We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact the Head of Midwifery, Buckinghamshire Healthcare NHS Trust, Stoke Mandeville Hospital, Mandeville Road, Aylesbury, Buckinghamshire, HP21 8AL.

For more information:
https://www.rcog.org.uk/en/blog/perineal-tearing-is-a-national-issue-we-must-address/
http://www.cochrane.org/CD005123/PREG_antenatal-perineal-massage-for-reducing-perineal-trauma

Approvals:

How can I help to reduce Healthcare Associated Infections?
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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What happens during the birth of my baby?
As you are giving birth, your perineum (the part of your body between the opening to your vagina and back passage) will stretch to allow your baby to be born. Most women (90% or 90 in 100) tear to some extent during childbirth, especially when giving birth for the first time, but you do not always need to have stitches. Even if you do not tear, there will be some bruising and tenderness.

What type of tears can occur during childbirth?

- Labial tears: mostly superficial skin breaks which heal naturally, but if they are bleeding or occur on both sides they should be stitched.
- First degree tears: very small tears of the perineum, involving only the skin, which usually heal naturally.
- Second degree tears: deeper tears affecting the muscle of the perineum as well as the skin. These will require stitches.
- Third degree tear: extends downward from the vaginal wall and perineum to the anal sphincter, the muscle that controls the anus.
- Fourth degree tear: extends to the anal canal and maybe into the rectum.

NOTE: Third and fourth degree tears are less likely to occur than first and second degree tears. For first time mums they occur in up to 6% (6 in 100) women; and in second or subsequent births, approximately 2% (2 in 100).

Can anything be done to prevent tears?

In Pregnancy: Research has shown that massaging the perineum in the last few weeks of pregnancy may reduce the chance of tearing. Ask your midwife for more details about perineal massage.

During Birth: Slow, gentle birth of your baby’s head may prevent tears. Your Midwife will guide you and may manually support your perineum. Each woman is different and it is hard to predict whether or not you will tear.

Your follow-up care after a third or fourth degree tear
You will be offered a follow-up appointment in our Perineal Clinic with a specialist Midwife at the hospital 6-12 weeks after your delivery to check that your stitches have healed properly. This appointment offers you the opportunity to discuss any concerns that you may have.

You will also receive an appointment with a specialist Physiotherapist for more intensive muscle training.

Data protection
Your personal details are kept confidential and used to plan your care. Information about you may be used for audit purposes and shared within the NHS. Your consent is required for this and you have a legal right to refuse.
Pain-relieving medicine: You will be offered pain-relieving medicine such as paracetamol or ibuprofen to help with any discomfort. It is advisable to take these regularly in the first few days.

Laxatives: You will be advised to take laxatives twice a day for 7-10 days to make it easier and more comfortable to open your bowels. It is important that you avoid getting constipated after the operation as it may cause the repair to breakdown during straining. You can increase this to three times a day or you can reduce or stop it if your stools are soft and if you are able to achieve this without too much straining. The treatments offered will not prevent you from breastfeeding.

Sutures: The sutures are dissolvable however they can take up to three months to completely dissolve. You may notice them as they fall out and sometimes they can irritate as they heal but this is normal.

When can I go home if I sustained a third or fourth degree tear? As soon as you feel ready to do so and your stitches have been checked to see that they are healing properly, you will be able to go home. You should be able to continue with all your usual daily activities and caring for your new baby.

What are the long term effects of a third or fourth degree tear? Most women make a good recovery, particularly if the tear is recognised and repaired promptly.

- It is usual to have some perineal pain and soreness but this should be relieved with simple pain relief such as Paracetamol and Ibuprofen.
- Most women who tear feel worried about having sex; wait until you are ready and use a lubricant gel.
- You may also feel urinary urgency or a need to rush to the toilet to open your bowels urgently but this should ease over time.
- You may want to avoid strenuous exercise or sexual intercourse until the tear is fully healed.

Each woman is affected differently: please discuss your individual concerns with your Midwife or a Doctor.

Most of the time, a third or fourth degree tear cannot be prevented as it cannot be anticipated. However, it is more likely if:

- this is your first vaginal birth
- you are of South Asian origin
- your second stage of labour (the time from when the cervix is fully dilated to birth) is longer than expected
- you require forceps or ventouse to help birth your baby
- one of the baby’s shoulders becomes stuck behind your pubic bone, delaying the birth of the baby’s body, which is known as shoulder dystocia
- you have a large baby (over 4 kg or 8 pounds and 13 ounces)
- you have had a third or fourth degree tear before

What is the difference between an episiotomy and a tear? A tear happens spontaneously as the perineum stretches during birth. An episiotomy is a cut to the perineum that is sometimes made by a doctor or midwife to make more space to deliver the baby. It is unclear whether an episiotomy will prevent a third or fourth degree tear from occurring during a normal vaginal birth. An episiotomy only be performed if necessary, and with your consent.

If you have an assisted birth (ventouse or forceps), you are more likely to have an episiotomy as it may reduce the chance of a third or fourth degree tear occurring.

How are tears and episiotomies repaired?

- Tears and episiotomies are repaired with stitches (sutures) that hold the edges of the wound together so healing can take place.
- The stitches will be put in by a midwife or doctor.
- A local anaesthetic will be used to numb the area unless you already have an effective epidural.
- The material used for stitches will dissolve gradually so that you do not usually have to have your stitches removed.
- If required, you will be given pain relieving, anti-inflammatory medicine during your stay and to take home. This medicine will not prevent you from breastfeeding your baby.
If it stings when I pass urine, what can I do?

It is important to drink plenty of water so that your urine is less concentrated. Some women find it helps to pass urine during a bath or shower. Pat the area dry afterwards. Remember to wash your hands before and after touching your perineum.

What can I do to help the tear heal?

- Keep the area clean. Have a bath, shower or use a bidet at least once a day and change your sanitary pads regularly. There is no need to add anything to your bath to promote healing.
- Drink plenty of water and other fluids and eat a healthy, balanced diet including fruit, vegetables, cereals and wholemeal bread and pasta. A healthy balanced diet will give you iron and vitamins to promote healing and it will prevent you becoming constipated.
- Regular pain relief will enable you to move more easily; walking helps prevent stiffness and reduce swelling.

Will pelvic floor exercises help after birth?

Yes, pelvic floor exercises are very important as these will increase the circulation of blood to the area and aid the healing process. They will also help you to regain the muscle tone preventing incontinence. These exercises can be started immediately and are very easy to do. You should begin by trying to tighten the area, squeezing all the muscles in the vagina and around the anus for the count of 10, repeating 10 times.

More information about pelvic floor exercises can be found in your postnatal guide that you receive at 36 weeks pregnant.

How can I prevent infection in the tear?

**Always wash your hands before and after** using the toilet, changing your sanitary pad or touching your stitches. This will reduce the risk of infection. This is especially important if you have a sore throat or chest infection, or are in close contact with someone who has.

It is important that your Midwife checks your stitches at each postnatal visit to ensure it is healing and no infection is present.

Seek advice early from your Community Midwife or GP if:

- Your stitches become increasingly painful, swollen or there is an offensive smell
- If you think your stitches have opened
- If you are not able to pass urine
- You cannot control your urine, bowels or wind
- You have urinary urgency or faecal urgency (need to rush to the toilet to open your bowels)

How might a tear affect future births?

It is very unlikely that a perineal tear will prevent a subsequent vaginal birth. If your tear has healed completely and if you do not have any symptoms from the tear, then you should be able to have a vaginal birth. Your Midwife or Obstetrician will discuss this with you at your follow-up appointment or early in your next pregnancy.

What happens if you sustain a third or fourth degree tear?

If your Midwife or Obstetrician suspects a third or fourth degree tear you will have a detailed examination of your perineum and anus. The obstetrician will confirm the extent of the tear and provide you with information about further management. You will need an anaesthetic; usually an epidural or a spinal anaesthetic (to numb you below the waist) but occasionally this may be a general anaesthetic. The Obstetrician will then suture (stitch) the damaged anal sphincter and the tear in an operating theatre. The advantage of doing this in the operating theatre is that there is pain-relief, a good light source, appropriate surgical instruments and the repair is performed under sterile conditions. There may be a delay in performing your repair if the doctor or Labour ward is busy.

Management following repair of a third or fourth degree tear

A drip in your arm will give you fluids until you feel able to eat and drink. A catheter (tube) in your bladder will drain urine until you feel able to walk to the toilet. The Midwives will want to measure the amount of urine you pass the first few times to make sure all is well.

Antibiotics: You will be advised to take a course of antibiotics for a week to reduce the risk of infection because the stitches are very close to the anus.