



## Perineal Wound Breakdown

### What is perineal wound break down?

During birth up to nine in ten women and birthing people experience some sort of tear, graze or episiotomy (surgical cut). It is common for stitches to be used to repair tears and episiotomies and it is rare for these stitches to come apart.

Sometimes an infection, or bleeding in the wound, creates pressure which causes the stitches to break down and the wound to open. This is called perineal wound breakdown or perineal wound dehiscence.

### What are the signs of perineal wound break down?

In the first few days after birth, your midwife or doctor will regularly offer to check your stitches. Ideally this will be every time you see them. This is a good opportunity to assess healing, and look for early signs of any concerns.

If your perineal wound is starting to break down, you may notice:

- An increase in pain
- New bleeding from your wound
- Pus-like discharge from your wound
- You start to feel generally unwell and may have a temperature/fever
- Some stitch material coming away (your stitches are designed to start falling out after seven days)
- Your wound has opened

If you are worried there is a problem with your stitches you should see your midwife, GP or visit the hospital where you gave birth for an examination. If you feel unwell you should seek same day advice.

### What treatment is offered for perineal wound break down?

Infection is a common cause for perineal wound break down. Your midwife or doctor will examine your wound for signs of infection. They will also take a swab from your wound to check for infection. You may be offered antibiotics.

If there is an infection the wound will not be re-stitched. This is because it can trap infection inside, and infected tissues may not stitch back together well. If there is no infection, or the infection has been treated, the wound may be re-stitched in theatre. You will be advised as to which option is best for you.

Paracetamol, ibuprofen and a cold compress are advised for pain relief.

It is rare for you to need to stay in hospital for treatment.

You will be referred for a follow-up appointment in the midwife-led perineal wound review clinic.

### **What happens in the midwife-led perineal wound review clinic?**

The specialist midwife can follow up any swab results, and confirm whether you need antibiotics. They will examine your wound, checking for signs of infection, and looking for signs of normal wound healing.

The midwife can recommend whether you require any medications to help wound healing.

The midwife will see you regularly until you are happy that your wound has healed and you are ready to be discharged.

### **How do perineal wound break downs heal?**

A wound which has broken down and opened heals by secondary intention. This means new tissue grows and fills in the gap where the stitches were. It will fill and close from the bottom of the wound to the top of the wound. This new tissue can be delicate and red. This tissue will change and mature into a scar. This scar slowly shrinks and fades over several months, but may take up to two years.

The time it takes for healing will vary and depends on where the wound is, how deep the gap was, and how long any infection was present. Perineal wounds which have been re-stitched may heal faster, but they may become infected and break down again.

Once healed, the wound will not break down and open again.

### **What can you do to help your wound heal?**

- Clean your wound daily either in the shower or by taking a short bath, using only water
- Consider cleaning your wound after going to the toilet, either using a bidet or a jug with body temperature water to pour over the area
- Change your maternity pad every few hours. Maternity pads are advised as they are more absorbent, softer and shouldn't have a plastic backing
- Make sure you wash your hands before and after changing your maternity pad, going to the toilet, or cleaning your wound
- Dry the area carefully with a clean towel after cleaning it. Make sure when you clean and dry your wound, you move from front (your vagina) towards your back (bottom)
- Take paracetamol and ibuprofen regularly to help with any pain. If you are unable to take these medications, or need a stronger pain killer, speak to your doctor or midwife about an alternative
- Ice packs can help reduce pain and swelling. You can use an ice pack several times a day if needed, but only use it for about ten minutes at a time. Do not apply ice, or an ice pack, directly to your wound, wrap it in a cloth first.
- Sitting, standing and walking can put pressure on your wound, causing pain. Take regular breaks from being upright. Lying down or lying on your side can take some of the pressure off
- Feeding your baby in a variety of positions can help reduce the pressure on your wound.

## Information for Patients

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You will find your own balance to how much activity you are able to do. Do make sure you continue to move regularly.

It is important to eat well to provide your body with the nutrients needed to heal. A variety of fruit, vegetables, wholegrains and proteins such as meat, fish, and pulses are ideal.

You may find that going to the toilet can be uncomfortable. When you go for a wee (pass urine) you can use a jug and pour body temperature water over the area whilst you wee. Make sure you drink enough to help dilute your wee so it doesn't sting as much.

When you go for a poo (have your bowels open), try to avoid staining. Straining can put extra pressure on your stitches and muscles, and weakens your pelvic floor. Having a poo won't break your stitches. Eat fibre and drink enough water to help soften your poo and avoid constipation. If you had a tear into your anal sphincter muscles, you should have been given laxatives to help soften your poo. Try to wait until you feel an urge to poo. When you sit on the toilet, put your feet on a footstool to raise your knees above your hips as this can help straighten your bowel. Bulge out your tummy by taking big abdominal breaths, which will help expel your poo without straining. If you want you can hold a pad to your perineum when you have your bowels open for comfort. You can start doing your pelvic floor exercises straight after birth. Initially you only need to do gentle squeezes. These will help encourage blood flow to your wound, and reduce swelling, to help healing. You may initially feel after birth that your pelvic floor muscles are not very strong. You may find it hard to do pelvic floor exercises and may feel you have lost sensation. This usually improves with time and continuing your pelvic floor muscle exercises.

It can be a good idea for you or your birthing partner to look at your wound regularly using a small mirror. By checking your wound regularly, you will be able to notice small changes that you need to tell your midwife or doctor about. Ask your midwife or doctor to check your perineum every time they see you.

### **What happens in future births?**

Having experienced wound break down once does not make it any more likely to happen with further vaginal births. If you do have any concerns in any future pregnancies, discuss these with your healthcare professional, so that you can make a birth plan that you are comfortable with.

## Information for Patients

### Organisations offering information and support

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Royal College of Obstetricians and  
Gynaecologists (RCOG)

[Perineal tears and episiotomies in childbirth  
\(rcog.org.uk\)](https://rcog.org.uk)



Bladder and Bowel Foundation:

<https://www.bladderandbowel.org/>



Squeezy

[https://squeezyapp.com/pelvic-health-  
information/](https://squeezyapp.com/pelvic-health-information/)



The MASIC Foundation:

<https://masic.org.uk/>



Birth Trauma Association:

<https://www.birthtraumaassociation.org.uk/>



Pelvic Obstetric and Gynaecological  
Physiotherapists (POGP)

[https://thepogp.co.uk/patient\\_information/def  
ault.aspx](https://thepogp.co.uk/patient_information/default.aspx)



### Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

## Information for Patients

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We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

### Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

### You may want to visit one of our Health Information Centres located in:

- Clinic Entrance Solihull Hospital Tel: 0121 424 5616  
or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

### Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:  
[patientinformationleafletfeedback@heartofengland.nhs.uk](mailto:patientinformationleafletfeedback@heartofengland.nhs.uk)

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://www.iwantgreatcare.org) (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

**If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.**

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).