A third or fourth degree tear of the perineum following vaginal birth

An information guide
A third or fourth degree tear of the perineum following vaginal birth

What are the types of tears?

Most women, up to nine in ten (90%) tear to some extent during childbirth, with most tears occurring in the perineum, the area between the vaginal opening and the anus (back passage). The types of tears are:

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

**Second degree tears** – deeper tears affecting the muscle as well as the skin. These usually need stitches. Unfortunately for approximately nine in 100 women (9%) the tear may be more extensive.

**A third degree tear** extending downwards from the vaginal wall and perineum to the anal sphincter (the muscle that controls the anus).

**A fourth degree** tear extending to the anal canal and involving the rectum.
Can a third and fourth degree tear be predicted?

No, it is not possible to predict or prevent these tears. Research has shown that although an episiotomy (deliberate cut to the perineum) makes more space for the baby to be born, it does not prevent them from occurring. However, there are some factors which may increase the likelihood of a more serious tear, for example if:

- this is your first vaginal birth
- you have a big baby over 4Kg
- labour was induced
- one of your baby’s shoulders becomes stuck behind your pubic bone (shoulder dystocia)
- the length of time in the pushing phase was longer than one hour. You had a forceps or ventouse assisted birth
- you had an episiotomy.
What happens after birth if a third or fourth degree tear is suspected?

Your doctor or midwife will make a thorough inspection of your perineum and anus and explain to you about the surgery required to repair the tear. You will need an anaesthetic which is usually an epidural or spinal, but occasionally a general anaesthetic may be required. The tear will be repaired in the operating theatre by an experienced doctor.

What happens after the repair of the tear?

- **intravenous fluids** will be provided by a drip in your arm until you feel able to eat and drink
- **a catheter** (tube) may be inserted into your bladder to collect urine until you feel able to walk to the toilet
- **pain relieving drugs** such as diclofenac suppositories will be prescribed, together with paracetamol and ibuprofen to relieve any pain you may experience
- **antibiotics** will be prescribed for five days to reduce the risk of infection
- **laxatives** will be prescribed to make it easier to open your bowels.

What can I do to speed up healing of the tear?

**Look after your stitches**

The stitches dissolve on their own in about five to six weeks. Occasionally, they may need to be removed by your community midwife, which can cause some discomfort. Here are some tips to help your perineum to heal and to help you to feel more comfortable:
• take pain relief such as paracetamol on a regular basis for the first few days. While you are in hospital your midwife will be able to give stronger pain relief if you need it

• drink plenty of water to keep your urine dilute. This will also help reduce stinging when you pass urine.

• pour lukewarm water on your perineum when you pass urine. The warm water will dilute the urine so it doesn’t sting the wound.

• change your sanitary towel at least every four hours. Keep your pad in place with generous panties, so it doesn’t move around and cause further irritation. **Do not use tampons**

• pain and swelling may be relieved by cold therapy. You could use the shower head to spray your perineum with cool water, or you could wrap an ice cube in cling film and massage the area for a couple of minutes several times a day. Never sit on an icepack, it will slow the circulation and could give you an ice burn.

• when you get home and have some privacy, you may find relief by lying in bed without a sanitary towel and letting your perineum ‘air dry’.

• it is normal to worry about your stitches when you have your bowels opened. The first few times you have your bowels opened, hold a clean pad against your perineum to protect your stitches, this will stop you feeling as if your stitches will split – don’t worry, they won’t!

• your midwife will give you some medicine which will soften your stools, but you can take a laxative at home if necessary.

• after going to the toilet, always pat the area dry from front to back, to avoid introducing germs from the rectum into the vaginal
area. You could use a bidet/shower or shallow bath after going to the toilet to thoroughly clean the area and avoid infection.

**Eat well and look after your body**

Eat a healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta) and drink plenty of water to help healing and keep your stools soft. Do not smoke, as smoking prevents your wound from healing in a variety of ways:

- the carbon dioxide in cigarettes reduces the amount of oxygen circulating in the tissues
- smoking causes blood in the capillaries to clot which prevents healing
- nicotine reduces the blood supply and nutrition to healing tissue
- poorly healing wounds can lead to prolonged pain, infection and delayed healing
- poorly healed wounds result in unsightly scar tissue and further surgery may be necessary.

**What about having sex?**

Your stitches should have healed three to four weeks after the birth. If the stitches have not healed or continue to be uncomfortable, seek help from your midwife or doctor. It is quite safe to have sex when you feel ready, but remember the need to use contraception even if you are breastfeeding.

In the first weeks and even months after the birth some women have no desire for sex at all, this is completely normal. Just a cuddle with your partner is enough. However, some couples are ready to resume a sexual relationship, this is perfectly normal too. The first few times you have sex you may need to use a lubricating jelly and try out different positions to find one that is comfortable for you.
Don’t be surprised if sex feels different physically and emotionally, as the relationship with your baby is very intense and time consuming which leaves you tired. All these things will improve with time.

**What are the possible long term effects of a third or fourth degree tear?**

Most women make a good recovery. During recovery some women may have:

- pain or soreness
- fears and apprehension about having sex (see above)
- a feeling that they need to rush to the toilet to open their bowels urgently
- fear about future pregnancy and birth
- very rarely, a fistula (hole) may develop between the anus and the vagina. This can be repaired by further surgery.

**If I am concerned about anything, what do I do?**

You should contact your midwife, GP or health visitor who may refer you to a women’s health physiotherapist or other health professional for specialist advice if any of the following occur if:

- your stitches become more painful or smell offensive – these may be signs of infection
- you cannot control your bowels or passing wind
- you feel a rush to go to the toilet to open your bowels
- you have any other worries or concerns.
**Will I have a follow-up appointment?**

You will be given a follow-up appointment in a consultant clinic or a specialist perineal clinic 6-12 weeks after birth to check that your stitches have healed properly, that your bladder and bowel functions are normal and to give you the opportunity to ask any questions.

**Can I have a vaginal birth in the future?**

This depends on a number of factors. Your obstetrician, midwife or physiotherapist may be able to discuss this with you at the follow-up appointment or early in your next pregnancy. If the tear has healed completely and you are not having any problems then you should be able to have a normal birth.

This information is based on the Royal College of Gynaecology (RCOG) patient information leaflet 'A third or fourth degree tear during childbirth'2008. And The Pennine Acute Trust Guideline ‘Guidelines for Perineal Suturing including 3rd & 4th degree tears’ V3.2.
Postnatal Exercises

Postnatal exercises are especially important after a third and fourth degree tear so you should start as soon as possible after birth. The exercises will help healing by increasing the blood supply to the area and will also help your pelvic floor regain its tone and control thus minimising problems in later life. Weak pelvic floor muscles can result in:

- stress incontinence – leakage of urine from the bladder when you cough, laugh, sneeze, run or exercise
- urgency and urge incontinence – difficulty “holding on” or leaking on the way to the toilet
- frequency – needing to go to the toilet very often
- prolapse of the pelvic organs.

How do I do pelvic floor exercises?

The pelvic floor is a group of muscles surrounding the openings of the pelvic organs so the best way to do a pelvic floor exercise is:

- tighten around the back passage (as if you are stopping yourself passing wind) and then bring that feeling forwards as if you are stopping yourself passing urine. Feel the muscles lift upwards and inwards. Try to maintain this hold for as many seconds as you can (maximum of 10). Repeat the exercise as many times as you can (maximum of 10)
- repeat the exercise this time squeezing and releasing straight away, as many times as you can (maximum of 10)
- try to avoid squeezing your buttocks, holding your breath, moving your face or clenching your teeth
- this is a ‘secret exercise’ so nobody should be able to tell you are doing it
• do not do your pelvic floor exercises while you are passing urine.

How do I know if I am doing them right?
If you are doing the exercise correctly your perineum (the bit of skin between your vagina and back passage) should lift slightly as you squeeze. You can check this by resting your fingers on your perineum as you carry out the exercise. You should try to carry out your pelvic floor exercises between 3 and 4 times each day.

When should I get help?
Seek help if you find that you leak urine when you cough, sneeze, laugh or lift and you have tried pelvic floor exercises without this helping. Please note that urinary incontinence is quite common following birth but tends to resolve within a few weeks. Ask your midwife, obstetrician, GP or health visitor to refer you to a specialist women’s health physiotherapist or a continence nurse if the problem is unresolved six weeks after the birth.
Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

*Ask 3 Questions is based on Shepherd H, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options. A cross-over trial. Patient Education and Counseling, 2011;84:271-8."

http://www.advancingqualityalliance.nhs.uk/SDM/
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

Jeżeli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy proszę skontaktować się z załogą Ethnic Health pod numerem telefonu 0161 627 8770

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