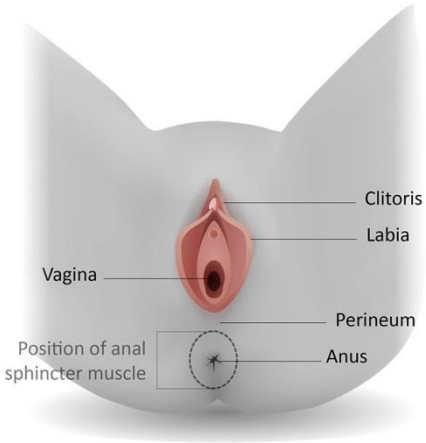
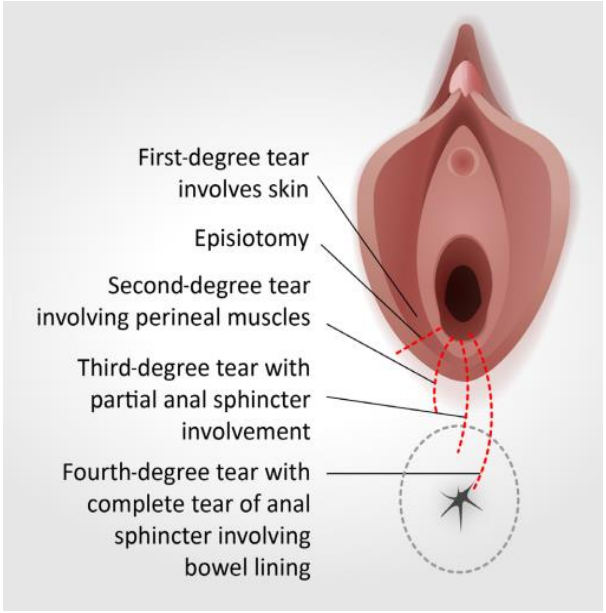
# Information Following a Cut or Tear during Childbirth, including a third or fourth degree Tears

## What are perineal tears?

Up to nine in ten women and birthing people who have a vaginal birth will experience some sort of tear, graze or episiotomy (surgical cut) as their baby stretches the pelvic floor during birth. Tears can occur to your perineum (the muscle between your vagina and your back passage), your vagina, your vulva (including your labia), and to your anal sphincter muscles (the muscles which control your back passage). The most common tears are to your vagina and perineum. Three to four out of 100 women and birthing people will experience tears involving their anal sphincter muscles.



## What are the types of perineal tear?




- **First degree tears** are small, skin-deep tears or grazes. They usually heal quickly and without treatment.
- **Second degree tears** extend into the perineul muscle. It is advised to use stitches to repair them.
- **Episiotomy** is a surgical cut made by a doctor or midwife into the perineul muscle and vagina to make more space for a baby to be born. It is possible for an episiotomy to extend and become a deeper tear. It is advised to use stitches to repair these type of tears.
- **Third and fourth-degree tears** are tears which involve the perineul, vagina and anal sphincter muscles (the two rings of muscles which control the back passage). They can

involve one or both of the sphincter muscles, and can extend into the lining of your rectum (back passage).

Third and fourth-degree tears are also referred to as obstetric anal sphincter injury (OASI) or severe tears.

- **Rectal Button-Hole tears** are very rare. They are tears between the vagina and rectum (back passage). If they are not repaired, wind and faeces (poo) can be passed through the vagina instead of the anus (back passage).

## Will I need stitches?

First degree tears may not require stitches. For all other tears it is advised to have stitches. Most tears can be repaired in the room where you had your baby, but for third and fourth degree tears it is advised to have the repair in theatre, by a doctor. Having stiches can be uncomfortable so your midwife or doctor will ensure you are given pain relief and are comfortable during the procedure. It is your choice whether you would like to have skin-to-skin contact with your baby whilst having stitches.

Having stitches can:

- reduce the amount of blood you will lose from your tear
- minimise the risk of infection to your tear
- help the muscles which have been injured to repair and improve their function
- reduce the risk of long-term pain and pain during sex

## What can I expect afterwards?

Most women and birthing people who experience a tear recover well, although it can take several weeks.

Whilst in hospital you will be provided with pain relief. If you have experienced a third- or fourth-degree tear, you will be provided with a course of antibiotics to reduce the risk of an infection into your wound, and laxatives to help you go for a poo. None of these treatments will prevent you from breastfeeding.

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.

The stitches your midwife or doctor use will dissolve. Most stitches dissolve within seven to ten days, and are fully dissolved by six weeks. You may notice the stitches coming out. If you had a third- or fourth-degree tear, some of the stitches are designed to last longer and will dissolve by around three months after birth.

It is common to experience pain and discomfort. This can feel worse when you have been standing or walking. In the first few days it is common to experience discomfort when you wee or when you have your bowels open. You may feel swollen, and may feel pressure from your stitches.

In the first few days and weeks it can be common to find it difficult to control your wee, wind and poo.

These symptoms will usually improve as your wound heals.

If you have had a complicated, large or third or fourth degree tear, you may be more likely to experience the above symptoms. However, six to eight out of every ten of women and birthing people will have no symptoms one year after birth.

## What can help my wound to 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 your wound. 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. You will find your own balance as 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, 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 can weaken 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. If you want you can hold a pad to your perineum when you have your bowels to help you feel supported.

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.

## When can I have sex?

It is common to feel a little anxious about having sex, particularly if you have had a perineal injury. You are the best person to decide when to start having sex and every woman and birthing person is different. We would advise you to wait until your bleeding has stopped, and if you have had a wound, we would advise to wait until this wound has healed. When you are ready to have sex, it is advised to use contraception such as condoms, use lubrication and try different positions to find one that is comfortable for you.

## When should I contact a healthcare professional?

Whilst your wound is healing you may notice swelling, pain and redness. This can be part of the normal healing process. You may have an infection in your wound if you notice an offensive (horrible) smell or discharge, an increase in pain, an opening in your wound, excessive redness or swelling in and around your wound or if you have a fever or temperature or are generally feeling unwell. If you notice any signs of infection, please tell your midwife or GP. You may need antibiotics. If you are already taking antibiotics a doctor may need to change your antibiotics.

If you have any concerns with how your wound is healing, your midwife, GP or local maternity triage can refer you to a specialist midwife who runs a perineal wound review clinic.
Once your wound as healed, if you continue to feel pain from your wound, pain during sex, difficulties controlling your wind, wee or poo, or any other concerns about your wound, you should speak to your GP. They can refer you for specialist support to help resolve your symptoms.
If you feel that your mental health has been affected by your birth experience or the effects of your tear, speak to your GP or midwife who can refer you to support services.

## Will I have a follow-up appointment?

You should be offered an appointment with a healthcare professional six weeks after you have given birth, to make sure that you are recovering well. If you experienced a third or four-degree tear, you should be given routine follow-up appointments with a physiotherapist and a specialist clinician to review your recovery. These appointments are usually around two or three months after birth.

## Can I have a vaginal birth in future?

For most women and birthing people who have experienced a perineal injury, it is safe to have another vaginal birth in future, if this is their preference. If you are worried about having another vaginal birth, all women and birthing people can choose to have a planned caesarean birth. You can discuss this with your midwife and doctor if you become pregnant again.

# Information for Patients

For women and birthing people who experienced a thirs or fourth-degree tear, they will be offered an appointment with a specialist to help them decide which type of birth they would prefer, either a vaginal birth or a planned caesarean birth.

## Organisations offering information and support

**Royal College of Obstetricians and Gynaecologists (RCOG)**
Perineal tears and episiotomies in childbirth (rcog.org.uk)

**The MASIC Foundation:**

https://masic.org.uk/

**Bladder and Bowel Foundation:**
https://www.bladderandbowel.org/

**Birth Trauma Association:**
https://www.birthtraumaassociation.org.uk/

**Squeezy**
https://squeezyapp.com/pelvic-health-information/

**Pelvic Obstetric and Gynaecological Physiotherapists (POGP)**
https://thepogp.co.uk/patient_information/default.aspx

# Information for Patients

## 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.

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.

## 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

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

- Patient Opinion: www.patientopinion.org.uk
- I want great care: 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.