

Preventing a pressure ulcer during labour and after delivery

A guide for parents

A pressure ulcer (also known as a bedsore or pressure sore) is an injury to the skin and underlying tissue, caused by prolonged pressure on the skin by anything, but most commonly during delivery, it's a surface such as a mattress or a medical device such as a urinary catheter.

This can happen to anyone, and women who are in labour are particularly at risk for a number of reasons and changes that happen to women in labour.

Pressure ulcers can affect any part of the body but are most common on bony parts such as coccyx (base of spine), hips, heels and elbows. They can occur in a few hours.

Early signs of a pressure ulcer include:

- Spot of skin becoming discoloured – this may appear red, purple or blue.
- Discoloured patches will not turn white when pressed need to be elevated.
- A patch of skin that feels warm, spongy or hard, or painful.

Later signs of a pressure ulcer include:

- An open wound or blister (category two pressure ulcer)
- A deep wound that reaches the deeper layers of skin (category three)
- A very deep wound that may reach the muscle and bone (category four pressure ulcer)

Preventing pressure ulcers during delivery

People often associate pressure ulcers with the elderly population, however pressure ulcers can occur in anyone at any age who has a prolonged period of immobility, has medical devices attached to them or their sensation is altered due to medications, epidurals or anaesthetic.

Skin damage during labour usually occurs in four ways:

- **Pressure** – as a result of sitting or lying for too long without moving or a device such as a catheter, IV lines, oxygen tubing.
- **Shearing/friction** – similar to a carpet burn, this can occur when moving around the bed on the bedsheets.
- **Moisture** – moisture such as amniotic fluid (your waters breaking), urine and sweat can cause moisture damage, giving a 'chapped' appearance.

Changing position

Moving and regularly changing your position particularly when you have an epidural is the most important element of pressure relief. The reduced sensation means you don't feel the prolonged pressure like you normally would. Just a tilt (around 30 degrees should do) or roll to one side helps to relieve the pressure.

Please make sure you are not sat on any uncushioned parts of our delivery beds, folded over sheets or medical device lines, ask your midwife if you are unsure.

You should aim to tilt or change your position hourly if you have an epidural or if you've had a spinal anaesthetic and your midwife will help to remind you.

You may also be given training and advice about better sitting and lying positions, how you can adjust your sitting and lying positions.

If you have a catheter, make sure you are not sat or lay on the tubing, this should rest above your leg usually on your thigh.

Mattresses and Cushions

If you're particularly at risk of getting pressure ulcers or have an ulcer, your midwife or tissue viability nurse will recommend a specially designed static foam or dynamic mattress or if you're really at risk you'll need a more sophisticated mattress or bed system, such as a mattress connected to a pump that delivers a constant flow of air into the mattress, but this will after you have delivered your baby.

Your midwife will help you to prevent pressure ulcers by:

Helping or reminding you to change position every hour if you have an epidural or have had a caesarean section until you can move around yourself.

Helping you to get out of bed after 6 hours after your delivery if you have had a caesarean section, ventouse or forceps delivery – even if your catheter is still in.

Removing your catheter as soon as clinically possible after you have delivered your baby. Making sure your catheter is not under your leg or bottom.

Assessing your risk levels when you arrive at the hospital and at regular intervals throughout your stay.

Diet and Nutrition

Eating a healthy, balanced diet that contains enough protein and a good variety of vitamins and minerals can speed up the healing process.

If your diet is poor, you may need to see a dietitian. They can draw up a suitable dietary plan for you.

It's also important to drink plenty of fluids to avoid dehydration, because being dehydrated can slow down the healing process.

Diabetes

If you have diabetes, it's important that your blood sugar is well controlled – having high blood sugar can increase the chances of having a pressure ulcer or wound infection as this condition slows down the healing process.

In summary

Not every woman in labour will develop a pressure ulcer; however, there are certain procedures and medical devices which can increase your risk. Our midwives on the delivery suite will help and support you to reduce this risk and prevent pressure ulcers.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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