



# RISKS FOR TEARING AND HOW TO PREVENT IT

## Risks for tearing

- Ethnicity (Asian, Latina)
- Baby's birth weight over 8 lb 8 oz
- occipit posterior position (Sunnyside up)
- Induction of labor with pharmaceuticals
- Nulliparity
- Shoulder dystocia
- Instrumental delivery
- Short perineal body
- Previous anal sphincter tear
- Epidural

## Preventing tear starting in pregnancy and during labor

### Good Nutrition

- Strong, elastic tissue will usually tear less extensively and will always heal better than the tissue of a poorly nourished woman. A high protein, whole-food, preferably organic diet with fresh fruits and vegetables and adequate salt, calories and fluids is ideal. When such high-quality food is not affordable, help women to make the best food choices possible.
- There are no risk/contraindications to eating well in pregnancy, so why not?

### Pelvic Floor Therapy

- The pelvic muscles are more vulnerable to damage during birth if they are not functioning normally. A pelvic floor therapist can give you personal exercises to prepare your body for birth and postpartum
- Like other muscle groups, the pelvic floor can be adversely affected when used improperly and weakened when proper exercise is neglected, make sure to see a licensed pelvic floor therapist.

### Perineal stretching

- Encourages elasticity and helps learn to relax and integrate the sensations of stretching and burning that occur as the head distends the perineum
- Perineal stretching, **not perineal massage**. It is often recommended that the introitus be massaged back and forth in a semicircular motion, which, in my experience, produces more irritation than elasticity

### Slower controlled pushing

- help the birther to stop actively pushing by having her take deep breaths. Wait until the next contraction (or even for several contractions) to resume active pushing. This allows the perineum to adjust to the pressure and to stretch rather than tear.
- Only do this if baby is doing well and there is no rush for baby to be born. If the baby is in distress, get him out as soon as possible.

### Protecting the perineal tissues at the time of birth

- Hands-off: In most cases, the best thing we can do is nothing but watch and wait for nature to take its course. When women are left as undisturbed as possible, their hormonal milieu is such that they are optimally prepared, both physically and psychologically, for the baby to descend with a minimum of tissue trauma
- There are no counterindications to not touching the perineum in labor.

## Upright or lateral positions for pushing

- This helps the birther identify and assume a position that she finds most comfortable, usually working with body for minimal tearing and using gravity to help baby out.
- No counter indications

Frye, Anne, 2010. *Healing Passage: A Midwife's Guide to the Care and Repair of the Tissues Involved in Birth*, Sixth Edition. Labrys

