

The background is a vibrant pink watercolor wash. A thick, white, horizontal brushstroke runs across the middle of the image, creating a bright, irregular band. The text is centered within this white band.

Cuidados del piso pélvico durante el parto

Hola!



Cristhel Fagerström Sade

Matrona

Especialista en Piso Pélvico

Univ. Católica de Lovaina,
Bélgica

Académico docente UDD

Propuesta de contenidos

Revisión de la literatura.

Análisis crítico de conductas clínicas.

Medidas prácticas.

1. Factores de riesgo para producir una patología del piso pélvico



“

“Muchos factores son conocidos, sin embargo el embarazo y parto, por si mismos tienen factores gatillantes de disfunción”

¿Qué Podemos hacer preparto?

Peso adecuado.

Incremento ponderal regulado durante la gestación.

Hábitos defecatorios.

Medidas de higiene perineal.

Tratamiento de patologías concomitantes.

ENFOQUE EN GRUPOS DE RIESGO.



Medidas intraparto

Preventivas

1. Ejercicios del piso pelviano
2. Pujo en expiración
3. Masaje perineal
4. Parto vertical
5. Protección perineal adecuada
6. Compresas tibias perineales

Curativas

1. Sutura de OASIS
2. Rehabilitación en base a ejercicios de Kegel

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1. [Obstetricians \(CNGOF\)](#).

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Eur J Obstet Gynecol Reprod Biol. 2016 Jul;202:1-8. doi: 10.1016/j.ejogrb.2016.04.032. Epub 2016 Apr 29.

PMID: 27155443

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[Reduced Pelvic Floor Muscle Tone Predisposes to Persistence of Lower Urinary Tract Symptoms after Puerperium](#).

2. Bhat C, Khan M, Ballala K, Kamath A, Pandey D.

Scientifica (Cairo). 2016;2016:5705186. doi: 10.1155/2016/5705186. Epub 2016 Mar 28.

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1. [secondary analysis of a randomised trial.](#)

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BJOG. 2016 Mar;123(4):634-42. doi: 10.1111/1471-0528.13823. Epub 2015 Dec 22.

PMID: 26691895

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[\[Postpartum pelvic floor rehabilitation on prevention of female pelvic floor dysfunction: a multicenter prospective randomized controlled study\].](#)

2. Sun Z, Zhu L, Lang J, Zhang Y, Liu G, Chen X, Feng S, Zhang J, Yao Y, Zhang J, Su Y, Fang G, Yang M, Liu J, Ma Z.

Zhonghua Fu Chan Ke Za Zhi. 2015 Jun;50(6):420-7. Chinese.

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Fields]) AND ("exercise"[MeSH
Terms] OR "exercise"[All Fields] OR
```

Can antepartum pelvic-floor exercises prevent stress incontinence in at-risk primigravidas with bladder-neck mobility?

There is extensive evidence suggesting that immediate postpartum pelvic-floor exercises can reduce the incidence of incontinence.

However, little research has been conducted to determine whether antepartum pelvic-floor exercises were effective in reducing postpartum stress incontinence in at-risk primigravidas.

THIS STUDY Primigravidas at 20 weeks' gestation with bladder-neck mobility were selected to participate in supervised pelvic-floor exercises with a physiotherapist until they delivered.

The exercises included 3 repetitions of 8 contractions each held for 6 seconds, with 2-minute rests between repetitions. At 34 weeks' gestation, the number of contractions per repetition was increased to 12.

230 WOMEN OBSERVED

Morkved S, Bo K. The effect of postpartum pelvic floor muscle training in prevention and treating of urinary incontinence: a 1-year follow-up.

Br J ObstetGynaecol. 2000;107:1022-1028.

120 took part in the pelvic floor exercises and 110 were observed in the control group.

Participants in the control group performed pelvic-floor exercises as instructed by a physician, but did so unsupervised.

Those patients performing pelvic-floor exercises for 28 days or more were less likely to have postpartum stress incontinence compared with the control group (19.2% and 32.7%, respectively). There was no change in bladder-neck mobility and no difference in pelvic floor strength between groups after exercise.

However, gravidas who developed postpartum stress incontinence had poorer perineometry scores than those who were continent.

Based on these findings, the researchers support the view that supervised antepartum pelvic-floor exercises are effective in reducing the risk of postpartum stress incontinence.



Developing strategies to be added to the protocol for antenatal care: An exercise and birth preparation program

[Maria Amélia Miquelutti](#)¹, [José Guilherme Cecatti](#)¹ and [Maria Yolanda Makuch](#)^{II}

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Abstract

Go to:

OBJECTIVES:

To describe the implementation process of a birth preparation program, the activities in the protocol for physical and birth preparation exercises, and the educational activities that have been evaluated regarding effectiveness and women's satisfaction. The birth preparation program described was developed with the following objectives: to prevent lumbopelvic pain, urinary incontinence and anxiety; to encourage the practice of physical activity during pregnancy and of positions and exercises for non-pharmacological pain relief during labor; and to discuss information that would help women to have autonomy during labor.

METHODS:

Generalidades

1. Ejercicios supervisados por profesional competente, desde la semana 28 hasta 37 de gestación.
2. Actividades educativas y soporte psicológico.
3. Actividades físicas en sus propios hogares, con supervisión.
4. Mirada crítica: resultados dependen en gran parte del esfuerzo de cada una de las pacientes



Conclusión

Ejercicios del piso pélvico anteparto:

Mejora la propiocepción.

Fortalecimiento de los esfínteres y del Puborectal.

Empoderamiento de la paciente.

Potenciales beneficios.

No tiene grandes contraindicaciones.

Mejor enfoque y acercamiento al parto y la pareja.

2. Pujo en expiración

Pujo por efecto de la musculatura abdominal y fuerza de la CU.

Estudio clínico randomizado, 166 mujeres nulíparas.

Embarazos de término, bajo riesgo.

Pujo en expiración V/S valsalva

Criterios de exclusión:

edad <18 >35

Peso RN < 2.500 grs o >3.999

Tabaco

Posiciones posteriores.

Ahmadi, Z., Torkzahrani, S., Roosta, F., Shakeri, N., & Mhmoodi, Z. (2017). Effect of Breathing Technique of Blowing on the Extent of Damage to the Perineum at the Moment of Delivery: A Randomized Clinical Trial. *Iranian Journal of Nursing and Midwifery Research*, 22(1), 62–66

Table 2

Comparison of perineum status and neonatal characteristics after delivery in two groups (Breathing techniques and Valsalva maneuver)

Characteristic	Percentage		P value Chi square test
	Breathing techniques (Case group)	Valsalva maneuver (Control group)	
Perineum statue			
No trauma	41	19.3	0.002
Posterior laceration	14.3	34.9	0.003
1 st degree	69	41	
2 nd degree	31	56	
3 rd degree	0	3	
Anterior laceration	26.5	20.5	0.360
Episiotomy	18.2	25.3	0.258
	Mean (SD)	Mean (SD)	P value
Length of episiotomy (cm)	3.47 (0.26)	3.40 (0.33)	0.487*
Depth of episiotomy (mm)	17 (4.40)	15.95 (4.10)	0.464*
Neonatal characteristics			
Head circumference (cm)	34.33 (1.02)	34.536 (1.002)	0.166*
Chest circumference (cm)	33.19 (1.18)	33.19 (1.18)	0.280*
Birth weight (gr)	3083.01 (266.62)	3135.90 (253.137)	0.192**

*Mann-Whitney test; ** Independent Student's *t*-test

Ahmadi, Z., Torkzahrani, S., Roosta, F., Shakeri, N., & Mhmoodi, Z. (2017). Effect of Breathing Technique of Blowing on the Extent of Damage to the Perineum at the Moment of Delivery: A Randomized Clinical Trial. *Iranian Journal of Nursing and Midwifery Research*, 22(1), 62–66

Resultados

Reduce la incidencia de daño perineal.

Laceraciones G 1, 2 y 3 mayores en valsalva

En episiotomías no hubo diferencias estadísticas

Prolonga los tiempos del expulsivo

Contraposición con los estudios de: Asali (2006) "Spontaneous and active pushing in second stage labor and fetal outcome in primiparous women" y Yildirim (2008) "Effects of pushing techniques in birth on mother and fetus: A randomized study. Birth".

Ahmadi, Z., Torkzahrani, S., Roosta, F., Shakeri, N., & Mhmoodi, Z. (2017). Effect of Breathing Technique of Blowing on the Extent of Damage to the Perineum at the Moment of Delivery: A Randomized Clinical Trial. *Iranian Journal of Nursing and Midwifery Research*, 22(1), 62–66

3. Masajes perineales anteparto

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 1. Di Girolamo N, Bongiovanni L, Ferro S, Melidone R, Nicoletti A, Duca VD, Donnelly TM, Selleri P. J Am Vet Med Assoc. 2017 Jul 1;251(1):84-89. doi: 10.2460/javma.251.1.84. PMID: 28621590 [Similar articles](#)
- [Perineal techniques during the second stage of labour for reducing perineal trauma.](#)
 2. Aasheim V, Nilsen ABV, Reinar LM, Lukasse M. Cochrane Database Syst Rev. 2017 Jun 13;6:CD006672. doi: 10.1002/14651858.CD006672.pub3. Review. PMID: 28608597 [Similar articles](#)
- [Influence of a pelvic floor training programme to prevent perineal trauma: A quasi-randomised controlled trial.](#)
 3. Leon-Larios F, Corrales-Gutierrez I, Casado-Mejía R, Suarez-Serrano C. Midwifery. 2017 Jul;50:72-77. doi: 10.1016/j.midw.2017.03.015. Epub 2017 Mar 27. PMID: 28391147

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[Randomised controlled trial using smartphone website vs leaflet to support antenatal perineal massage practice for pregnant women.](#)

1. Takeuchi S, Horiuchi S.

Women Birth. 2016 Oct;29(5):430-435. doi: 10.1016/j.wombi.2016.01.010. Epub 2016 Feb 19.

PMID: 26906970 **Free Article**[Similar articles](#)

[Effects of a Gentle, Self-Administered Stimulation of Perineal Skin for Nocturia in Elderly Women: A Randomized, Placebo-Controlled, Double-Blind Crossover Trial.](#)

2. Iimura K, Watanabe N, Masunaga K, Miyazaki S, Hotta H, Kim H, Hisajima T, Takahashi H, Kasuya Y.

PLoS One. 2016 Mar 22;11(3):e0151726. doi: 10.1371/journal.pone.0151726. eCollection 2016.

PMID: 27003163 **Free PMC Article**[Similar articles](#)

[Effect of perineal massage on the rate of episiotomy and perineal tearing.](#)

3. Demirel G, Golbasi Z.

Int J Gynaecol Obstet. 2015 Nov;131(2):183-6. doi: 10.1016/j.ijgo.2015.04.048. Epub 2015 Jul 26.

PMID: 26410801

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[Can we find the perfect oil to protect the perineum? A randomized-controlled double-blind trial.](#)

Masoterapia

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Cochrane Database Syst Rev. 2013 Apr 30;(4):CD005123. doi: 10.1002/14651858.CD005123.pub3.

Antenatal perineal massage for reducing perineal trauma.

Beckmann MM¹, Stock OM.

⊖ Author information

¹Mater Health Services, Brisbane, Australia. michael.beckmann@mater.org.au.

Abstract

BACKGROUND: Perineal trauma following vaginal birth can be associated with significant short-term and long-term morbidity. Antenatal perineal massage has been proposed as one method of decreasing the incidence of perineal trauma.

OBJECTIVES: To assess the effect of antenatal digital perineal massage on the incidence of perineal trauma at birth and subsequent morbidity.

SEARCH METHODS: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (22 October 2012), the Cochrane Central Register of Controlled Trials (The Cochrane Library 2012, Issue 10), PubMed (1966 to October 2012), EMBASE (1980 to October 2012) and reference lists of relevant articles.

SELECTION CRITERIA: Randomised and quasi-randomised controlled trials evaluating any described method of antenatal digital perineal massage undertaken for at least the last four weeks of pregnancy.

Metodología

ESTRATEGIA DE BÚSQUEDA: Embarazo y parto.

Cochrane el Registro Cochrane Central de Ensayos Controlados (The Cochrane Library, N= 10).

PubMed (1966 a octubre de 2012).

EMBASE (1980 a octubre de 2012) y la referencia de las listas de los artículos pertinentes.

CRITERIO DE SELECCIÓN:

Ensayos controlados aleatorios y cuasialeatorios que evaluaron cualquier método descrito de masaje perineal digital antes del parto, realizado durante al menos las últimas cuatro semanas de embarazo.

Resultados principales

Masaje perineal digital prenatal se asoció con una reducción global de la incidencia de traumatismo que requiere sutura.

No se observaron diferencias en la incidencia de desgarros perineales de primer o segundo grado o tercer - cuarto grado de traumatismo perineal.

Sólo las mujeres que tuvieron parto vaginal anterior informaron una reducción estadísticamente significativa en la incidencia de dolor a los tres meses posteriores al parto.

Beckmann, M. M., & Garrett, a J. (2006). Antenatal perineal massage for reducing perineal trauma. *Cochrane database of systematic reviews (Online)*, (1), CD005123.

No se observaron diferencias significativas en la incidencia de partos instrumentales, la satisfacción sexual, o la incontinencia de orina, heces o gases para las mujeres que realizaron masaje perineal en comparación con los que no se dan masajes.

Conclusiones de los autores:

Masaje perineal prenatal digital reduce la probabilidad de traumatismo perineal (principalmente episiotomías)

El informe de dolor perineal en curso, es generalmente bien aceptada por las mujeres.

Antenatal Perineal Massage to Prevent Birth Trauma

 PDF  PRINT  COMMENTS

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DEAN A. SEEHUSEN, MD, MPH, and MEGHAN RALEIGH, MD, Fort Belvoir Community Hospital, Fort Belvoir, Virginia

Am Fam Physician. 2014 Mar 1;89(5):335-336.

Author disclosure: No relevant financial affiliations.

Clinical Question

Does digital perineal massage in the antenatal period reduce birth trauma or long-term morbidity?

Evidence-Based Answer

Antenatal digital perineal massage in the final month of pregnancy is safe and well tolerated. Women who have not had a previous vaginal delivery and perform digital perineal massage in the final month of pregnancy experience less perineal birth trauma, mostly through fewer episiotomies, than those who have not performed massage. Women who have had a previous vaginal delivery do

Perineal massage decreased the likelihood of having an episiotomy (RR = 0.84; 95% CI, 0.74 to 0.95; number needed to treat = 21). This was significant only for women without a previous vaginal delivery. Subgroup analysis showed that only those who performed massage up to 1.5 times per week on average had a statistically significant reduction in the incidence of episiotomy, whereas the

no difference was found in the incidence of first- or second-degree tears, or third- or fourth-degree perineal trauma. Thus, the decreased incidence of episiotomy drove the overall reduction in perineal trauma.

No differences were noted in length of the second stage of labor, the overall proportion of instrumental deliveries, dyspareunia at three months postpartum, postpartum sexual satisfaction, or urinary and fecal incontinence. Ongoing postpartum perineal pain was reported in one study, and no difference between groups was seen overall at three months. Subgroup analysis showed that women who performed massage the most frequently were less likely to report pain (RR = 0.51; 95% CI, 0.33 to 0.79). Additionally, women with a previous vaginal delivery (n = 376) reported a lower incidence of pain at three months postpartum (RR = 0.45; 95% CI, 0.24 to 0.87). Patient satisfaction with perineal massage was not reported in any of the four studies included in this review. However, a 1994 article reported that women found perineal massage acceptable. Most reported they would practice it again and would recommend it to another pregnant woman.³

Although this review found evidence of decreased perineal trauma among women who performed perineal massage in the final month of pregnancy, the lack of a dose response suggests either a narrow therapeutic window or that another factor is involved in the decrease in trauma. There is evidence that perineal massage can decrease the incidence of postpartum pain at three months, at least among women who have a history of vaginal delivery. Perineal massage is not recommended in any pregnancy guidelines. However, it is safe and appears to be acceptable to women. The evidence for perineal massage is not strong enough to recommend it universally, but family physicians can suggest it for women who are interested in methods that might reduce perineal birth trauma or postpartum pain. Information about how a woman can perform massage is available at <http://www.webmd.com/baby/tc/childbirth-perineal-massage-before-labor-topic-overview>.

Estiramiento de las fibras en el piso pélvico

Objetivo: Desarrollar un modelo informático tridimensional para predecir estiramiento del músculo elevador del ano durante el parto vaginal.

Metodología: imágenes de resonancia magnética de serie de un nulíparas de 34 años de edad, sanas, datos anatómicos publicados, y software de gráficos de ingeniería se utilizaron para construir un modelo estructural de los músculos elevadores del ano, junto con los tejidos pasivos relacionados.

Obstetrics and Gynecology

Volume 103, Issue 1, January 2004, Pages 31-40

Levator ani muscle stretch induced by simulated vaginal birth. Lien, K.-C., Mooney, B., DeLancey, J.O.L.

Department of Mechanical Engineering

Regiones del ileococcygeus, pubococcígeo y puborrectal alcanzaron proporciones máximas de estiramiento de 2,73, 2,50 y 2,28, respectivamente.

Relaciones de estiramiento de tejidos fueron proporcionales al tamaño de la cabeza del feto.

Obstetrics and Gynecology

Volume 103, Issue 1, January 2004, Pages 31-40

Levator ani muscle stretch induced by simulated vaginal birth. Lien, K.-C., Mooney, B., DeLancey, J.O.L.

Department of Mechanical Engineering

Consideraciones generales

Preparación del piso pélvico para el parto:

Comparación con m. Tibial posterior

Sem 20  Parto

Aumento de longitud muscular hasta 37% en base a:

1. Número de sarcómeros.
2. Matriz extracelular en 140%

Consideraciones generales

Post parto:

Longitud de la fibra: disminuyó hasta valores normales.

El contenido de matriz de **colágeno extracelular** del músculo coccígeo permaneció significativamente más alta que la de los controles vírgenes, incluso a las 12 semanas

Am J Obstet Gynecol. 2015 Aug;213(2):121-2. doi: 10.1016/j.ajog.2015.05.016.

New directions in understanding how the pelvic floor prepares for and recovers from vaginal delivery.

Nygaard I1

Am J Obstet Gynecol. 2015 Aug;213(2):121-2. doi: 10.1016/j.ajog.2015.05.016.

New directions in understanding how the pelvic floor prepares for and recovers from vaginal delivery. Nygaard I1

Aumento de longitud de la fibra es protectora contra la lesión muscular debido a grandes deformaciones mecánicas que se distribuyen a través de un mayor número de sarcómeros.

La matriz extracelular de colágeno aumentada puede proteger a las fibras musculares de la tensión mecánica excesiva durante el parto, proporcionando un elemento elástico paralelo que limita la deformación de la fibra.

Injurias perineales y posición de parto en 2992 mujeres de embarazo de bajo riesgo que optan por parto domiciliario.

Cohorte prospectivo 2008-2013

4 países nórdicos (Suecia, Noruega, Dinamarca e Islandia)

Prevalencia de trauma perineal severo (SPT) 0,7% y de episiotomía 1%.

No se encontraron asociaciones entre posiciones de sacro-flexibles y SPT, si con menos episiotomías.

Buena evaluación de lesiones perineales, aumenta de 1 a 3,9%.



Análisis

Sesgo de la población que elige parir en domicilio.

Altamente motivadas.

Generalmente multíparas.

Factores de riesgo ausentes como Fórceps, posición de Litotomía, manejo de oxitocina.

Falta información sobre prácticas en el expulsivo para prevenir las lesiones perineales.

No hubo diferencia estadística entre posiciones sacro-flexibles y lesiones que requieren sutura o SPT.

Sin información sobre TR posterior.

Programa multicéntrico para disminuir la incidencia de OASIS

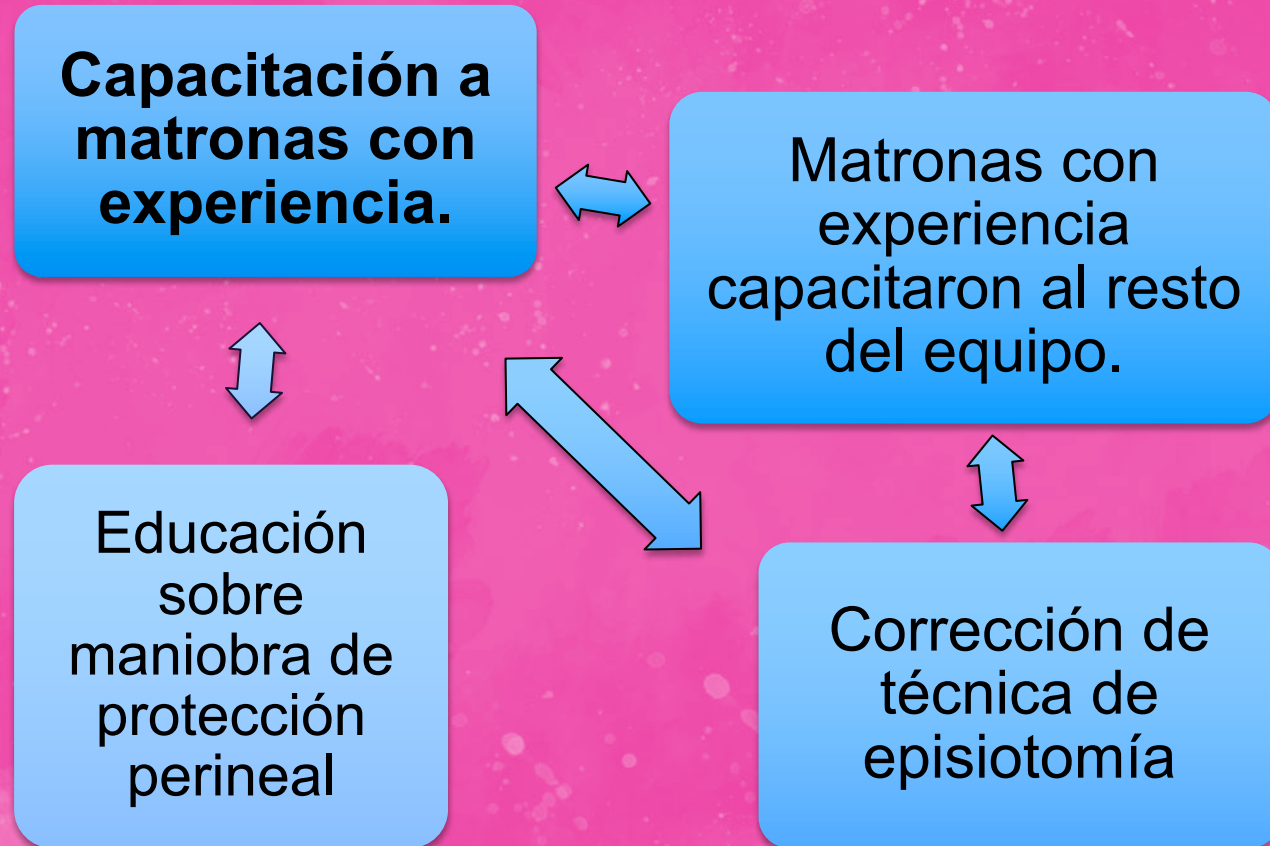
Objetivo: evaluar si un programa de intervención provoca una disminución en la frecuencia de desgarros del esfínter anal.

Metodología :40.152 partos, desde 2003 a 2009.

Cohortes: atención de partos vaginales mayores de 32 semanas.

Hals, E. et al. A multicenter interventional program to reduce the incidence of anal sphincter tears. *Obstetrics and Gynecology* **116**, 901-908 (2010).

Técnica



Técnica de intervención

Bajada lenta de la cabeza fetal en el expulsivo.

Protección/suporte perineal con la otra mano.

Instrucción específica de NO PUJAR a la madre.

Deflección de cabeza fetal con asistencia.

Apoyo del hombro posterior desde el rafe ano-vulvar.

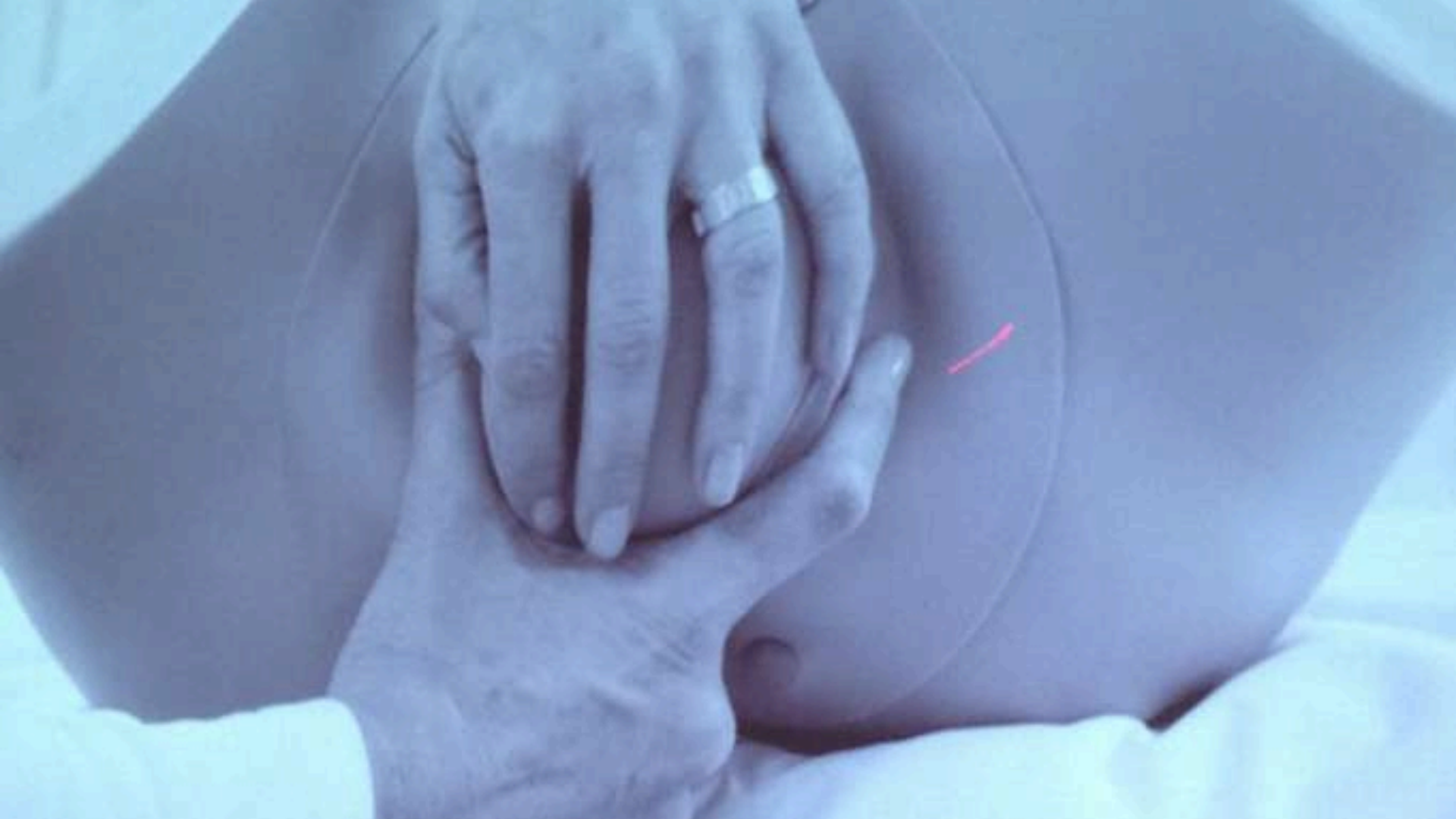
Correcta técnica de episiotomía en caso necesario.

Intervención Hands - on

4 hospitales de 40.152 mujeres, se redujo OASIS de 5.25% a 1.73% después de la intervención ($p < 0.001$)

1 hospital de 14.787 redujo de 4% a 1.9% entre 2003 y 2010 (Oslo) luego de la intervención.

Laine, K., Skjeldestad, F.E., Sandvik, L. & Staff, A.C. Incidence of obstetric anal sphincter injuries after training to protect the perineum: cohort study. *BMJ open* 2, e001649- (2012).



Técnica de protección perineal

Reducción de tensión lateral

Fijar dedos

Uso opcional de compresa

No sacar mano de protección posterior al desprendimiento del polo fetal





Consideraciones mínimas

Evaluar necesidad real de episiotomía.

Utilizar técnicas de asistencia al parto seguras.

Rutinizar el TR post parto.

La reparación de OASIS debe ser lo más precozmente posible.

Hay evidencia 1B que la rehabilitación del piso pélvico es mejor que el placebo o que no tratar.

6. Uso de compresas tibias

Segunda etapa del parto

Atención con anestesia

Mayor protección es en periné
intacto (RR: 1.46)

Desgarros de tercer y cuarto
grado (RR: 0.34)

Warm perineal compresses during the second stage of labor for reducing perineal trauma: A meta-analysis

[Giulia Magoga^a](#), [Gabriele Saccone^{b,*}](#)  , [Huda B. Al-Kouatly^c](#), [Hannah Dahlen G^d](#), [Charlene Thornton^e](#), [Marzieh Akbarzadeh^f](#), [Tulin Ozcan^g](#), [Vincenzo Berghella^c](#)

EJOG septiembre 2019, 240: 93-98.

Diagrama de atención correcta



A close-up photograph of a woman lying in a hospital bed, looking down at a newborn baby. The woman has dark hair and is wearing a floral-patterned hospital gown. The baby is wrapped in a white blanket with blue and green patterns. The background is a plain white hospital sheet.

La alta calidad de atención de un parto

También incluye disminuir las
secuelas físicas y psicológicas

Muchas gracias

@pisopelvicoparaaprender

Let's review some concepts



Yellow

Is the color of gold, butter and ripe lemons. In the spectrum of visible light, yellow is found between green and orange.



Yellow

Is the color of gold, butter and ripe lemons. In the spectrum of visible light, yellow is found between green and orange.



Blue

Is the colour of the clear sky and the deep sea. It is located between violet and green on the optical spectrum.



Blue

Is the colour of the clear sky and the deep sea. It is located between violet and green on the optical spectrum.



Red

Is the color of blood, and because of this it has historically been associated with sacrifice, danger and courage.



Red

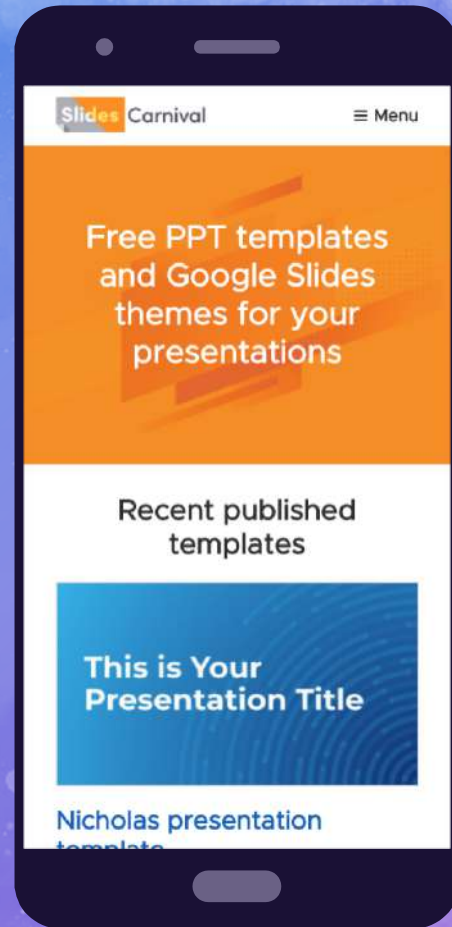
Is the color of blood, and because of this it has historically been associated with sacrifice, danger and courage.



You can insert graphs from Excel or Google Sheets

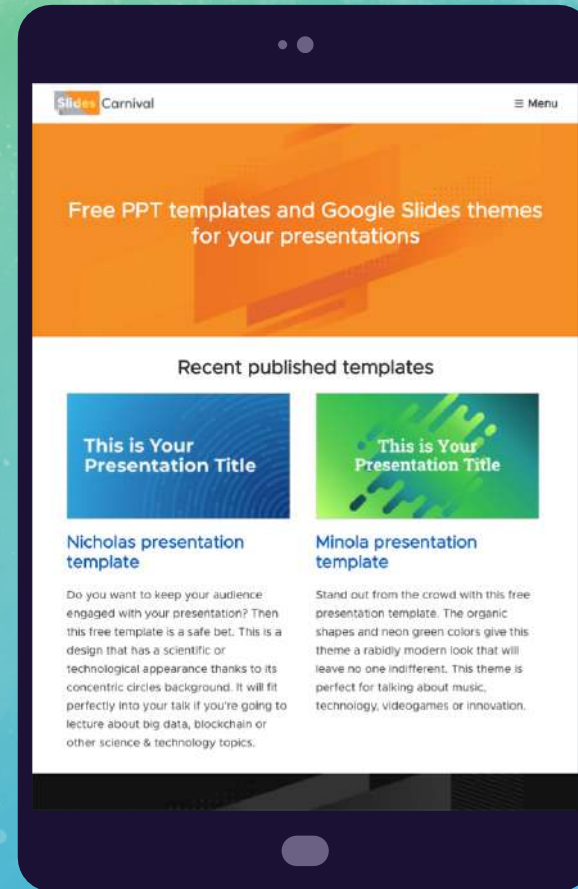
Mobile project

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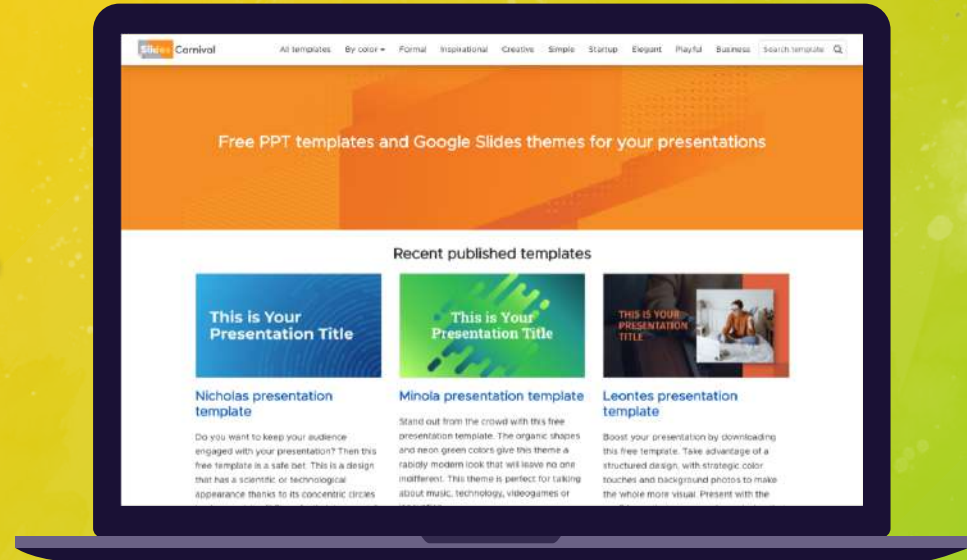
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Desktop project

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Thanks!



Any questions? You can find me
at [@username](#) & [user@mail.me](#)

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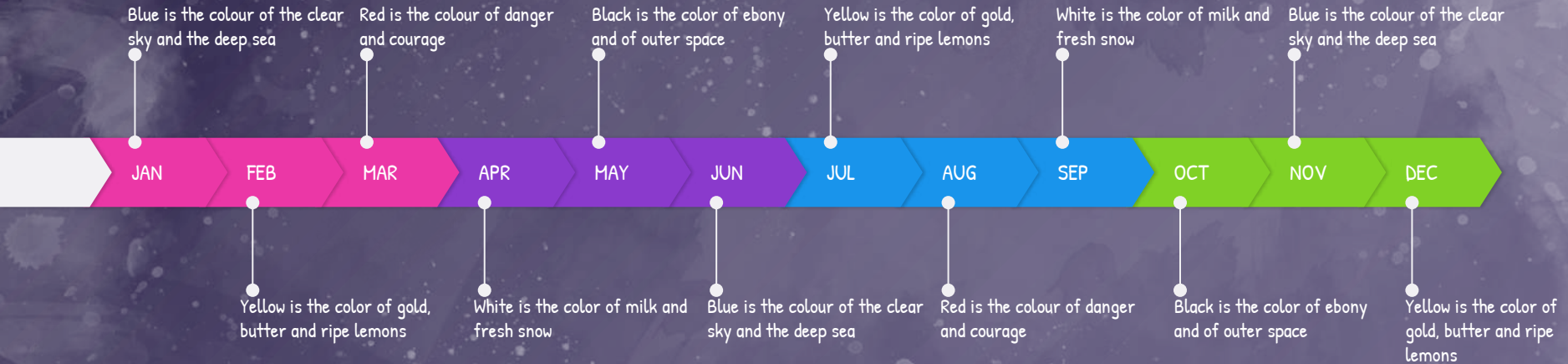
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2. Extra Resources

For Business Plans, Marketing Plans, Project Proposals, Lessons, etc

Timeline



Roadmap

Blue is the colour of the clear sky and the deep sea

1

Red is the colour of danger and courage

3

Black is the color of ebony and of outer space

5

Yellow is the color of gold, butter and ripe lemons

2

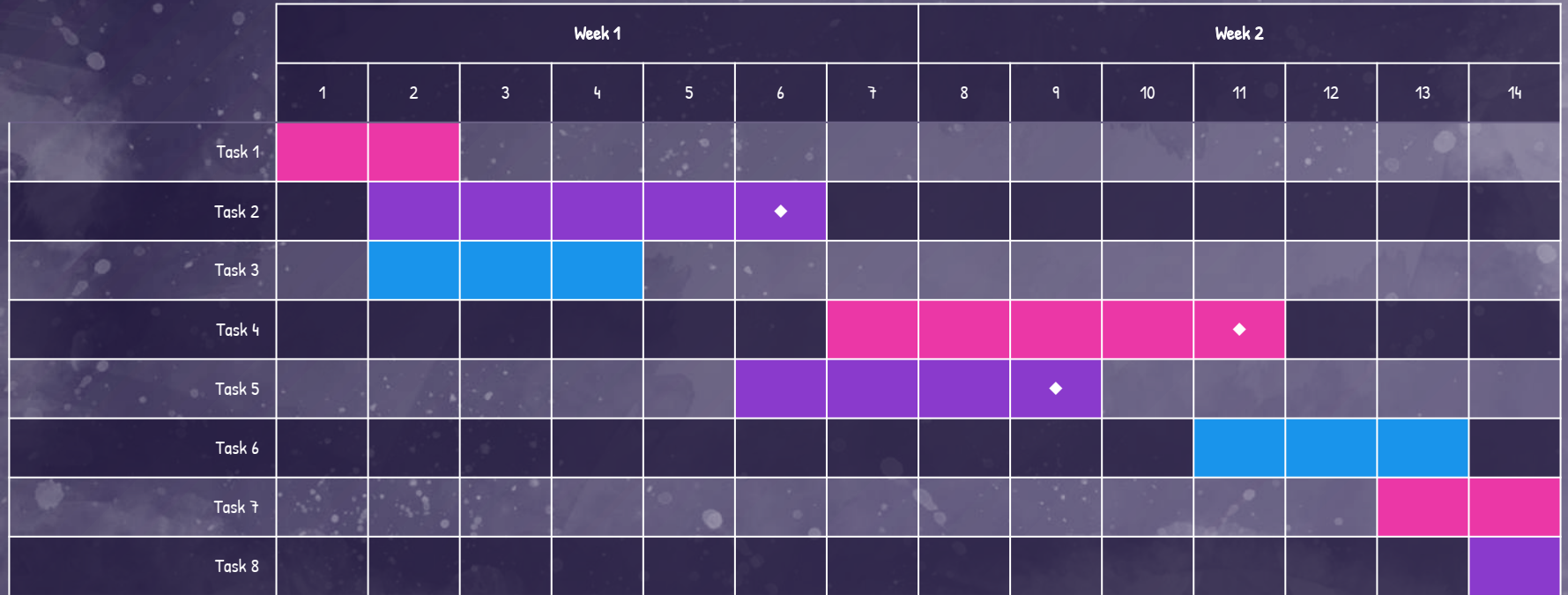
White is the color of milk and fresh snow

4

Blue is the colour of the clear sky and the deep sea

6

Gantt chart



SWOT Analysis

STRENGTHS

Blue is the colour of the clear sky and the deep sea

S

WEAKNESSES

Yellow is the color of gold, butter and ripe lemons

W

Black is the color of ebony and of outer space

OPPORTUNITIES

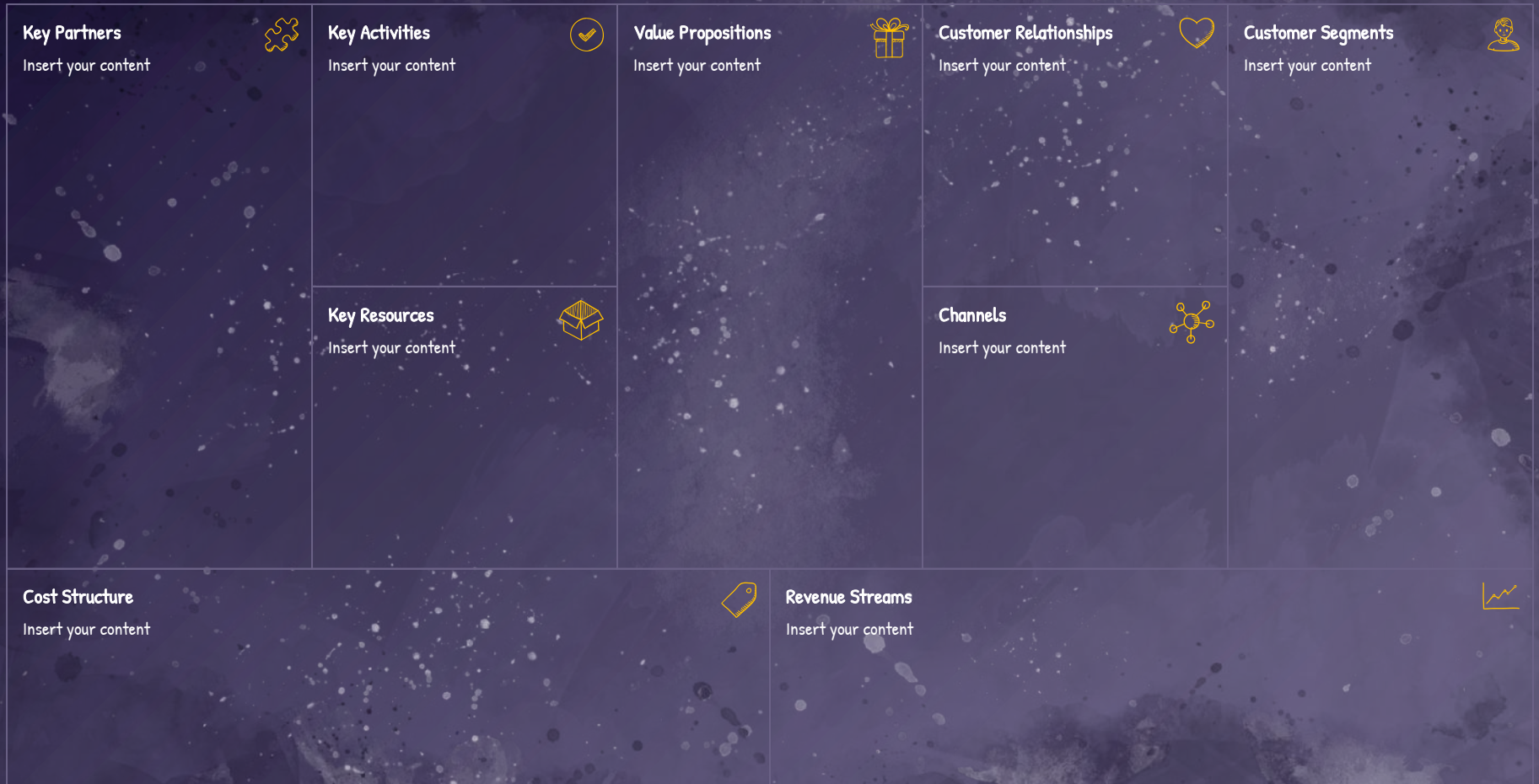
O

White is the color of milk and fresh snow

THREATS

T

Business Model Canvas



Funnel



Team Presentation



Imani Jackson

JOB TITLE

Blue is the colour of the clear sky
and the deep sea



Marcos Galán

JOB TITLE

Blue is the colour of the clear sky
and the deep sea



Ixchel Valdía

JOB TITLE

Blue is the colour of the clear sky
and the deep sea

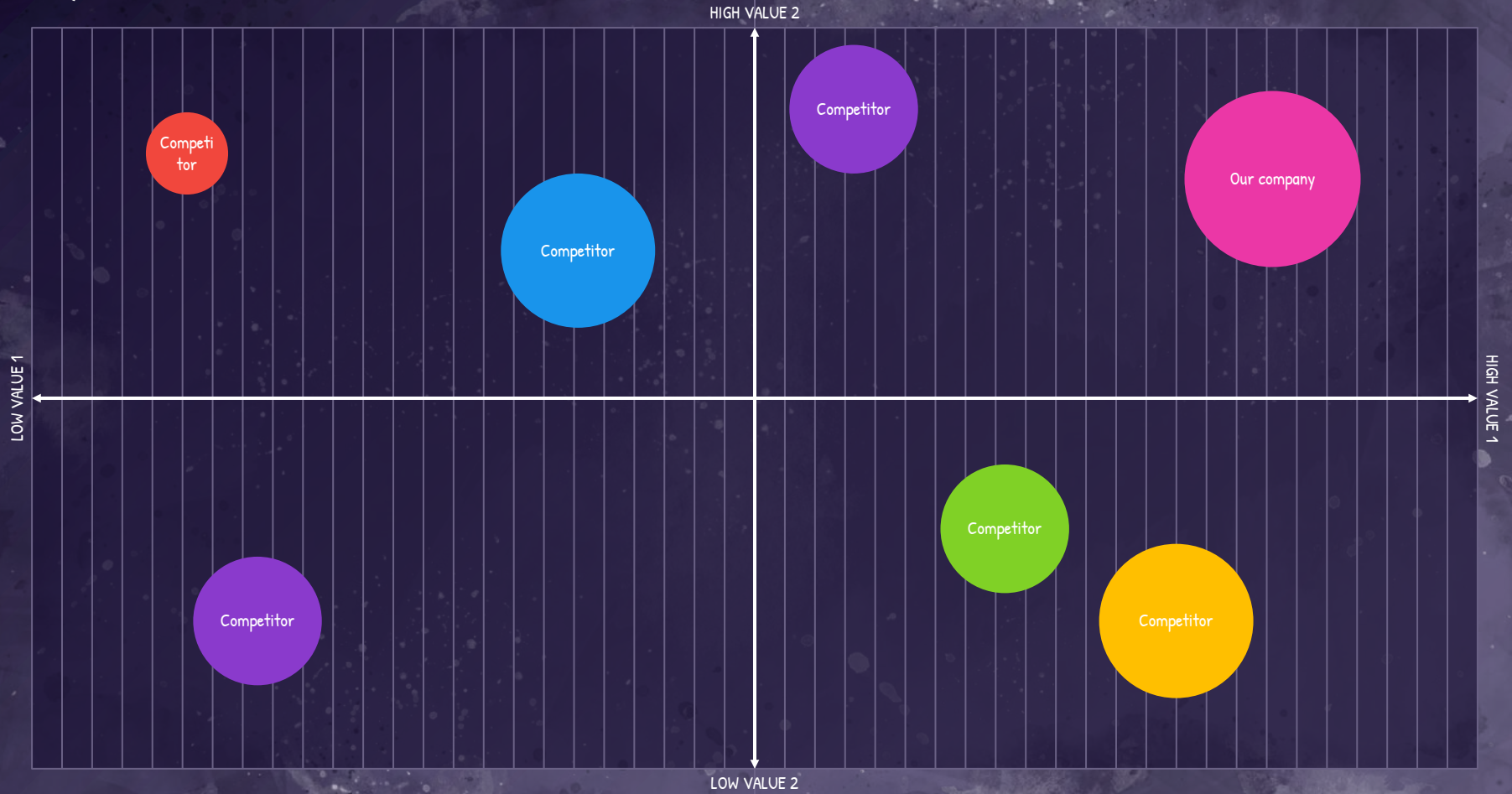


Nils Årud

JOB TITLE

Blue is the colour of the clear sky
and the deep sea

Competitor Matrix



Weekly Planner

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9:00 - 9:45	Task	Task	Task	Task	Task	Task	Task
10:00 - 10:45	Task	Task	Task	Task	Task	Task	Task
11:00 - 11:45	Task	Task	Task	Task	Task	Task	Task
12:00 - 13:15	Free time	Free time	Free time	Free time	Free time	Free time	Free time
13:30 - 14:15	Task	Task	Task	Task	Task	Task	Task
14:30 - 15:15	Task	Task	Task	Task	Task	Task	Task
15:30 - 16:15	Task	Task	Task	Task	Task	Task	Task



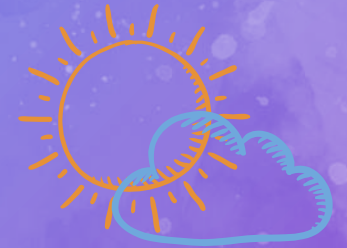
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Diagrams and infographics



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