduction of anxiety immediately after administration. Individual studies suggest possible benefits of inhaled or oral aromatherapy for various conditions.

Source: CINAHL

Full Text: Available from Highwire Press in Evidence-Based Nursing

Citation: Journal of Nurse-Midwifery, 01 May 1986, vol./is. 31/3(121-127), 00912182
Author(s): Bromberg MH
Abstract: The use of episiotomy has been widespread in the United States since the 1920s. Obstetric textbooks cite several justifications for its use; the presumed maternal benefits are maintenance of pelvic floor integrity and prevention of lacerations. Despite its frequent use, surprisingly few studies of episiotomy have been undertaken to evaluate its actual effectiveness. Most of these studies were done before the era of active participation in birth by the laboring woman which, along with methodologic problems, severely restricts their value to practitioners today. Additional well-designed studies are sorely needed, not only of episiotomy itself but of other techniques such as antenatal perineal massage, which are recommended as alternatives but remain untested.
Source: CINAHL

Published research – Databases

Citation: British Journal of Midwifery, Dec 2003, vol. 11, no. 12, p. 707-711, 0969-4900 (December 2003)
Author(s): Gomme, C; Sheridan, M; Bewley, S
Abstract: 1st of 2 articles on research into views about the introduction of an antenatal perineal massage service in an NHS trust, focusing on midwives' views about the training received and including a review of research into the effectiveness of massage in reducing perineal trauma. [(BNI unique abstract)] 9 references
Source: BNI
Full Text: Available from British Journal of Midwifery in Lincoln County Hospital

Citation: British Journal of Midwifery, Jan 2004, vol. 12, no. 1, p. 50-54, 0969-4900
14. Randomized trial of perineal massage during pregnancy: perineal symptoms three months after delivery.
Citation: American Journal of Obstetrics & Gynecology, Jan 2000, vol. 182, no. 1, p. 76-80, 0002-9378 (January 2000)
Author(s): Labrecque, M; Eason, E; Marcoux, S
Abstract: Research into postnatal effects of perineal massage to prevent trauma in labour. ([BNI unique abstract]) 16 references
Source: BNI

15. Antenatal perineal massage and subsequent perineal outcomes: a randomised controlled trial.
Author(s): Shipman, M. et al
Abstract: Research in Watford on perineal massage to reduce episiotomies or instrumental deliveries. ([BNI unique abstract]) 14 references
Source: BNI

Citation: Journal of Obstetric, Gynecologic, and Neonatal Nursing, Sep 2000, vol. 29, no. 5, p. 474-479, 0884-2175 (Sep-Oct 2000)
Author(s): Davidson, K; Jacoby, S; Brown, M
Abstract: Research into effectiveness of prenatal perineal massage in preventing trauma in labour. ([BNI unique abstract]) 18 references
Source: BNI

17. Randomized controlled trial of prevention of perineal trauma by perineal massage during pregnancy.
Citation: American Journal of Obstetrics & Gynecology, Mar 1999, vol. 180, no. 3, p. 593-600, 0002-9378 (March 1999)
Author(s): Labrecque, M; Eason, E; Marcoux, S
Abstract: Research in Canada to test increasing perineal elasticity to reduce episiotomies. ([BNI unique abstract]) 24 references
Source: BNI

18. Perineal massage in pregnancy.
Citation: Journal of Midwifery & Women's Health, Jan 2005, vol. 50, no. 1, p. 63-64, 1526-9523 (Jan-Feb 2005)
Author(s): Hinz, B
Abstract: Share With Women series. Information aimed at patients about the use of perineal massage to prevent tears during labour. Advice on performing the procedure is given. ([BNI unique abstract])
Source: BNI

19. Perineal massage for the prevention of perineal trauma in childbirth.
Citation: Lancet, Jan 2000, vol. 355, no. 9200, p. 250-251, 0140-6736 (January 22, 2000)
Author(s): Johanson, R
Abstract: null 13 references
Source: BNI
Full Text: Available from Elsevier in Lancet, The

20. Women's views on the practice of prenatal perineal massage.
Author(s): Labrecque, M; Eason, E; Marcoux, S
Abstract: Research in Canada to assess opinions on the technique and its value in preventing perineal trauma in labour. [(BNI unique abstract)] 8 references
Source: BNI

Citation: Birth, Mar 1994, vol. 21, no. 1, p. 20-25, 0730-7659 (March 1994)
Author(s): Labrecque, M. et al
Abstract: null 26 references
Source: BNI

22. What are the best ways to reduce the risk of laceration at birth?
Citation: Essentially MIDIRS, May 2011, vol. 2, no. 5, p. 38., 2044-0308 (May 2011)
Author(s): Jones, C
Abstract: Ask Away series. Factors affecting the risk of perineal trauma. Evidence relating to the impact of maternal birth position, antenatal perineal massage, and pushing technique in the 2nd stage of labour on perineal lacerations is outlined. [(BNI unique abstract)] 7 references
Source: BNI

23. Minimizing genital tract trauma and related pain following spontaneous vaginal birth.
Citation: Journal of Midwifery & Women's Health, May 2007, vol. 52, no. 3, p. 246-253, 1526-9523 (May-Jun 2007)
Author(s): Albers, L; Borders, N
Abstract: Literature review of research on perineal pain related to genital tract trauma during vaginal birth, focusing on strategies for reducing the risks and severity. The review looked at perineal massage in late pregnancy, care at and after birth, pushing techniques during the 2nd stage of labour, positioning during birth, perineal management, episiotomy, suturing and pain management after childbirth. [(BNI unique abstract)] 50 references
Source: BNI

Citation: Practising Midwife, Jun 1998, vol. 1, no. 6, p. 28-30, 1461-3123 (June 1998)
Author(s): Stamp, G
Abstract: Research on perineal massage and the views of Australian midwives. [(BNI unique abstract)] 10 references
Source: BNI
Full Text: Available from Practising Midwife (incorporates Modern Midwife) in Grantham Hospital Staff Library

25. Midwifery care measures in the second stage of labor and reduction of genital tract trauma at birth: a randomized trial.
Citation: Journal of Midwifery & Women's Health, Sep 2005, vol. 50, no. 5, p. 365-372, 1526-9523 (Sep-Oct 2005)
Author(s): Albers, L; Sedler, K; Bedrick, E
Abstract: Research in the USA by randomised controlled trial comparing efficacy of 3 different care measures used by midwives during the 2nd stage of labour on trauma to the genital tract. The 3 measures were warm compresses to the perineal area, massage with lubricant, and no touching of the perineum until crowning of the infant's head. [(BNI unique abstract)] 17 references
Source: BNI

Citation: Practising Midwife, Jul 2012, vol. 15, no. 7, p. 34-36, 1461-3123 (July 2012)
Author(s): Stolberg, Judith
Abstract: 2nd in a series of 2 articles on postnatal perineal care, focusing on the identification and prevention of genital tract sepsis, a cause of maternal mortality, and postnatal urinary incontinence. The importance of thorough perineal assessments conducted by the midwife is described, and the use of antenatal and postnatal pelvic floor exercises for the prevention and treatment of incontinence is discussed. [ORIGINAL] 27 references
Source: BNI
Full Text: Available from Practising Midwife (incorporates Modern Midwife) in Pilgrim Hospital Staff Library
27. Antenatal perineal massage for reducing perineal trauma.
Citation: Essentially MIDIRS, 01 June 2013, vol./is. 4/6(15-15), 20440308
(Author details missing – ask library!)
Language: English
Publication Type: journal article
Source: CINAHL

28. The Use of Perineal Massage in the Second Stage of Labor and Follow-Up of Postpartum Perineal Outcomes.
Citation: Health Care for Women International, 01 August 2012, vol./is. 33/8(697-718), 07399332
Author(s): Karaçam, Zekiye; Ekmen, Hatice; Çalişir, Hüsniye
Abstract: Because perineal trauma causes both short- and long-term problems after labor, the high rate of episiotomies and spontaneous lacerations is an important women's health problem in Turkey. Our aim in this study was to investigate whether perineal massage during labor decreased perineal trauma and trauma-related problems. The study included 396 pregnant women who were giving birth for the first time, between March 2007 and February 2009, in Turkey. It can be concluded that perineal massage decreases the amount of suture material required for episiotomy and thereby the size of the episiotomy and the rate of episiotomies and lacerations.
Publication Type: journal article
Source: CINAHL

29. Minimizing genital tract trauma and related pain following spontaneous vaginal birth.
Citation: Journal of Midwifery & Women's Health, 01 May 2007, vol./is. 52/3(246-255), 15269523
Author(s): Albers LL; Borders N
Abstract: Genital tract trauma is common following vaginal childbirth, and perineal pain is a frequent symptom reported by new mothers. The following techniques and care measures are associated with lower rates of obstetric lacerations and related pain following spontaneous vaginal birth: antenatal perineal massage for nulliparous women, upright or lateral positions for birth, avoidance of Valsalva pushing, delayed pushing with epidural analgesia, avoidance of episiotomy, controlled delivery of the baby's head, use of Dexon (U.S. Surgical; Norwalk, CT) or Vicryl (Ethicon, Inc., Somerville, NJ) suture material, the "Fleming method" for suturing lacerations, and oral or rectal ibuprofen for perineal pain relief after delivery. Further research is warranted to determine the role of prenatal pelvic floor (Kegel) exercises, general exercise, and body mass index in reducing obstetric trauma, and also the role of pelvic floor and general exercise in pelvic floor recovery after childbirth.
Publication Type: journal article
Source: CINAHL

30. Getting through birth in one piece: protecting the perineum.
Citation: MCN: The American Journal of Maternal Child Nursing, 01 May 2007, vol./is. 32/3(158-164), 0361929X
Author(s): Hastings-Tolowa M; Vincent D; Emess C; Francisco T
Abstract: PURPOSE: To identify factors related to perineal trauma in childbirth, replicating the work of . STUDY DESIGN AND METHOD: A retrospective descriptive analysis of pregnancy and birth data recorded into the Nurse Midwifery Clinical Data Set for women (N = 510) with a singleton pregnancy and largely uncomplicated prenatal course. Prenatal care occurred at four prenatal clinics with births at a tertiary care facility during 1996-1997, with care provided by nurse midwifery faculty. Multivariate statistics detailed clinical characteristics associated with perineal trauma. RESULTS: Episiotomy was related to parity, marital status, infant weight, fetal bradycardia, prolonged second stage labor, and lack of perineal care measures. Factors related to laceration were age, insurance status, and marital status. For all women, laceration was more likely when in lithotomy position for birth (p = .002) or when prolonged second stage labor occurred (p = .001). Factors that were protective against perineal trauma included massage, warm compress use, manual support, and birthing in the lateral position. found that ethnicity and education were related to episiotomy and that warm compresses were protective. In this study, use of oils/lubricants increased lacerations, as did lithotomy positioning. Laceration rates were similar in both studies. Episiotomy use was lower in this study. CLINICAL IMPLICATIONS: Side-lying position for birth and perineal support and compress use are
important interventions for decreasing perineal trauma. Strategies to promote perineal integrity need to be implemented by nurses who provide prenatal education and care for the laboring woman.

Source: CINAHL

31. Prenatal perineal massage -- a mom's opinion.
Citation: Birthkit, 01 December 2006, vol./is. /52(8-10), 10754733
Author(s): Burnett M
Source: CINAHL

Citation: Birth: Issues in Perinatal Care, 01 June 2006, vol./is. 33/2(159-159), 07307659
Author(s): Beckmann MM; Garrett AJ
Source: CINAHL
Full Text: Available from EBSCOhost in Birth: Issues in Perinatal Care

32. New perspectives on perineal massage, and pushing.
Citation: Contemporary OB/GYN, 01 June 2006, vol./is. 51/6(21-21), 00903159
Source: CINAHL
Full Text: Available from EBSCOhost in Contemporary OB/GYN

33. Evidence-based medicine. Antenatal perineal massage reduces use of episiotomy.
Citation: Clinical Advisor for Nurse Practitioners, 01 May 2006, vol./is. 9/5(118-118), 15247317
Author(s): Alper BS
Source: CINAHL

34. Midwifery care measures in the second stage of labor and reduction of genital tract trauma at birth: a randomized trial.
Citation: Journal of Midwifery & Women's Health, 01 September 2005, vol./is. 50/5(365-372), 15269523
Author(s): Albers LL; Sedler KD; Bedrick EJ; Teaf D; Peralta P
Abstract: Genital tract trauma after spontaneous vaginal childbirth is common, and evidence-based prevention measures have not been identified beyond minimizing the use of episiotomy. This study randomized 1211 healthy women in midwifery care at the University of New Mexico teaching hospital to 1 of 3 care measures late in the second stage of labor: 1) warm compresses to the perineal area, 2) massage with lubricant, or 3) no touching of the perineum until crowning of the infant's head. The purpose was to assess whether any of these measures was associated with lower levels of obstetric trauma. After each birth, the clinical midwife recorded demographic, clinical care, and outcome data, including the location and extent of any genital tract trauma. The frequency distribution of genital tract trauma was equal in all three groups. Individual women and their clinicians should decide whether to use these techniques on the basis of maternal comfort and other considerations.
Source: CINAHL

35. Techniques to reduce perineal pain during spontaneous vaginal delivery and perineal suturing: a UK survey of midwifery practice.
Citation: Midwifery, 01 June 2005, vol./is. 21/2(154-160), 02666138
Author(s): Sanders J; Peters TJ; Campbell R
Abstract: OBJECTIVE: to investigate use of pharmacological and non-pharmacological methods of perineal analgesia used by midwives during the second stage of labour and perineal repair in the UK. DESIGN: postal survey. METHODS: self-complete questionnaires were sent to Heads of Midwifery in all 219 maternity units in the UK. Information was requested on the number and type of deliveries undertaken in the previous year and on the midwifery procedures used to provide pain relief immediately before delivery and for perineal repair. Details were also sought on local anaesthetics given before episiotomy or perineal repair. FINDINGS: 207 completed questionnaires were returned providing information on 210 maternity units. Midwives reported using a variety of non-pharmacological analgesic methods to control pain at the end of the second stage of labour. Hot packs were used in 70 (33%) maternity units, cold packs in 44 (21%) and perineal massage in 109 (52%). Midwives in 131 (62%) maternity units used injectable local anaesthetics to control perineal pain. All units advocated use of local anaesthetic before episiotomy or perineal repair, but the reported doses used varied widely. CONCLUSIONS: the literature on levels of pain experienced immediately before
spontaneous vaginal delivery and during perineal repair is sparse, but what evidence exists suggests that, for some women, these occasions are accompanied by severe pain. Findings from this survey show that there is considerable variation in what midwives provide to control pain. Formal evaluation of the perineal analgesia offered to women during the second stage of labour is urgently required.

Source: CINAHL
Full Text: Available from Midwifery in Lincoln County Hospital Professional Library

Citation: Journal of Midwifery & Women's Health, 01 January 2005, vol./is. 50/1(63-64), 15269523
Source: CINAHL

Citation: British Journal of Midwifery, 01 January 2004, vol./is. 12/1(50-54), 09694900
Author(s): Glomme C; Sheridan M; Bewley S
Abstract: Antenatal perineal massage was introduced as a new service for women and the aim of the audit was to evaluate the effect of the service on subsequent perineal trauma sustained at delivery. Data was collected from the maternity notes and a convenience survey of postnatal women. The midwives' views were obtained through questionnaires and focus group discussions. Although the number of eligible women receiving information on perineal massage was well below the audit target, a 6% reduction in perineal trauma was noted in women who had a vaginal delivery. Compliance with the massage instructions varied, but women were generally positive about perineal massage and would repeat it in a subsequent pregnancy. The maternity unit will continue to offer antenatal perineal massage as a service for women.
Source: CINAHL
Full Text: Available from EBSCOhost in British Journal of Midwifery

Citation: British Journal of Midwifery, 01 December 2003, vol./is. 11/12(707-711), 09694900
Author(s): Gomme C; Sheridan M; Bewley S
Abstract: Randomized controlled trials have provided evidence that antenatal perineal massage is effective in reducing perineal trauma. The provision of information on antenatal perineal massage was introduced as a new service for women and a series of training sessions were held to teach perineal massage to midwives working in antenatal clinics. This article includes a literature review on perineal massage and an evaluation of the massage training. Midwives' views on perineal massage and the training they received were obtained through questionnaires and focus group discussions. The response to perineal massage was varied, with some midwives actively promoting the service while others had no interest in the project and did not give information on antenatal perineal massage to their women. Although just under half of all eligible women received information on perineal massage, an audit of perineal trauma rates found a 6% reduction in perineal trauma since the introduction of the new service.
Source: CINAHL
Full Text: Available from EBSCOhost in British Journal of Midwifery

Citation: RN, 01 May 2002, vol./is. 65/5(28-30), 00337021
Author(s): Cerrato PL
Source: CINAHL
Full Text: Available from EBSCOhost in RN

40. Altmed watch: the latest research on complementary and alternative medicine. Is perineal massage helpful during labor?
Citation: Contemporary OB/GYN, 01 December 2001, vol./is. 46/12(106-107), 00903159
Source: CINAHL

41. Perineal massage in labour and prevention of perineal trauma: randomised controlled trial.
Citation: BMJ: British Medical Journal (International Edition), 26 May 2001, vol./is. 322/7297(1277-1280), 09598146
42. Women's views on the practice of prenatal perineal massage.
Author(s): Stamp G; Kruzins G; Crowther C
Source: CINAHL
Citation: BJOG: An International Journal of Obstetrics & Gynaecology, 01 May 2001, vol./is.108/5(499-504), 14700328
Abstract: A multi-centred randomised perineal massage in labour trial (PMLT) was conducted in which participating midwives randomised eligible women in the second stage of labour. A survey of these midwives was conducted after completion of the PMLT, but before results had been analysed and presented.; The aim of the study was to seek from midwives, following the PMLT, their reasons why some eligible women were not randomly allocated to a group; why others did not receive care as allocated and the midwives' views about the massage, including whether significant trial results would influence their clinical practice. (This paper presents the results of this survey.)
Source: CINAHL

43. A survey of midwives who participated in a randomised trial of perineal massage in labour.
Author(s): Stamp GE; Kruzins GS
Source: CINAHL
44. Somatic research. The homestretch: easing into delivery with perineal massage.
Author(s): Vanderbilt S
Source: CINAHL
45. Prenatal perineal massage: preventing lacerations during delivery.
Author(s): Davidson K; Jacoby S; Brown MS
Abstract: OBJECTIVE: To investigate the associations between perineal lacerations and 13 variables associated with the incidence of perineal lacerations. Of particular interest was the variable of prenatal preparation of the perineum. DESIGN: This retrospective descriptive study used a convenience sample of 368 women whose delivery was attended by at least one of two midwives practicing in the Northwest between 1979 and 1995. SETTING AND PARTICIPANTS: All births in the study occurred in a home-based midwifery practice in the Northwest. The sample was primarily white and included 307 multiparous and 61 primiparous women. MAIN OUTCOME MEASURES: The initial chi squares indicated that five of the 13 factors investigated were significantly associated with the degree of laceration: parity, maternal age, maternal position at delivery, length of second stage of labor, and prenatal perineal massage. However, further analyses showed that when parity was controlled, the only factors independently associated with the seriousness of lacerations were parity and prenatal perineal massage. CONCLUSION: This study supports the conclusion that teaching perineal massage to primiparous women and multiparae who had episiotomies with their previous births is a useful intervention. It suggests that further study may help clarify the optimum frequency, timing, and technique of massage.
Source: CINAHL
Citation: Journal of Midwifery & Women's Health, 01 September 2000, vol./is. 45/5(431-433), 15269523
Author(s): Benedict C
Source: CINAHL
47. Perineal massage for prevention of perineal trauma in childbirth.
Author(s): Johanson R
Language: English
48. Can perineal massage during pregnancy prevent perineal trauma during birth?
Citation: Evidence-Based Practice, 01 July 1999, vol./is. 2/7(0-), 10954120
Author(s): Slawson D
Source: CINAHL

49. Perineal outcomes in a home birth setting.
Citation: Birth: Issues in Perinatal Care, 01 December 1998, vol./is. 25/4(226-234), 07307659
Author(s): Murphy PA; Feinland JB
Language: English
Abstract: BACKGROUND: Perineal lacerations are a source of significant discomfort to many women. This descriptive study examined perineal outcomes in a home birth population, and provides a preliminary description of factors associated with perineal laceration and episiotomy. METHODS: Data were drawn from a prospective cohort study of 1404 intended home births in nurse-midwifery practices. Analyses focused on a subgroup of 1068 women in 28 midwifery practices who delivered at home with a midwife in attendance. Perineal trauma included both episiotomy and lacerations. Minor abrasions and superficial lacerations that did not require suturing were included with the intact perineum group. Associations between perineal trauma and study variables were examined in the pooled dataset and for multiparous and nulliparous women separately. RESULTS: In this sample 69.6 percent of the women had an intact perineum, 15 (1.4%) had an episiotomy, 28.9 percent had first- or second-degree lacerations, and 7 women (0.7%) had third- or fourth-degree lacerations. Logistic regression analyses showed that in multiparas, low socioeconomic status and higher parity were associated with intact perineum, whereas older age (>/- 40 yr), previous episiotomy, weight gain of over 40 pounds, prolonged second stage, and the use of oils or lubricants were associated with perineal trauma. Among nulliparas, low socioeconomic status, kneeling or hands-and-knees position at delivery, and manual support of the perineum at delivery were associated with intact perineum, whereas perineal massage during delivery was associated with perineal trauma. CONCLUSIONS: The results of this study suggest that it is possible for midwives to achieve a high rate of intact perineums and a low rate of episiotomy in a select setting and with a select population.
Source: CINAHL
Full Text: Available from EBSCOhost in Birth: Issues in Perinatal Care

50. Practices that minimize trauma to the genital tract in childbirth: a systematic review of the literature.
Citation: Birth: Issues in Perinatal Care, 01 September 1998, vol./is. 25/3(143-160), 07307659
Author(s): Renfrew MJ; Hannah W; Albers L; Floyd E
Abstract: Background: Trauma to the genital tract commonly occurs at birth, and can cause shortand long-term morbidity. Clinical measures to reduce its occurrence have not been fully identified. Methods: A systematic review of the English language literature was conducted to describe the current state of knowledge on reduction of genital tract trauma before planning a large randomized controlled trial of ways to prevent such trauma. Randomized trials and other published reports were identified from relevant databases and hand searches. Studies were reviewed and assessed using a structured format. Results: A total of 77 papers and chapters were identified and placed into 5 categories after critical review: 25 randomized trials, 4 meta-analyses, 4 prospective studies, 36 retrospective studies, and 8 descriptions of practice from textbooks. The available evidence is conclusive in favor of restricted use of episiotomy. The contribution of maternal characteristics and attitudes to intact perineum has not been investigated. Several other topics warrant further study, including maternal position, style of pushing, and antenatal perineal massage. Strong opinions and sparse data exist regarding the role of hand maneuvers by the birth attendant for perineal management and birth of the baby. This became the topic of the planned randomized controlled trial, which was completed; results will be published soon. Conclusions: The case for restricting the use of episiotomy is conclusive. Several other clinical factors warrant investigation, including the role of hand maneuvers by the birth attendant in preventing birth trauma. A large randomized controlled trial will report on this topic.
51. Second stage: midwives' views and practices... the practice of perineal massage in labour.
Citation: Practising Midwife, 01 June 1998, vol./is. 1/6(28-30), 14613123
Author(s): Stamp G
Abstract: In preparation for a large trial Georgie Stamp asked Australian midwives what they thought about perineal massage.
Source: CINAHL
Full Text: Available from Practising Midwife (incorporates Modern Midwife) in Grantham Hospital Staff Library

52. Antenatal perineal massage and subsequent perineal outcomes: a randomised controlled trial.
Citation: British Journal of Obstetrics & Gynaecology, 01 July 1997, vol./is. 104/7(787-791), 03065456
Author(s): Shipman MK; Boniface DR; Tefit ME; McCloghry F
Source: CINAHL

53. Perineal massage: further support of protective perineal effect.
Citation: Journal of Perinatal Education, 01 June 1997, vol./is. 6/2(1-5), 10581243
Author(s): Sampselle CM; Miller C; Rossie D
Abstract: This survey of perineal massage use among 39 primiparas examined the effect on postpartum perineal outcomes. Eight women reported practice of the technique, 7 of whom adhered to the practice 75% or more. Anteparturm perineal massage at 75% adherence was associated with less perineal disruption (chi square = 4.3, df = 1, p < .05). A limitation is the lack of randomization; however, these results are convergent with those of other investigators. Providers should inform women of the potential perineum-sparing benefits of antepartum perineal massage.
Source: CINAHL
Full Text: Available from EBSCOhost in Journal of Perinatal Education

54. Care of the perineum in the second stage of labour: a study of views and practices of Australian midwives.
Citation: Midwifery, 01 June 1997, vol./is. 13/2(100-104), 02666138
Author(s): Stamp GE
Abstract: OBJECTIVES: to seek the views of midwives on the practices related to the perineum in the second stage of labour; to identify predictors of their practices and to identify their actual practices in the second stage of labour, prior to a randomised trial of second stage perineal massage. PARTICIPANTS AND SETTING: independent midwives in South Australia and 194 midwives working in the delivery suites and birth centres of seven public hospitals in four states of Australia. DESIGN: midwives were surveyed using a questionnaire which sought their views on, and practices relating to, second stage perineal massage, delivery of the head and reasons for cutting an episiotomy. FINDINGS: one third of the respondents "never" practised perineal massage in the second stage of labour, 43% were "undecided" as to its value and 19% disagreed with the practice. Over half agreed that its use should be decided by the woman and her partner. When invited to select the five statements they most agreed with, and the five they most disagreed with, of a possible 24, equal numbers (26%) were for and against the statement referring to such massage as helping to stretch the perineum and prevent tearing. More than half (55%) disagreed with the statement which predicted they would find the practice distasteful, while only 1.6% agreed with this statement. During delivery of the head, 71% of respondents attempted some form of flexion. There was 100% agreement that fetal distress almost always or frequently was an indication for cutting an episiotomy. CONCLUSIONS: there is little evidence from randomised trials to support many of the second stage practices, and further research will clarify those which are most effective. This sample of midwives demonstrated considerable variation in their views on, and practices in, the second stage of labour. Although one-fifth disagreed with the practice of second stage perineal massage, and 40% agreed that the midwife should decide, more than half (57%) believed it was a matter of choice for the woman and her partner. All were supportive of episiotomy use for fetal distress.
Publication Type: journal article
Source: CINAHL
55. Consult stat. This technique cuts the risk of tearing during delivery... perineal massage.

Citation: RN, 01 February 1997, vol./is. 60/2(61-62), 00337021

Source: CINAHL

Full Text: Available from EBSCOhost in RN


Citation: Birth: Issues in Perinatal Care, 01 March 1994, vol./is. 21/1(20-25), 07307659

Author(s): Labrecque M; Marcoux S; Pinault J; Laroche C; Martin S

Abstract: Although the performance of perineal massage by a woman or her partner during the last weeks of pregnancy may help to prevent perineal trauma at delivery, the technique has never been evaluated rigorously. This study examined the feasibility of a randomized, controlled trial, and more specifically assessed the participation rate, the acceptability of the intervention, and whether or not an attending physician could remain blind to participants' groups. The pilot study was a single-blinded, randomized, controlled trial. Nulliparous women, 32 to 34 weeks pregnant, were recruited from June 8 to July 31, 1992, at the offices of family physicians and obstetricians who practice at the Hopital du Saint-Sacrement in Quebec City. Women assigned to the intervention group practiced daily 10-minute perineal massage and completed a diary, and those in the control group had standard care. Women and attending physicians completed a questionnaire about the aspect of blindness. Among the 174 women who delivered during the study period, 104 (59.8%) were approached by a midwife and 46 (26.4%) were randomized. Twenty (91.0%) of the 22 women in the massage group returned their perineal massage diaries. Based on the postpartum questionnaire, 20 women practiced the technique at least four times a week for three weeks or longer. No woman in the control group practiced massage. The attending physician was aware of the woman's group in only three instances (6.7%). Based on the results of this pilot study, a randomized, controlled trial to evaluate the efficacy of perineal massage in preventing perineal trauma at birth appears feasible.

Source: CINAHL

57. Perineal massage: client practice rates and outcomes.

Citation: Pennsylvania Nurse, 01 July 1992, vol./is. 47/7(6-7), 00314617

Author(s): Mynaugh PA

Source: CINAHL

58. A randomized study of two methods of teaching perineal massage: effects on practice rates, episiotomy rates, and lacerations.

Citation: Birth: Issues in Perinatal Care, 01 September 1991, vol./is. 18/3(153-159), 07307659

Author(s): Mynaugh PA

Abstract: This study examined the effects of two methods of teaching perineal massage on the rates of practice of perineal massage, of episiotomy, and of lacerations in primiparas at birth. Couples in 20 randomly selected sections of four prenatal class series received routine printed and verbal instruction and a 12-minute video demonstration of perineal massage, or only the routine printed and verbal instruction. Women reported their practice rates in daily provided delivery data. Of the 83 women, 23 (28%) practiced perineal massage: 16 (35.6%) in the experimental group, 7 (18.4%) controls. Even though the rate of practice almost doubled among experimental group women, the videotape instruction method was statistically nonsignificant. Episiotomy and laceration rates were not affected by teaching method. More severe lacerations occurred among the experimental group; however, the control group had almost four times as many severe (21%) as minor (5.3%) lacerations. The experimental group had twice as many severe (28.9%) as minor (13.3%) lacerations. These results were also nonsignificant.

Source: CINAHL

59. Perineal massage: effect on the incidence of episiotomy and laceration in a nulliparous population.

Citation: Journal of Nurse-Midwifery, 01 May 1987, vol./is. 32/3(181-184), 00912182

Author(s): Avery MD; Van Arsdale L

Abstract: This prospective study compared 29 nulliparous women who practiced perineal massage in the last 6 weeks of pregnancy with a control group of 26. Episiotomy and/or second degree (or greater) perineal laceration occurred in 48% of experimental subjects.
and 77% of controls. Chi square analysis showed a significant difference between the groups (p < 0.05). Perineal massage may be one technique that will decrease the need for episiotomy. Suggestions for further research are discussed.

**Source:** CINAHL

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60. Effect of perineal massage on the incidence of episiotomy and perineal laceration in a nurse-midwifery service.

**Citation:** Journal of Nurse-Midwifery, 01 May 1986, vol./is. 31/3(128-134), 00912182

**Author(s):** Avery MD; Burket BA

**Abstract:** In a prospective randomized study, women who practiced perineal massage during the last 6 week of pregnancy (n = 10) were compared with a control group (n = 10). The experimental group was comprised of healthy parous and nulliparous women. Control subjects were matched for parity, fetal weight, gestational age, and maternal age. Chi-square analysis for independence was significant (X2 = 9.89 p < .01). This study supported the hypothesis that women who practice perineal massage at least four times per week will have a lower incidence of episiotomy and lacerations than those who do not.

**Source:** CINAHL

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61. Benefits of massage therapy and use of a doula during labor and childbirth

**Citation:** Alternative Therapies in Health and Medicine, January 2000, vol./is. 6/1(66-74), 1078-6791 (2000 Jan)

**Author(s):** Keenan P

**Abstract:** This article reviews the most recent literature on touch support and one-to-one support during labor and childbirth. The positive and negative aspects of the traditional birth attendant are presented. Research in one-to-one care and touch support during labor is examined with respect to husband/partner, nurses, nurse/midwives, and doulas (trained labor attendants). According to recent studies, women supported by doulas or midwives benefit by experiencing shorter labors and lower rates of epidural anesthesia and cesarian section deliveries. Also, a smaller percentage of their newborns experience fetal distress and/or are admitted to neonatal intensive care units. Women whose husbands or partners massage them during labor experience shorter labors. Nursing one-to-one support results in no significant obstetric outcomes. Antenatal perineal massage was found to reduce the rates of tears, cesarian section, and instrumental deliveries. Research in perinatal massage during labor has shown no benefit.

**Source:** AMED

**Full Text:** Available from EBSCOhost in *Alternative Therapies in Health and Medicine*

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**Citation:** Israel Medical Association Journal: Imaj, July 2008, vol./is. 10/7(499-502), 1565-1088 (2008 Jul)

**Author(s):** Mei-dan E; Walfisch A; Raz I; Levy A; Hallak M

**Abstract:** BACKGROUND: Women frequently suffer perineal trauma while giving birth. Interventions to increase the possibility for an intact perineum are needed.OBJECTIVES: To evaluate the effectiveness of antenatal perineal massage in increasing the likelihood of delivering with an intact perineum.METHODS: This single blinded prospective controlled trial included 234 nulliparous women with a singleton fetus. Women allocated to the study group were instructed to practice a 10 minute perineal massage daily from the 34th week of gestation until delivery. Primary outcome measures included the episiotomy rate; first, second, third and fourth-degree perineal tear rates; and intact perineum. Secondary outcomes were related to specific tear locations and the amount of suture material required for repair.RESULTS: Episiotomy rates, overall spontaneous tears and intact perineum rates were similar in the study and control groups. Women in the massage group had slightly lower rates of first-degree tears (73.3% vs. 78.9%, P = 0.39) and slightly higher rates of second-degree tears (26.7% vs. 19.3%, P= 0.39), although both of these outcomes did not reach statistical significance. The rates of anterior perineal tears were significantly higher in the massage group (9.5% vs. 3%, P = 0.05), whereas internal lateral tears rates were slightly lower but without statistical significance (11.5% vs.13.1%, P=0.44).CONCLUSIONS: The practice of antenatal perineal massage showed neither a protective nor a detrimental significant effect on the occurrence of perineal trauma.

**Publication Type:** Controlled Clinical Trial; Journal Article

**Source:** MEDLINE
The effect of regular antenatal perineal massage on postnatal pain and anal sphincter injury: a prospective observational study.

**Citation:** Journal of Maternal-Fetal & Neonatal Medicine, April 2006, vol./is. 19/4(225-9), 1476-7058;1476-4954 (2006 Apr)

**Author(s):** Eogan M; Daly L; O’Herlihy C

**Abstract:** OBJECTIVE: Antenatal perineal massage has been shown to reduce the incidence of perineal tears in primiparous women. The aim of this study was to determine whether perineal massage impacts on primary prevention of symptomatic disruption of the fecal continence mechanism.

**METHODS:** An observational study recruited two cohorts of women. The first, massage group (MG) chose to perform daily perineal massage from 34 weeks gestation, and the second, control group (CG) was asked to avoid massage.

Perineal injury and postnatal pain were documented and all women were invited to attend at three months postpartum for continence assessment, anal manometry, and endoanal ultrasound.

**RESULTS:** Of 179 women recruited, 100 were in the MG while 79 women were controls. Mode of delivery was not influenced by perineal massage. Although the impact did not reach statistical significance, women aged over 30 years in the MG were more likely to be delivered with an intact perineum than controls. Postnatal perineal pain was much reduced in the MG compared with the CG (p = 0.029). Of the women recruited, 136 (75.9%) returned for a postnatal continence assessment. Manometry pressures, continence scores, and endoanal ultrasound findings were similar in both groups.

**CONCLUSION:** Antenatal perineal massage was found to significantly affect postnatal perineal pain scores although it did not impact on the incidence of intact perineum at delivery, postnatal continence scores, anal manometry pressures, or endoanal ultrasound findings.

**Publication Type:** Clinical Trial; Journal Article; Research Support, Non-U.S. Gov't

**Source:** MEDLINE

**Full Text:** Available from EBSCOhost in Journal of Maternal-Fetal and Neonatal Medicine

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63. Perineal massage in pregnancy. Such massage significantly decreases perineal trauma at birth

**Citation:** BMJ, 2001, 323 (7315) 753 – 4 (Printed off for you)

**Authors:** Labreque M. Eason E, Marcoux S

65. Perineal massage in labour and prevention of perineal trauma – Randomised controlled trial

**Citation:** BMJ, 2001, 322, p1277 – 80 (Printed off for you)

**Authors:** Stamp, Kruzins, Crowther

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