Preventing Perineal Trauma During Labor

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Preventing Perineal Trauma during Labor

By: Kaela Johnson and Claire VanderHart
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PATIENT CARE ISSUE

Perineal Trauma Acquired During Labor
- Around 85% experience 1
- Effect on QOL
  - Pain
  - Discomfort
  - Dyspareunia
  - Increased risk for infection
  - Urinary and fecal incontinence
  - Weakened pelvic floor muscles

EVIDENCE-BASED PRACTICE QUESTION

Question: What is the best method of practice used to prevent perineal trauma related to vaginal delivery of a fetus?

<table>
<thead>
<tr>
<th>Population</th>
<th>Pregnant women giving birth vaginally</th>
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<tbody>
<tr>
<td>Intervention</td>
<td>Perineal trauma prevention techniques</td>
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<tr>
<td>Comparison</td>
<td>Warm compresses and perineal massage</td>
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<tr>
<td>Outcomes</td>
<td>Prevented instances of perineal trauma during vaginal delivery</td>
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</tbody>
</table>

METHODS

Database Keyword Search
- Result: 738 articles
- 1) Information pertaining to topic
- 2007-2012
- 3) Credible authors
- 4) High level of evidences

Outcome: 7 articles
- 3 RCTs
- 2 Systematic Reviews
- 1 Literature Review

REFERENCES


REGISTERED NURSE INTERVIEW

Interview: Perinatal Nurse, Springfield Regional Medical Center
- Techniques implemented to prevent perineal trauma depend on preferences of physician, midwife, or attending nurse.
- No written hospital guidelines concerning prevention of perineal trauma.

RESULTS

Warm Compresses
- Albers2:
  1. No significant decrease in perineal trauma
  1. Significant decrease of 3rd and 4th degree laceration instances
  2. No significant difference in 1st and 2nd degree laceration instances
- Dahlen4:
  1. No significant difference in instances of 1st and 2nd degree laceration
  2. Significant decrease for instances of 3rd and 4th degree laceration by 50%

Perineal Massage
- Second Stage
  - Aashiem1:
    1. No significant decrease in perineal trauma
    2. Significant decrease of 3rd and 4th degree laceration instances
  - Geranmayeh5:
    1. Increased instances of 1st and 2nd degree lacerations by 44%
    2. Decreased episiotomy instances by 43%
  - Karacam7:
    1. Decreased episiotomy rate by 14%
- Antepartum
  - Beckmann3:
    1. Reduced trauma requiring sutures by 9%
    2. Decreased instances of episiotomy by 16%
    3. Reduced pain in multiparous women by 32%
  - Jones6:
    1. Limitations to reliability of previous studies
    2. Suggests more evidence based research

SYNTHESIS OF EVIDENCE

Warm Compresses:
- May not be helpful in reducing instances of perineal trauma1,2,4
- May help in preventing severe lacerations1,2,4

Perineal Massage
- Second stage
  - May decrease rate of episiotomies
  - May help prevent severe laceration
  - May increase instances of 1st and 2nd degree lacerations
- Antepartum
  - Validity of current research is questioned
- May need reduction for episiotomies and sutures in multiparous population1,4

EVIDENCE-BASED PRACTICE RECOMMENDATIONS

- More research evidence needed to determine exact effect of each treatment
- More research needed to determine best intervention
- Hospitals should consider including in care-plans