Common myths about grooming before delivery

Myth 1: You must remove all pubic hair before labor

Fact: Complete pubic or perineal hair removal is not routinely required before labor. Pubic hair is a normal anatomical feature, and its presence does not mean that the vulva or perineum is unclean. In a supervised hospital delivery, clinicians use appropriate infection-prevention measures regardless of whether a patient has shaved, trimmed, or left their hair unchanged.

Hair removal may be discussed in specific circumstances, but that is different from a universal requirement. For example, a clinician might need access to a particular area for a procedure, or a planned operation may involve a surgical field that requires site-specific preparation. In those situations, the maternity team should explain what is needed and who should perform it. Self-directed removal is not automatically safer or more effective.

Feeling pressure to remove hair for the sake of appearance is understandable, especially when birth is already associated with vulnerability and loss of privacy. However, there is no medical obligation to alter your pubic hair simply because you are giving birth. A birth team’s focus is clinical safety, comfort, consent, and respectful care-not cosmetic grooming.

Myth 2: Shaving prevents infection and makes birth more hygienic

Fact: The available evidence does not demonstrate a clear clinical benefit from routine perineal shaving on admission in labor. A review of the practice found insufficient evidence to recommend routine shaving and no convincing improvement in outcomes. Earlier clinical literature also described shaving of vulval, pubic, and perineal hair as unnecessary for supervised hospital deliveries.

Shaving can create microscopic abrasions, razor burn, folliculitis, or small cuts. These disruptions to the epidermal barrier may cause discomfort and can provide opportunities for bacterial entry. The risk may be greater when shaving is hurried, performed with a dull razor, repeated over already irritated skin, or done without adequate visibility. Hair regrowth can also produce itching and stubble-related discomfort during the early postpartum period.

Infection prevention during birth depends on evidence-based measures such as hand hygiene, sterile technique when required, appropriate skin antisepsis for procedures, clean equipment, and timely assessment of clinical concerns. Removing hair from a healthy perineum does not substitute for these measures. If a procedure requires hair removal, clinical staff can determine whether it is necessary and use an appropriate method.

Myth 3: Waxing is better than shaving because it lasts longer

Fact: Waxing may last longer than shaving, but longer-lasting hair removal does not make it medically preferable before delivery. Waxing can cause erythema, follicular inflammation, superficial skin trauma, contact dermatitis, or burns if the wax is too hot. The vulvar and perineal areas are particularly sensitive, and late-pregnancy skin may be more difficult to examine or handle comfortably.

Waxing also involves traction on the skin and may be painful when positioning is difficult. If performed in a salon, hygiene standards and the experience of the practitioner matter. Even when a service is professionally provided, the procedure remains elective and offers no established obstetric advantage. It is reasonable to avoid starting a new waxing routine shortly before the estimated due date, when any irritation could coincide with labor or postpartum

procedures.

If you already wax and experience persistent redness, swelling, significant pain, blisters, drainage, or worsening tenderness, contact your maternity clinician for advice. These findings should not be assumed to be a normal grooming reaction, particularly if they develop close to labor. Avoid applying unrecommended antiseptics, topical antibiotics, or fragranced products without professional guidance.

Myth 4: Depilatory creams are a safe alternative during pregnancy

Fact: Chemical depilatories are not automatically risk-free simply because they do not use a razor. Products commonly contain chemicals that break down the keratin structure of hair. On sensitive or compromised skin, they may cause irritant contact dermatitis or an allergic reaction. Products formulated for the legs or body may not be suitable for the vulva, mucosal tissue, or perineum.

Pregnancy can alter skin sensitivity, and the practical challenge of rinsing a product completely from a difficult-to-reach area increases the possibility of irritation. Applying cream over recently shaved, scratched, inflamed, or infected skin can intensify the reaction. Product instructions and local maternity guidance should be followed carefully, but a package label is not a substitute for advice when the intended area is the genital region.

Do not use depilatory cream internally or on mucosal surfaces. Stop and rinse according to the product instructions if burning occurs, and seek clinical advice for severe pain, swelling, blistering, breathing difficulty, or widespread rash. When in doubt, leaving the hair alone is the lowest-intervention option.

Myth 5: You should shave immediately before a caesarean birth

Fact: Patients should not routinely shave the lower abdomen or bikini line before a planned caesarean birth unless their surgical team specifically instructs them to do so. Patient guidance from Hamad Medical Corporation advises against this practice because shaving can irritate the skin and may increase infection risk. A cut, abrasion, or inflamed follicle near the proposed incision can create a reason for the team to reassess the skin before

surgery.

If hair removal is clinically necessary for an operative field, hospitals commonly prefer staff-controlled preparation using appropriate equipment and timing. The exact approach varies according to the operation, incision location, local protocol, and skin condition. This is why instructions from your obstetrician, midwife, anesthetist, or hospital pre-admission service should take precedence over general online advice.

Do not interpret a planned caesarean as a reason to perform extensive cosmetic grooming. Avoid shaving over the surgical area shortly before admission, and tell the team if you have recently shaved, waxed, used a depilatory, or developed a rash. This information helps them plan safely without blame or embarrassment.

Myth 6: A neat appearance makes procedures such as assisted delivery easier

Fact: Hair length or grooming style does not determine whether clinicians can provide appropriate care during vaginal birth. If an unexpected procedure becomes necessary, including an assisted vaginal delivery, the team will assess the anatomy, explain the indication when circumstances allow, and use suitable preparation. The presence of pubic hair is not a barrier to clinical decision-making.

Some people worry that not shaving will make examination, suturing, or management of a perineal tear impossible. In practice, clinicians are trained to work with normal anatomical variation. If a repair or another procedure is needed, local protocols and sterile technique guide the preparation. Removing hair in advance does not guarantee an easier procedure and may instead leave tender or abraded skin.

Birth can involve situations that cannot be predicted in advance. A supportive birth plan can state preferences about privacy, explanations, consent, and the involvement of support people, but it cannot require cosmetic preparation as a condition of receiving care. You are entitled to respectful communication whether or not you have groomed.

What practical preparation is usually reasonable?

For most people, simple external hygiene is sufficient. Wash the external genital area gently with lukewarm water and, if desired, a mild fragrance-free cleanser that you already know your skin tolerates. Avoid vaginal douching, perfumed sprays, deodorants, harsh scrubs, and antiseptic products unless specifically recommended by a clinician. These products can disturb the local environment and worsen irritation.

If you want to trim hair for personal comfort, use caution and avoid trying to achieve a very close shave. Good lighting, a clean personal trimmer, and avoiding the inner vulva and perineal skin may reduce mechanical irritation, but trimming is optional. Do not groom when you cannot see the area safely, when your balance is impaired, or when the skin is inflamed. Ask a trusted person only if you genuinely want assistance, and remember that declining grooming is equally acceptable.

Near term, prioritize practical comfort: clean underwear, any hospital documents, prescribed medications according to your existing plan, and knowledge of how to contact your maternity unit. If you have a scheduled procedure, confirm preparation instructions directly with the hospital rather than relying on informal advice. Ask whether there are restrictions on lotions, oils, creams, or shaving around the operative site.

When to contact your maternity team

Grooming-related irritation is often minor, but pregnancy and the peripartum period warrant appropriate caution. Contact your maternity clinician if you develop spreading redness, marked swelling, pus or other drainage, fever, severe pain, extensive blistering, or rapidly worsening symptoms. These signs may require assessment and should not be attributed automatically to routine razor irritation.

Ask for individualized guidance if you have diabetes, immunosuppression, recurrent folliculitis, eczema, psoriasis, a history of contact allergy, or a planned caesarean or perineal procedure. These factors may affect skin integrity and the safest preparation plan. If labor begins after recent waxing or shaving, tell the admitting team about any cuts, rash, or tenderness.

It is also appropriate to seek support if grooming expectations are causing anxiety. A midwife or obstetric clinician can distinguish genuine clinical instructions from myths and help you make a preference-sensitive decision. You do not need to apologize for your natural body or for choosing not to groom.