

# TAKING CARE OF YOUR PERINEUM

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Advice and rehabilitation  
after childbirth



Hôpitaux  
Universitaires  
Genève

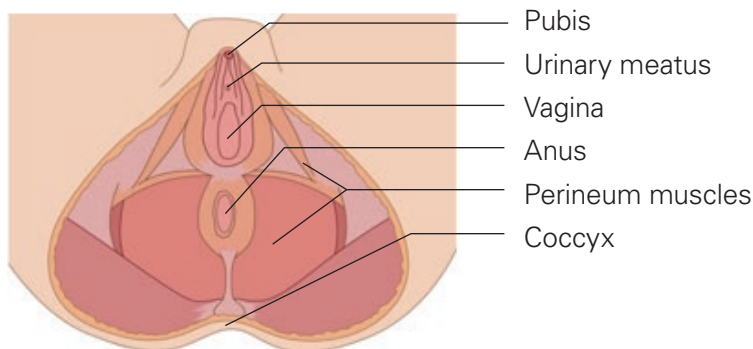
# Introduction

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Following pregnancy and childbirth your perineum has undergone significant modifications. To prevent the future occurrence of disorders such as incontinence, please pay particular attention to it. This brochure gives you advice on the care you can take and proposes some easy exercises and rehabilitation, both whilst in Maternity and in your own home.

## What is the perineum?

The perineum (or pelvic floor) is a group of muscles that close the base of the pelvis and consists of three outlets: the urinary meatus, the vagina and the anus. It plays an important role in urinary and anal continence by supporting the bladder, the uterus and the intestines in a similar way to a hammock. The term “perineum” is also used to describe the area of the body between the pubis or pubic bone and the coccyx.



## + FIND OUT MORE

Read the brochure *Prolapsus génital de la femme (Genital prolapse in women)*

➔ [www.hug.ch/gynecologie/prolapsus-genital-femme](http://www.hug.ch/gynecologie/prolapsus-genital-femme)

# After the birth

## of your child

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During pregnancy and childbirth the perineum is distended. It may be torn or cut surgically (episiotomy). In some cases it may not contract very effectively. Possible sources of discomfort include dilation of the vulva or vagina, a loss of sensation, urinary or anal discharges, a slipped organ (genital prolapse) or pain during sexual intercourse.

### What happens during the first few days?

During the first few days after you have given birth, your perineum may be achy or painful and you may have difficulties in contracting it. Sometimes this leads to an inability to control urine, stools or gases. In most cases the situation is temporary.

### How should I keep my perineum hygienic?

Always keep your perineum clean. It is advised not wash the vulva with soap but to use a camomile-based solution. Allow it to run over your perineum (from the lower stomach to the coccyx). It calms pains, acts as a disinfectant and promotes wound healing. To dry yourself, dab yourself gently using toilet paper or a dry cloth. Change your sanitary pads very frequently.

### How do I relieve perineum pain?

Perineal tears and episiotomies generally cause pain and tingling sensations which abate after three days. The threads from the stitches are reabsorbed naturally around the 10th day. The skin of the perineum heals in six to ten days.

To relieve any pain, take the painkillers advised by your doctor. You may also use an ice pack, particularly in the case of oedema. Apply it for 15 minutes, two to four times a day.

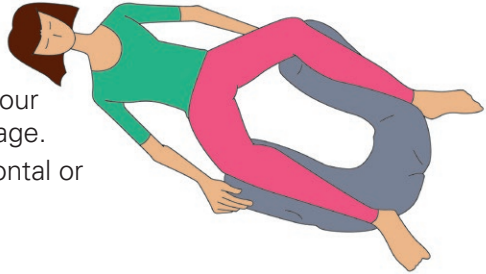
## Positions to soothe the perineum

To avoid compressing the perineum lie on your side or on your back with your legs slightly raised to improve venous return.

For your comfort in bed or on the floor (in your home) use a breast-feeding cushion or a bolster to adopt the relief positions below:

### The frog

1. Lie flat on your back.
2. Place the cushion under your legs as in the adjacent image.
3. The bed can remain horizontal or you can raise your feet.



### On your side

1. Lie on your side.
2. Place the cushion between your legs.
3. Fold the leg that is on the cushion.



### On your back

1. Lie on your back.
2. Fold the cushion in two and place it under your legs.
3. Raise the headboard.



## To sit down

Use the following tip:

1. Roll up two towels and place them on the bed or a chair.
2. Sit on top of them so that your perineum is not in contact with the surface.

The use of a swimming buoy is not advised because it induces a swelling of the perineum (congestion) and additional discomfort.



## How do I take care of urinary or anal problems?

After urinating or passing a stool, wipe yourself from the front to the back to avoid urinary infections.

If you are having difficulty urinating, avoid pushing motions. Go to the toilet every two hours, even if you do not feel the need to. Miction disorders, in other words, difficulties in urinating or urinary discharges are common after giving birth. They are temporary. Sensitivity around your perineum is often reduced. This may be due to an anaesthetic, an oedema, a tear or an episiotomy.

Also avoid pushing on your perineum when you are passing a stool. To facilitate evacuation, adopt the following position:

1. Knees higher than the toilet bowl. Feet raised and facing slightly "inwards" to open the rear perineum.
2. Chest leaning slightly forward.

A fibre-rich diet and adequate hydration helps the return of a normal passage.

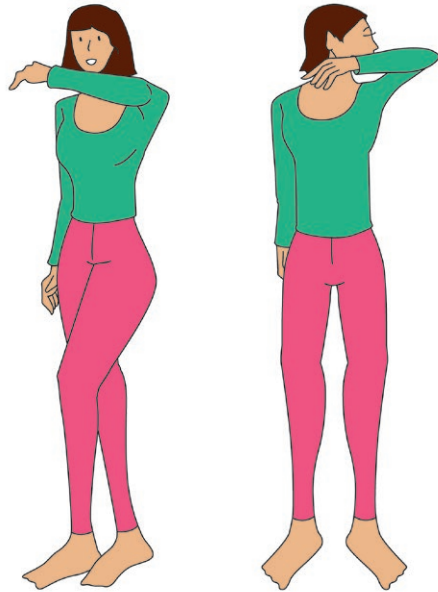
If urinary or anal discharges continue for 30 days after you have given birth, inform your midwife or doctor.



## Perineal locking

These positions are effective in avoiding urinary discharges. Adopt them when you cough or sneeze in a standing position.

- ▶ Stand up straight, pull in your stomach and cross your legs (position 1)
- ▶ Stand up straight, turn your head to the side (position 2).



Position 1

Position 2

## What should be avoided?

Whilst you are still in hospital, avoid using the grip above your bed. Every pull causes an external push on your organs and displaces your abdominals.

During the first month after giving birth, do not carry weights heavier than your baby.

During the four to six weeks during which you experience blood losses, baths and swimming are forbidden in order to avoid any risk of infection. You may however take showers.

Do not attempt voluntary interruptions to urination ("pee-stop"), supposed to strengthen the perineum. This destabilises the functioning of the bladder and may increase the risk of urinary infection.

# Rehabilitation of the perineum

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Perineal rehabilitation begins two or three months after childbirth with a midwife or a specialised physiotherapist. Rehabilitation means becoming aware of the muscles in this area and learning how to tone them through:

- ▶ exercises for voluntary contraction and relaxation
- ▶ biofeedback: a technique that enables you to visualise the intensity and duration of the voluntary contraction on a screen and promotes a strengthening of the abdominal-pelvic area
- ▶ electrostimulation, which consists of stimulating the muscles of the pelvic floor that are contracting.

Between six and nine sessions of 30 minutes are required. You can make an appointment at the Perineology Unit during your stay in Maternity or afterwards (read the Useful information).

## How do I strengthen my perineal muscles?

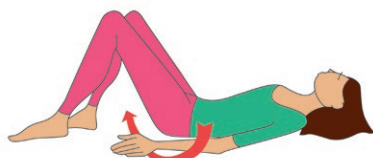
The aim of the exercises below is to strengthen your perineal muscles and to teach you abdominal breathing. You can do these at home, one month after giving birth.

### Strengthening the perineum

1. Lie on your back, legs bent, feet apart at the width of your hips.
2. Breathe in through the nose by slightly inflating the stomach (position 1).
3. Contract the perineum and pull in the base of the stomach when breathing out by rocking the pelvis backwards to position the kidneys on the floor (position 2).
4. Relax on breathing in.
5. Repeat this exercise five times.

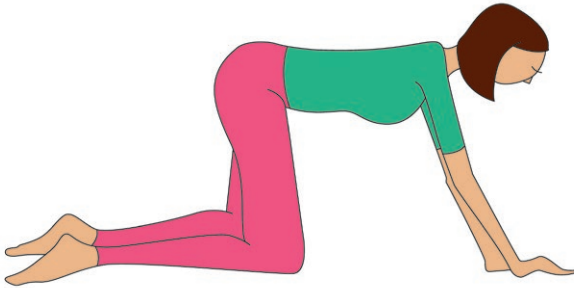


Position 1

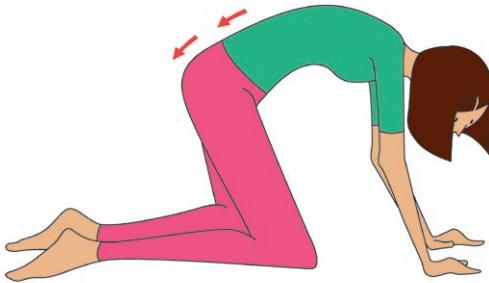


Position 2

## Cat pose



Position 1

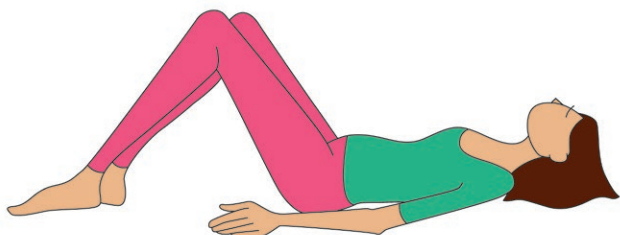


Position 2

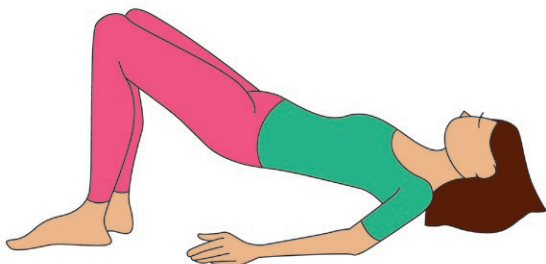
1. Position yourself on all fours (position 1).
2. Breathe in through the nose by slightly inflating the stomach.
3. Breathe out, curving the back, like a cat, whilst contracting the perineum and pulling in the stomach (position 2).
4. Remain in this position for five seconds.
5. Revert to the start position (position 1).
6. Repeat this exercise five times.



## The half-bridge



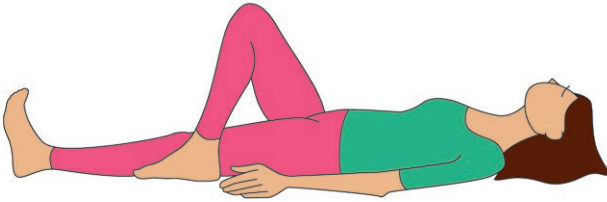
Position 1



Position 2

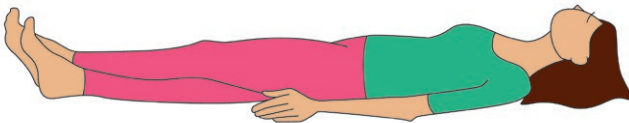
1. Lie on your back, legs bent and apart at the width of your hips (position 1).
2. Breathe in through the nose by slightly inflating the stomach.
3. Exhale by pulling in the stomach, whilst raising the pelvis (position 2).
4. Hold this position between 5 and 10 seconds whilst continuing to exhale.
5. Move down again by unfurling the spine from the top to the bottom with the stomach still pulled in.
6. Repeat this exercise five times.

## The crossed leg



1. Lie on your back.
2. One leg is bent and crosses the other stretched leg.
3. Breathe in through the nose by slightly inflating the stomach.
4. Exhale by pulling in the stomach whilst contracting the perineum.
5. Relax your muscles
6. Repeat this exercise five times.

## The plait



1. Lie on your back.
2. Your legs are stretched and crossed at the ankles.
3. Breathe in through the nose by slightly inflating the stomach.
4. Exhale by pulling in the stomach whilst contracting the perineum.
5. Relax your muscles.
6. Repeat this exercise five times.

# Abdominal-pelvic Exercise Classes

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The Perineology Unit offers a course of abdominal-pelvic exercise classes to better control and strengthen your perineum for those situations requiring effort such as standing up and sitting down, walking, lifting a weight or even sneezing and coughing.

Each session starts with a warm-up and includes the following exercises:

- ▶ awareness of the perineum and the sphincters
- ▶ strengthening of the pelvic floor and the abdominal strap relaxation and stretches
- ▶ behavioural rehabilitation (changing your habits to protect the perineum).

The sessions take place over eight weeks every Tuesday from 2.30 and 4.00pm. They start two months after giving birth.

Registration: Perineology Unit (read Useful Information)

## Invoicing

Perineal rehabilitation is reimbursed through the benefits of basic medical insurance (LAMal) with a deduction of the excess and contribution (10% of the costs). The abdominal-pelvic exercise classes are at your own expense.

## Useful Information

## Perineology Unit

Consultation by appointment:

## Secretariat

 022 372 41 97

 [www.hug.ch/obstetrique](http://www.hug.ch/obstetrique)

## Opening times

8.30 am to 12.00 pm working days, except Wednesdays

**Women, Child  
and Adolescent  
Department**

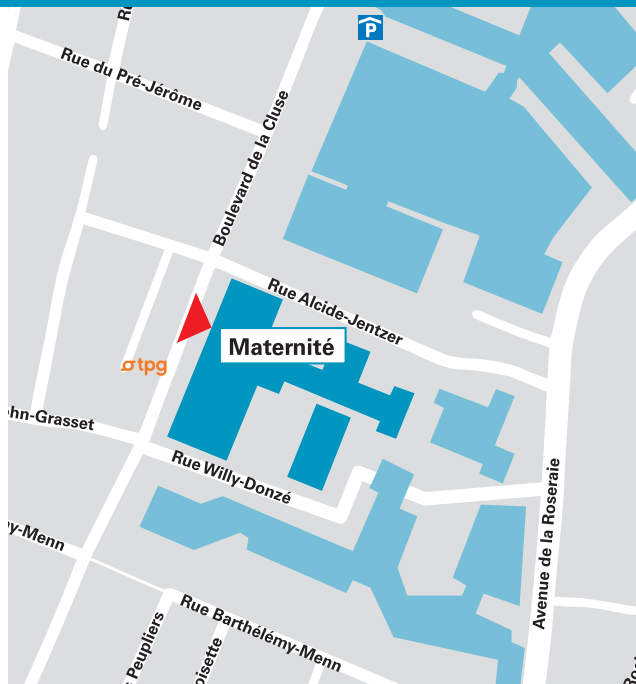
Bd de la Cluse 30  
1205 Geneva

## Access

Tram 12, 18,  
Stop « Augustins »  
Bus 35, Stop  
« Maternité-pédiatrie »  
Léman Express, Stop  
« Genève-Champel »

## Car Parks

H-Cluse and H-Lombard



*This brochure, tested on patients, was created by the Perineology Unit in collaboration with the GIPP (Information group for patients and family members) of the HUG.*