THE EFFECTIVENESS OF PERINEAL MASSAGE IN THE PREVENTION OF EPISIOTOMY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Episiotomy is a common procedure in which a surgical incision is made in the perineum to widen the birth canal. Although it was widely used in the past to expedite delivery and prevent severe tears, systematic reviews have shown that its routine performance does not provide significant benefits and is associated with risks and complications such as edema, infections, dyspareunia, urinary incontinence, and tears. In this context, perineal massage, which involves manual manipulation of the perineal region, can be considered an option as it increases the flexibility of perineal tissues, reducing muscular resistance and, consequently, the chances of tears and the need for episiotomy.

Objectives: Based on the PICOS question, the aim of this systematic review was to evaluate the effectiveness of perineal massage compared with no intervention in preventing episiotomy through randomized controlled trials.

Methods: This study is a systematic review of the literature, following the 2020 PRISMA protocol for its conduction. It was registered on the PROSPERO platform under number CRD42020130345. Among the stages for its preparation are: Development of a guiding question (PICOS), definition of descriptors and databases, as well as eligibility criteria, where only randomized controlled trials in English were included. Two researchers participated in the selection of studies and extraction of results (M.A.B and K.M.M) and a third carried out the consensus (Y.R.C). The risk of bias was assessed using the PEDro scale and a dichotomous representation of the data was created using a forest plot using the RevMan 5.3 software.

Results: Five studies were included in the review. In total there were 683 women in the intervention groups and 678 in the control groups. Perineal massage was superior to no intervention in preventing episiotomy, considering that p < 0.05, and in the overall assessment of the forest plot with an effect size of 0.46 (95% confidence interval (CI): 0.37 - 0.57) p < 0.00001. The lowest score on the PEDro scale was 4 and the highest score was 6, meaning that the studies range from moderate to high risk of bias.

Conclusion: In general, perineal massage was superior in reducing cases of episiotomy when compared to no intervention. We believe that despite the limitations, this study can help health professionals in decision making and help researchers in conducting new studies in the area.

Implications: Perineal massage is an accessible and easily performed procedure that can be done starting from the 34th week of pregnancy by the pregnant woman herself, her partner, or qualified healthcare professionals, including pelvic physiotherapists. Its benefits outweigh the risks, thus making it a part of these professionals’ recommendations. Additionally, considering one of the factors influencing the quality of evidence, the risk of bias, it is important for new studies to be conducted with better research designs to reduce recurring systematic errors in clinical trials, thereby providing stronger recommendations.

Keywords: Perineal massage, Perineal trauma, Episiotomy

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HEALTH LITERACY IN ELDERLY CARE: ASSUMPTIONS, CONCEPT AND IMPACTS IN THE FACE OF FALLS

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Background: Elderly people use various sources and information for self-care. Often the sources of information are close people from affective networks, but also technical networks through contacts with health professionals. From these, they build ways of acting in health on aging and its relationships with falls.

Objective: To analyze the assumptions of health literacy to delimit the concept and possible impacts for its effectiveness in the self-care of the elderly in the face of falls.

Methods: Integrative literature review of the concept of Health Literacy, its assumptions for effective self-care of elderly people in the face of falls. To this end, the descriptor “Literacy” was used, in Portuguese, in Databases, through the CAPES Periodicals Portal. Thus, selecting articles related to elderly people's literacy, which discuss the topic of falls.

Results: Initially, 51 articles were located, of which those that did not include elderly literacy and falls in the home/community environment were discarded. Of these, 07 (seven) texts were selected, which in a second reading of the abstract contemplated the theme, remaining with this final number, even after reading all the articles.

The assumptions listed were literacy as an enabler, but in its absence, communication through electronic information media supported by health professionals minimizes the educational fragility of the school. Cognitive ability to understand and interpret the meaning of written, spoken, or digital health information provide a critical reflective practice and enhance self-care. As a concept, competence in health literacy is understood as the ability to seek, interpret, criticize, and select health information, producing meaning and transforming it into health actions. To this end, the impact of health literacy on the self-care of elderly people in the face of falls allows them to provide lifelong learning, whether in physical, psychic, social development and in improving the context of life, generating inclusion and citizenship.

Conclusion: Health literacy can be understood as a set of skills used by individuals and communities to seek, select and give meaning to health information. This is influenced by the degree of literacy, cognitive ability and access to information as a basis for building knowledge aimed at transforming it into self-care actions in health. Thus, it generates greater development of the elderly, inclusion and guarantee of social rights.

Keywords: Noninvasive ventilation, Acute respiratory failure, Clinimetric properties.

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