How can I help to reduce Healthcare Associated Infections?
Infection control is important to the wellbeing 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 rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming into and after leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk

If you require an interpretation of this leaflet please contact your midwife
This leaflet has been written to help you understand the type of perineal tear you have sustained during the birth of your baby. It will explain how this was repaired and what should be done in the postnatal period to help with healing.

**What are the types of tears during childbirth? What are third/fourth degree tears?**

Most women giving birth vaginally will sustain some tears or grazing to the perineum (the area between the vaginal opening and the anus/back passage). They may be:

**First degree tears**—small, skin-deep tears which usually heal naturally.

**Second degree tears**—deeper tears affecting the muscle of the perineum as well as the skin. These usually require stitches.

**Third degree tear**—this is a tear between the vagina and the anal canal (back passage) involving the muscles that surround the anus known as the anal sphincter (the muscle that controls the anus).

**Fourth degree tear**—extending to the anal canal as well as the rectum (further in to the back passage and into the lower bowel).

The incidence of third/fourth degree tears at our Trust is approximately 3% (3 in 100 women)

**Can anything be done to prevent a third or fourth degree tear?**

In most situations a third or fourth degree tear cannot be prevented because it cannot be anticipated. There is no evidence that a planned episiotomy prevents a third or fourth degree tear occurring.

**Please note**

This leaflet explains some of the most common side-effects that some women may experience. However, it is not exclusive. If you experience other side-effects and want to ask anything else related to your treatment please speak to your GP.

**Useful contact numbers**

Perineal Clinic 01296 316140 (Stoke Mandeville Hospital)
01494 425569 (Wycombe Hospital)

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:

Head of Midwifery
Women & Children’s Directorate
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
Your follow-up appointment:
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.

What will happen in my next pregnancy?
If your tear has healed completely and if you do not have any symptoms from the perineal tear, then you should be able to have a vaginal birth. Most women have normal vaginal births without any further problems including a further third or fourth degree tear. Your obstetrician will discuss this with you at your follow-up appointment or early in your next pregnancy. Planned episiotomy during next childbirth has unproven benefits.

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.

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 made by a doctor or midwife to make more space to deliver the baby.

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 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 the repair
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.

Pain-relieving drugs: You will be offered pain-relieving drugs 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 three times a day or even reduce it if your stools are soft and if you are able to achieve this without too much straining. None of the treatments offered will prevent you from breastfeeding. 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?
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. You may not want to undertake any strenuous exercise until the area has healed.

Contact your midwife or general practitioner if:
• your stitches become more painful or smell offensive;
• you cannot control your waterworks or bowels or flatus (passing wind);
• you have any other worries or concerns.

What can I do to speed up healing of the tear?
Keep the area clean. Have a bath or a shower at least once a day and change your sanitary pads regularly (wash your hands both before and after you do so). This will reduce the risk of infection.

Drink at least two litres of water every day and eat a healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta). This will ensure that your bowels open regularly and prevent you from becoming constipated. Regular pain-relief will enable you to move more easily; walking helps prevent stiffness and reduces swelling.

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.
• Most women who tear feel worried about having sex; wait until you are ready and use a lubricant gel.
• You may also feel a need to rush to the toilet to open your bowels urgently but this should ease over time.

Each woman is affected differently: please discuss your individual concerns with your midwife or doctor.

Will pelvic floor exercises help?
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.

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