

# Perineal Trauma following Vaginal Birth (Tear or Episiotomy)

An information guide



# Perineal trauma following vaginal birth (tear or episiotomy)

The majority of women having a vaginal birth will have some degree of perineal injury during childbirth; this may be a tear, or an episiotomy. This leaflet tells you what to expect, what your midwife and doctor will do to help you recover and how you can look after yourself after the birth.

## What is a perineal tear?

Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage). Tears can also occur inside the vagina and in the labia (lips of the vagina).

**First degree** tears are small, skin-deep tears which heal naturally. A few women may require stitches.

**Second degree** tears are deeper tears, affecting the muscle layer of the perineum as well as the skin. These require stitches. Second degree tears do not usually cause any long-term problems. Unfortunately one to ten in a hundred women have a more extensive tear known as a **third or fourth degree tear**. These will not be discussed here as there is a separate leaflet available. However, if you want to know more you can ask your midwife or doctor.

## What causes the perineum to tear?

For many women there is no clear reason; however the risk of tearing can be increased when:

- This is your first vaginal delivery.
- There is a very long or very short second stage of labour (pushing stage).
- You have a large baby (more than 4kg / 8lb 13oz).
- Your labour needs to be started for you (induction of labour).

## **What is an episiotomy?**

An episiotomy is a deliberate cut made through the vaginal wall and perineum (an area of skin and muscle between the vagina and the anus) to make more space to deliver the baby.

In the past, up to 90% of women in labour in the UK had episiotomies. Doctors and midwives now consider this practice does not actually have great benefit, and is therefore unnecessary for most women, except for the following reasons:

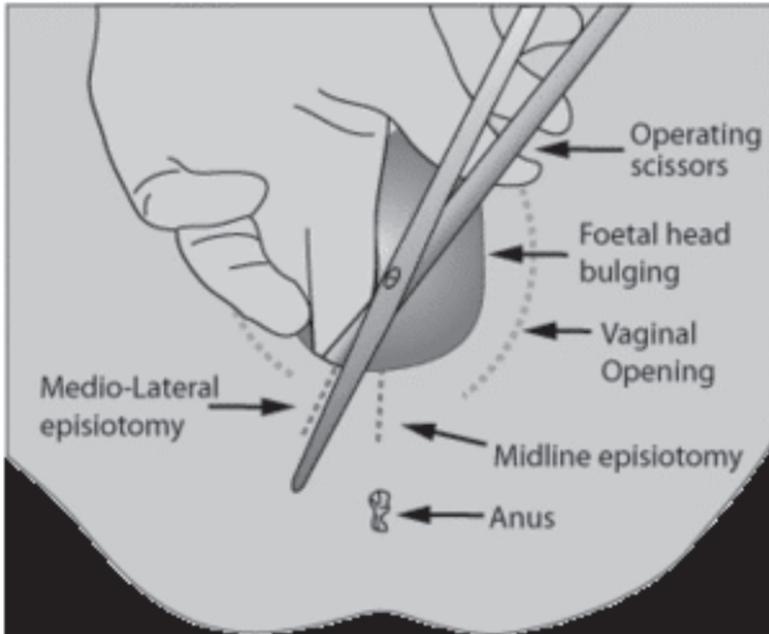
- If you have an assisted vaginal delivery (forceps or ventouse).
- If your baby becomes distressed during the birth.
- If your baby is very large.
- If your baby is in an awkward position.
- If you have had previous pelvic floor surgery.
- If you have an unusually short perineum.
- If the midwife or the doctor thinks that you would tear badly and they therefore need to enlarge the opening to your vagina, to help prevent a tear from happening.

## **How is an episiotomy performed?**

It is not necessary to cut a woman's vagina and perineum when the baby is being delivered.

However, where it is clear that the woman's perineum is going to tear badly, it may be wise to control the tear with an episiotomy. In experienced hands this will lead to less damage and quicker healing.

When using a ventouse or forceps it may also be necessary to perform an episiotomy.



An episiotomy is usually a very simple procedure. Local anaesthetic is given into the area around the vagina, or, if an epidural anaesthetic (painkiller injected into the spine) has already been given, it may be topped up to give additional pain relief in that area.

The doctor or the midwife will use scissors to make a diagonal cut to the perineum. This is called a mediolateral incision. Very occasionally it may be necessary to make the cut in another direction.

After the delivery, the episiotomy will be repaired by the midwife or the doctor, using stitches. You will be given pain relief for this procedure. The stitches dissolve on their own in about four weeks. Occasionally they may need to be removed which can cause some discomfort.

## How do I look after my stitches?

Here are some tips to help your perineum to heal and to help you to feel more comfortable:

- Wash your hands before going to the toilet as well as after. This prevents infections entering the body through any cuts, grazes or stitches, particularly the Streptococcus infection.
- Take pain relief such as paracetamol. Do not wait until you are in pain but take this 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 three to four hours. Keep your pad in place with generous panties, so it doesn't move around and cause further irritation. Do not use tampons.
- Frequent baths or bidets are soothing, but staying too long in the bath can make the area soggy, so it may take longer to heal. Avoid perfumed soaps when washing the area.
- 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.
- Avoid standing or sitting for long periods. Ensure that you are comfortable when sitting to feed your baby. Alternatively, try lying on your side to feed.
- Avoid wearing tight trousers or jeans.

- 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'.
- Eat a healthy diet to help the healing process.

### **What about emptying my bladder?**

It is vital that you empty your bladder within six hours of birth (unless you have a catheter, which will empty your bladder for you).

Often the bladder doesn't send the normal messages for the first couple of days, particularly if you have had epidural. So until it gets back to normal, it is important that you do not let your bladder overstretch, but it is also important not to keep emptying tiny amounts too often.

You should go by the clock, every three to four hours, unless you are asleep. Sometimes, the muscles which support the bladder are stretched or damaged during the birth, which means you may not be able to control it the same way.

You may find you leak urine when you stand, cough or laugh, or when you need to go to the toilet. In most cases this will settle, but it is important that you know how to get the muscles back to normal as soon as possible by doing pelvic floor exercises (see the end of this leaflet).

Ask your midwife or doctor if you are still having problems six weeks after the birth.

### **What about opening my bowels?**

- It is normal to worry about your stitches when you have your bowels open. The first few times you have your bowels open, 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!

- If you feel that you are unable to have your bowels open your midwife will be able to give you some medicine which will soften your stools. This will make it easier for you to have your bowels open.
- To avoid constipation and to aid the healing process, drink plenty of fluids and eat a healthy high fibre diet with lots of fruit and vegetables. This will help your digestive system work well and keep your stools soft.
- 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.

### **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 if I am having problems with the wound?**

Usually tears or episiotomy wounds heal well, as that area has a good blood supply; however, if you do have any continuing problems with the healing of the wound, such as redness, pain or swelling, speak to your midwife or your doctor to refer you for specialist advice.

## **What will happen in the next pregnancy?**

Most wounds heal well and you may not tear or need an episiotomy next time, although the doctor or midwife will assess each birth on an individual basis.

## **Postnatal Exercises**

You should begin doing pelvic floor exercises as soon as you can after the birth.

This will increase the blood supply to the area and help the healing process. The exercises will also help your pelvic floor to regain its tone and control.

## **What problems will I have if I don't do my pelvic floor exercises?**

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.

The pelvic floor is vital in helping keep urine in the bladder until it is convenient to go to the toilet. In order to strengthen these muscles it is essential to do pelvic floor exercises regularly.

## **When should I get help?**

If you find that you leak urine when you cough, sneeze, laugh or lift and you have tried pelvic floor exercises for six weeks 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.

## **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 correctly?**

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.

**Remember: Pelvic floor exercises are for life!**

## **Contact details:**

Physiotherapy Dept, Oldham – 0161 627 8517

Physiotherapy Dept, Rochdale – 01706 517316

Physiotherapy Dept, Fairfield (Bury) – 0161 778 3882

**Notes:**

**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**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**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).



[www.facebook.com/NorthernCareAllianceNHSGroup](https://www.facebook.com/NorthernCareAllianceNHSGroup)



[www.linkedin.com/company/northern-care-alliance-nhs-group](https://www.linkedin.com/company/northern-care-alliance-nhs-group)



Northern Care Alliance NHS Group (NCA) @NCAlliance\_NHS

**Date of publication: October 2009**

**Date of review: April 2021**

**Date of next review: April 2023**

**Ref: PI(WC)593**

© The Northern Care Alliance NHS Group



[www.pat.nhs.uk](http://www.pat.nhs.uk)

[www.northerncarealliance.nhs.uk](http://www.northerncarealliance.nhs.uk)