

Cold Therapy in the Successful Management of Postpartum Perineal Pain

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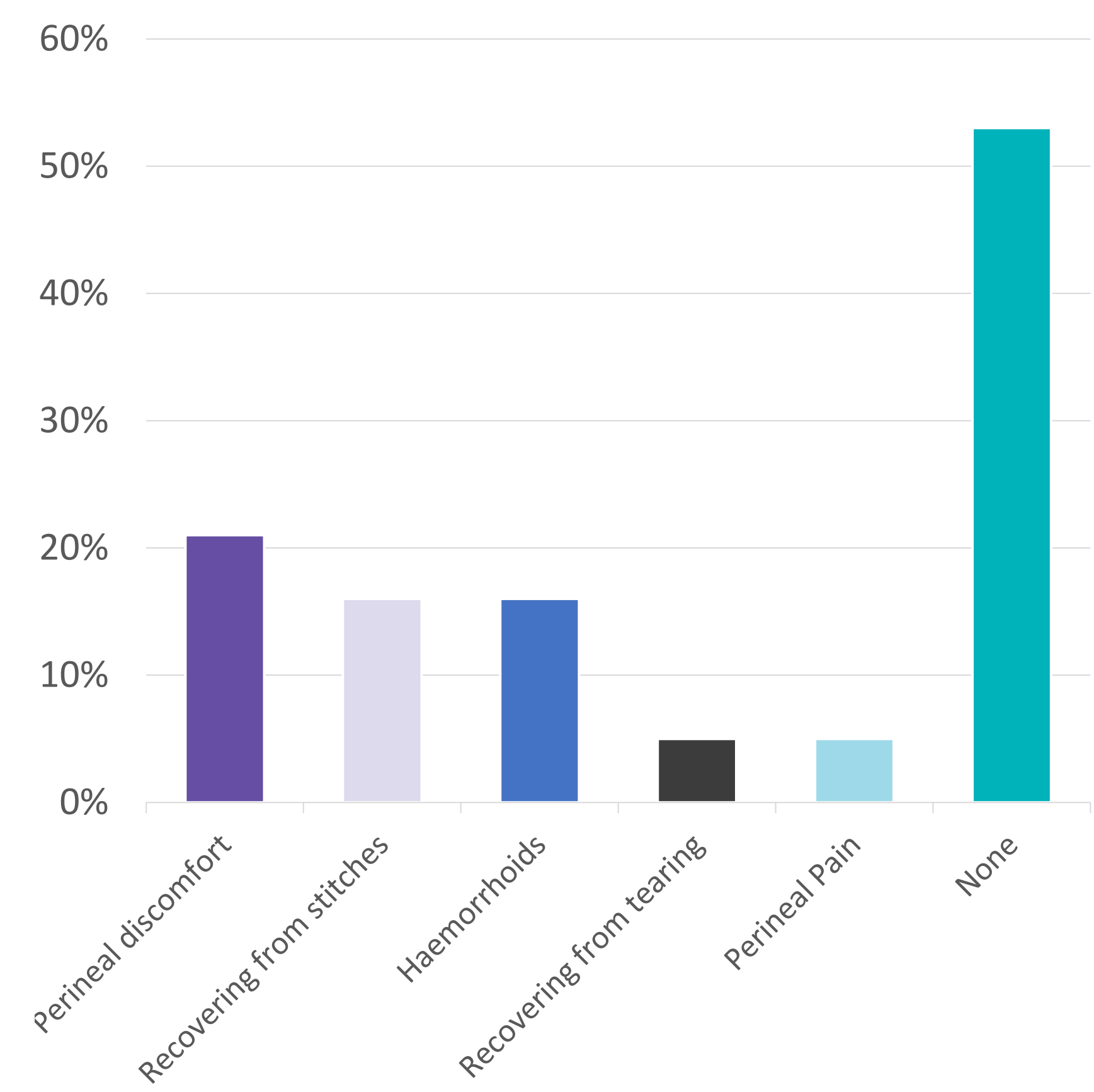
Background

Birth causes a range of changes to the perineal area, some expected and some traumatic. All are associated with different levels of pain & discomfort during the recovery period.¹ These changes range from swelling, bruising and grazing through to tearing or episiotomy, which may require sutures and a prolonged recovery period. Haemorrhoids are also common following pregnancy and childbirth due to hormones, internal pressure and constipation. Cold therapy has previously been demonstrated as useful in managing perineal pain.²⁻⁵ The objective of this study was to evaluate the efficacy of a reusable gel-based perineal pad which can be used cold to manage postpartum perineal discomfort in women who had recently given birth vaginally.

Methods

Participants (n=19) had given birth vaginally in the last 6 weeks-12 months, and had experienced some perineal pain or discomfort as a result of the birth. They were provided with the reusable gel pad (Hot & Cold Postpartum Therapy Pack, Lansinoh Laboratories) and instructed to use it cold 4 times for 20 minutes each time over a test period of 4 days. The pad was frozen prior to use, as per the product instructions for use. Feedback on efficacy and other user experience endpoints were recorded in a daily diary and a questionnaire which was completed at the end of the study.

Results: Experiences of Birth Related Discomfort

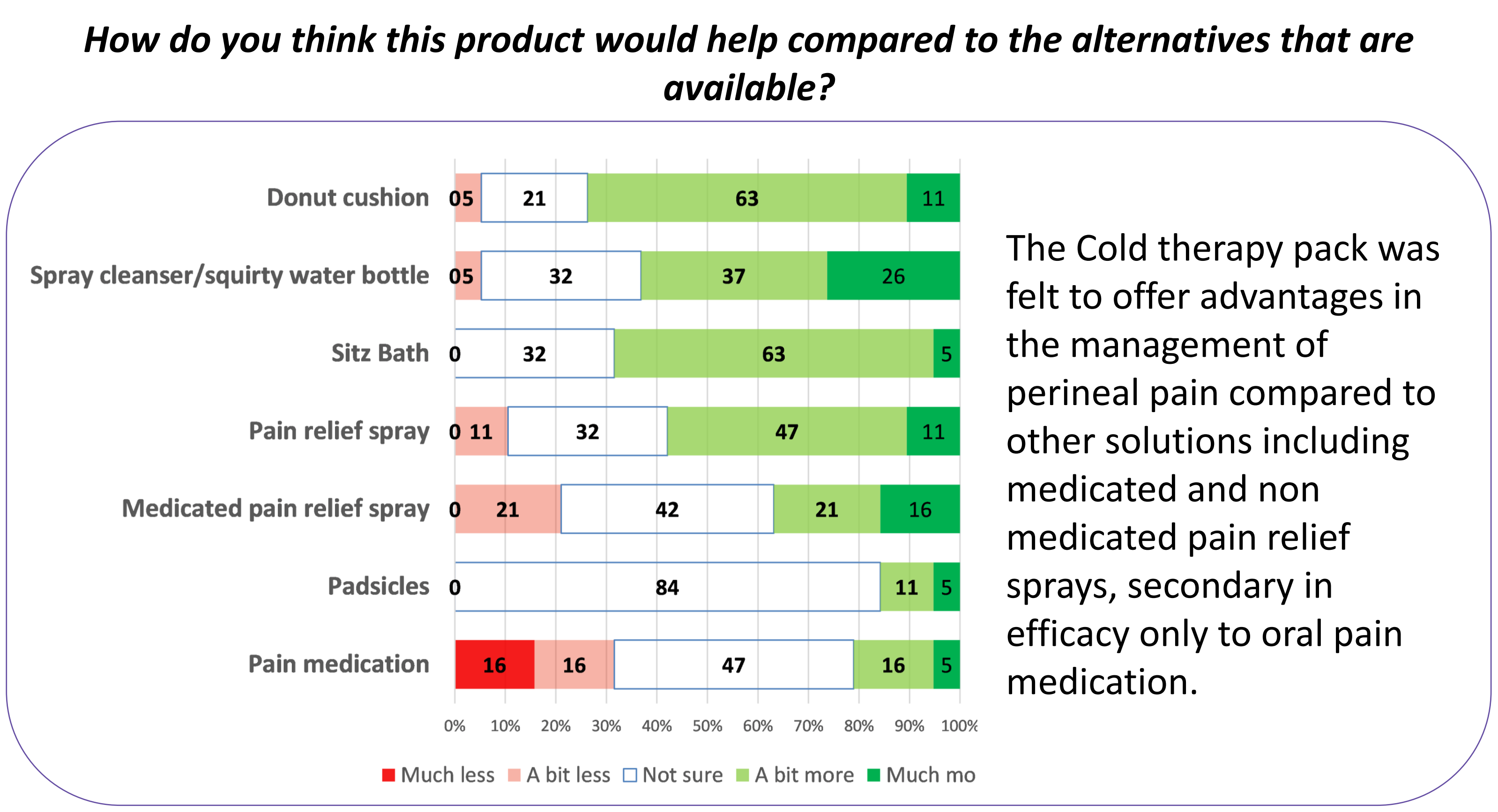
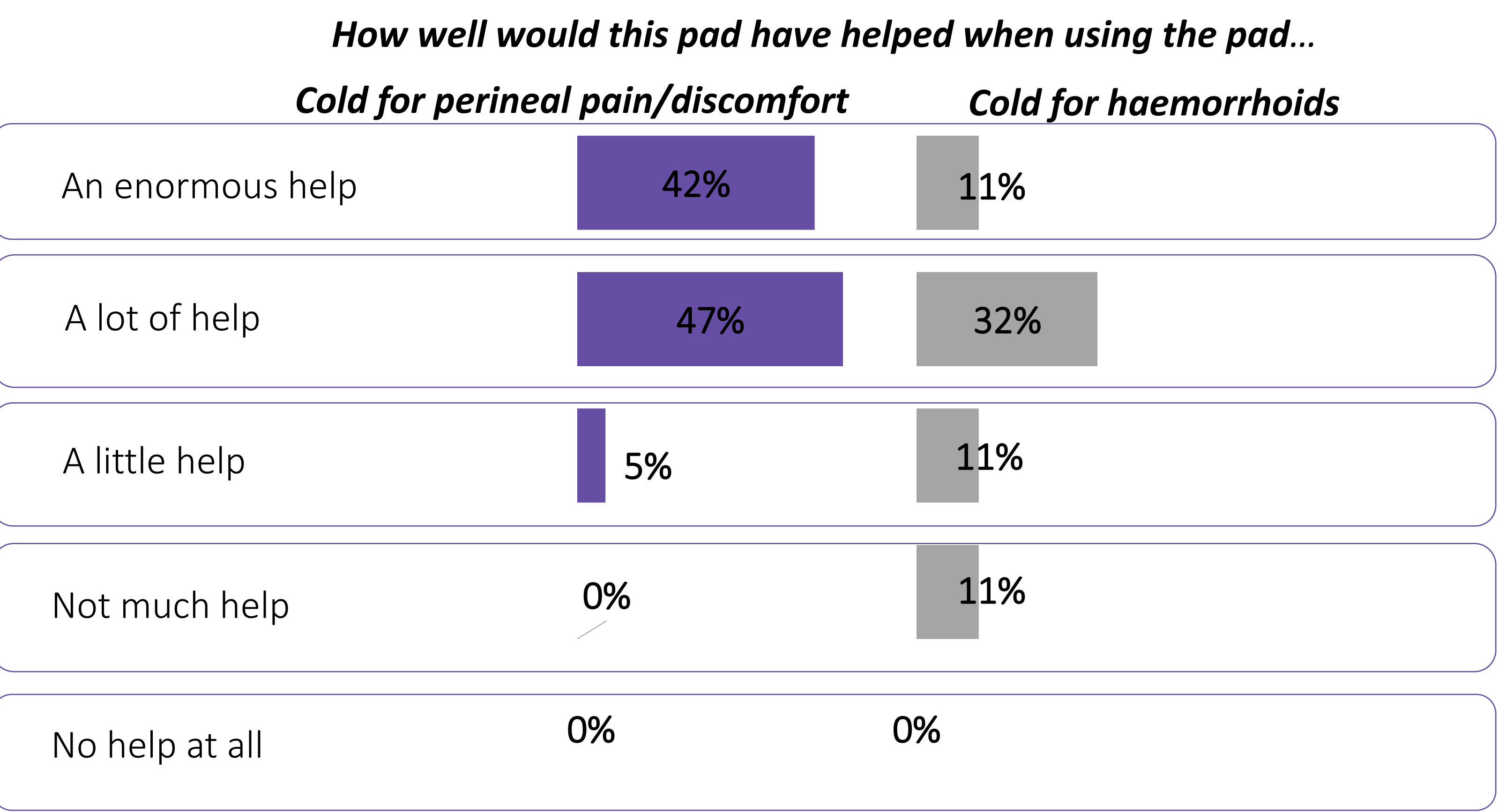


47% of participants were still experiencing perineal discomfort more than 6 weeks after giving birth

Despite the participants being a minimum of 6 weeks postpartum, almost 50% were still experiencing some level of perineal pain or discomfort relating to their vaginal birth during the study period. Haemorrhoids and recovery after having stitches were the most common causes for the perineal discomfort they were experiencing.

Results: Comfort and Clinical Benefits of the Cold Therapy Pad

Feedback on the pad flexibility, shape and weight of the pad was positive, and participants reported clear positive benefits in the management of perineal pain, discomfort and haemorrhoids. The reported effects of the cold therapy pad were favourable compared to other currently utilised therapies.



Results: Impact of Cold Therapy to Manage Perineal Pain in New Mothers

Users reported that the pad was helpful for a variety of postnatal issues, and was especially beneficial when used cold for perineal pain. When surveyed on the pads efficacy, 100% of participants who were still experiencing perineal discomfort said the pad would have helped them sit more comfortably during recovery and when feeding their baby, while 8/9 of the participants who were still experiencing perineal discomfort during the study said the pad would have helped them to be more comfortable when caring for their baby. 90% of total participants (n=19) said they would use the cold therapy pads to manage future perineal pain post-birth, which was a higher percentage than oral pain medication (84%), medicated pain spray (37%) or donut cushions (26%). 100% of participants felt that the cold therapy packs fitted ‘well’ or ‘very well’ within the range of options available to help new moms with pain and discomfort following childbirth.

CONCLUSIONS

Postnatal perineal pain directly relating to childbirth is an under discussed issue which can negatively impact a mother’s ability to care for and feed her infant through an inability to sit comfortably.⁶ The feedback on the reusable cold therapy pack evaluated in this study supports the published literature on the benefits of topical cold therapy targeted at the perineal area. Such tools represent a useful, drug free first line therapy to manage pain in the early days and weeks postpartum.

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1. Eisenach et al. (2008). Pain. 140: 87-94; 2. East et al. (2020). Cochrane Database Syst. Rev. 10(10):CD006304. 3. Senol & Aslan (2017). Asian Nursing Research. 11(4) 276-282; 4. de Souza Bosco Paiva et al. (2016). Women Birth. 29 (2):117-22; 5. East et al. (2012). Midwifery. 28(1), 93-97. 6. Bourdillon et al. (2020). Journal of Health Visiting 8(7) 297-302.