

Perineal Care (for childbirth tears)

What happens during the birth of your 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. The healing can occur over 7-14 days.
- 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 or see the leaflet titled “Antenatal Perineal Massage”.

During Birth: During labour and birth keep mobile or sit in an upright position. Gravity will help your baby move downwards in the birth canal. Try to choose a position that is comfortable.

Your midwife may offer to put warm compresses on your perineum during the second stage of labour as your baby’s head begins to stretch your perineal area.

During the birth your midwife will encourage you to breathe slowly to control and slow the birth of your baby’s head and shoulders. This can reduce the risk of severe perineal trauma by up to 50%.

Your midwife or the doctor will talk to you if they think you need an episiotomy (cut to the perineum—see below). If you need forceps to deliver your baby then you will be recommended to have an episiotomy to make more space. Your consent will always be obtained before any procedure. Specially designed surgical scissors (Episcissors) are used which reduce the risk of third and fourth degree tears. Your perineum will need to be stitched afterwards and you will be given local anaesthetic before sutures are applied.

Every woman is different and it is hard to predict whether or not you will tear.

It is hard to predict what will cause a third or fourth degree tear, but there are some things that increase the risk. These include:

- Having a large baby (more than 4kg / 8.8lbs)
- A quick labour and birth, because there is less time for your perineal muscles to stretch
- A long pushing (second) stage of labour, because your perineal muscles get tired
- Your baby's back lying towards yours (back-to-back)
- Having a forceps birth, because of the extra space needed to insert the forceps
- Difficulty with your baby's shoulders being born (shoulder dystocia).

What is the difference between an episiotomy and a tear?

A **tear** happens spontaneously as the perineum stretches during birth.

An **episiotomy** is a surgical cut to the perineum that is sometimes made by a doctor or midwife to make more space to deliver the baby.

You will have an episiotomy only if you consent and it is needed to help you and/or your baby. About 8 in 100 (8%) of women in the UK giving birth vaginally have an episiotomy. If you have one you will be given a pain relief injection to numb the area before the episiotomy is performed.

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 have already had an effective epidural.
- The material used for stitches will dissolve gradually (over 10 – 14 days) 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 you pass urine, what can you do?

It is important to drink plenty of water so 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 you can do to help the tear heal?

- Keep the area clean. Have a bath, shower or use a bidet or a bowl, 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 the birth?

Yes, pelvic floor exercises are very important as these will help increase the blood supply to the perineal area and aid the healing process. They will also help you to regain the muscle tone preventing incontinence. These exercises can be started as soon as you can 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 received at 36 weeks of your pregnancy.

How can you 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 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 or discharge
- You think your stitches have opened
- You are not able to pass urine
- You cannot control your urine, bowels or wind
- You have urinary urgency (sudden need to pass urine) 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 completely healed and 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. Suturing of the damaged anal sphincter and tear will take place 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.

Care 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 ensure 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 medicine: You will be offered pain-relieving medicine such as Paracetamol or a non-steroidal anti-inflammatory medicine (NSAID) such as 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 you avoid getting constipated after the operation as it may cause the repair to breakdown during straining. You can increase the laxative dose to three times a day or you can reduce or stop it if your stools are soft and you can 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 you go home if you 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 a non-steroidal anti-inflammatory medicine (NSAID), such as Ibuprofen to help with any discomfort. such as 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. This can take up to 6-8 weeks.
- You may want to avoid strenuous exercise or sexual intercourse until the tear is fully healed.

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

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 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.

For more information:

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-third--or-fourth-degree-tear-during-birth.pdf>

http://www.cochrane.org/CD005123/PREG_antenatal-perineal-massage-for-reducing-perineal-trauma

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

Approvals:

Maternity Guidelines Group: Apr 08, V4 May 2011, Feb 2012, V5 Jan 2013, V6 Jun 2016, V7 Jul 2019, V8 May 2023

Divisional Board/O&G SDU: Aug 08, V4 June 2011, V5 Jan 2013, V6 Jul 2016, V7 Oct 2019, V8 21.6.23

Clinical Guidelines Subgroup: V4 Aug 2011, V6 Aug 2016, V7 Dec 2019

MSLC/BMV: Apr 08, V4 Jun 2011, V5 Jan 2013, V6 Aug 2016, V7 Oct 2019, V8 Jan 2023

Equality Impact Assessment: V4 May 2011, V6 Aug 2016, V7 Oct 2019, V8 Nov 2022

Patient Experience Group: V4 Oct 2011, V5 May 2013, V6 Oct 2016, V7 Feb 2020, V8 Aug 2023