

Further information & resources:

A Third or fourth degree tears during childbirth 'information for you'
<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-third--orfourth-degree-tear-during-birth.pdf>

'MASIC' – Mothers with Anal sphincter Injuries in Childbirth
www.masic.org.uk

Bladder and bowel foundation
www.bladderandbowelfoundation.org

'SQUEEZY' NHS Pelvic Floor App
www.squeezyapp.co.uk

Contact details:

For further support and information (non-urgent) please contact –

Katy Wickham,
Specialist Midwife
khft.perinealhealth@nhs.net - The emails are checked fortnightly.

Care and Support Following a 3rd or 4th Degree Perineal Tear

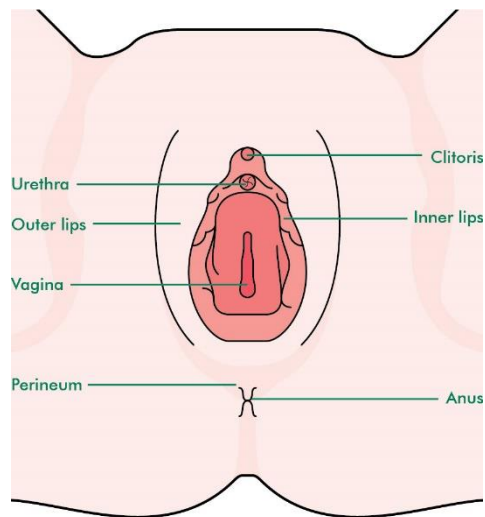
Information Leaflet for Women

Introduction

You have been given this information booklet because during the birth of your baby you sustained a 3rd or 4th degree perineal tear (also known as “obstetric anal sphincter injury”, OASI). This booklet provides information and advice for you to improve your postnatal recovery.

What is my perineum:

Your perineum is the area of tissue between your vagina and anus (back passage). It connects with your pelvic floor muscles and helps to support your pelvic organs.



What is meant by perineal trauma:

During childbirth the perineum stretches to make room for the baby, which makes the muscles and skin thinner. As the baby is born the perineum can sometimes tear. Tears can occur in the perineum, labia (lips of the vagina) and inside the vagina.

Approximately 85% (85 out of 100) of women will sustain some degree of perineal trauma following the birth of their baby.

An **episiotomy** is a cut made by a Doctor or Midwife into the perineum to increase the vaginal opening and make more space for your baby's birth. An episiotomy is only performed with your consent and if clinically indicated.

When can I resume sexual relations:

In the weeks following a vaginal birth, many women feel discomfort as the vaginal canal can be dry due to the readjustment of hormones. There is no set time and it is dependent on how **you** feel, however you are advised to wait until any bleeding has stopped and your tear has healed. It is normal to feel anxious about resuming a sexual relationship.

Sex may feel different at first and you may wish to experiment with sexual positions to find one that is comfortable for you. You may find it more comfortable using a lubricant.

It is possible to conceive in the weeks following the birth of your baby, even before you have a period. You may wish to talk to your GP about contraception or visit your local family planning clinic.

If sexual intercourse continues to be uncomfortable then talk to your GP to ensure you get the help and support you need.

Follow up care:

If you have a 3a tear: Once discharged by your community midwife, you should make an appointment to see your GP for your 6-8 week postnatal check. You should also see your GP at any time if you experience any problems and you will be referred to the pelvic floor clinic to see a specialist consultant. You may also be referred to see the physiotherapist.

If you have a 3b, 3c or 4th degree tear: in addition to the care for a 3a tear, you will automatically be sent an appointment to see a specialist consultant in the pelvic floor clinic at 3-4 months after birth. During the appointment your delivery and any symptoms you may have will be discussed. You will also have the opportunity to ask questions about your tear, your recovery and how this may affect you in the future. You will be offered an Endo-anal Ultrasound Scan which will assess how your tear has healed and investigate the functioning of your anus and rectum. You will be sent an information leaflet about the procedure with your appointment letter. You may also be referred to the physiotherapist for intensive pelvic floor training.

Pelvic floor exercises:

- Your pelvic floor can become weak after having a baby. Pelvic floor exercises strengthen the muscles around your bladder, vagina and back passage. Strengthening your pelvic floor muscles will improve your bladder and bowel control, and improve or stop urinary incontinence (leaking) or urgency to pass urine or have your bowels opened.
- **Technique-** close up your anus as if you are trying to stop yourself passing wind. At the same time draw in your vagina as if you were gripping a tampon & your urethra as if you were stopping the flow of urine. Do the exercises quickly, tightening & releasing the muscles quickly. Then do it slowly, try holding the squeeze & count to 10, then release. Try & do 3 sets of 8 squeeze's every day
- Start your pelvic floor exercises as soon as possible after giving birth. This will increase the blood circulation to the area and promote healing.
- Pelvic floor exercises should be performed daily. We recommend that you continue them for life to maintain good muscle strength

How will I know if there is a problem with my stitches and who should I contact:

Your community Midwife will offer to check your perineum at each visit to ensure your stitches are healing properly and that there are no signs of infection. You're likely to experience some discomfort, however please contact your Community Midwife or GP if you experience the following:

- If you develop any swelling or throbbing pain in your perineum.
- If your stitches come apart and you observe the wound gaping.
- You develop a high temperature or fever symptoms.
- You notice smelly odour or abnormal discharge from the wound.
- You develop incontinence of urine, faeces or wind.

If any of these symptoms develop, your midwife or GP will take a swab and you may be prescribed antibiotics.

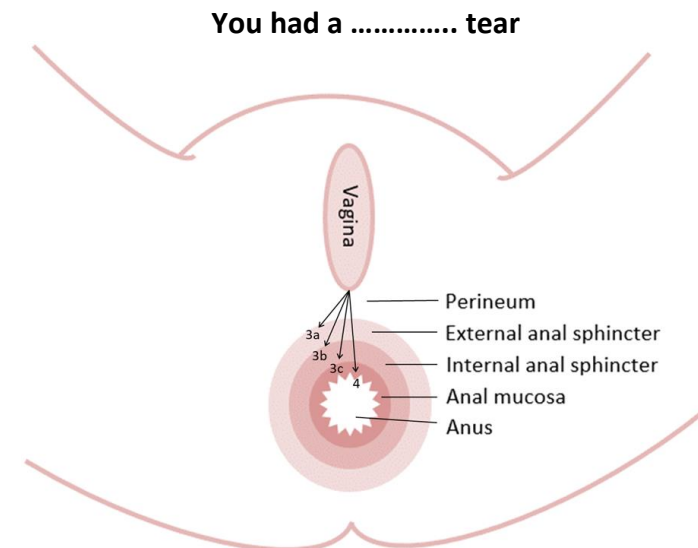
What are the types of tears during childbirth?

1st degree tear: small, skin deep tear which usually heals naturally.

2nd degree tear: slightly deeper tear affecting both the skin and the muscles of the perineum. We would advise that all 2nd degree tears are stitched. For some women the tear may be more extensive and need to be repaired (stitched) in an operating theatre under an epidural or spinal anaesthetic. This operation will be performed by an experienced obstetrician.

3rd degree tear: involves the skin, muscle and external anal sphincter (the muscle that surrounds the anus). 3rd degree tears are classified according to the depth of the tear:

- **3a** is a tear involving less than 50% of the external anal sphincter (EAS).
- **3b** is a tear involving more than 50% of the EAS.
- **3c** is a tear involving the whole of the EAS muscle and the internal anal sphincter muscle.
- **4th degree tear:** extends further into the lining of the anus.



How common are 3rd or 4th degree tears:

A 3rd or 4th degree tear occurs in about 3 in 100 women (3%) having a vaginal birth. It is slightly more common in women having their first vaginal birth, affecting 6 in 100 (6%) women, compared with about 2 in 100 (2%) women who are having a subsequent vaginal birth.

What increases my risk of having a 3rd or 4th degree tear:

A 3rd or 4th degree tear cannot be prevented in most situations because it cannot be anticipated. However it is more likely if:

- This is your first vaginal birth.
- Your baby weighs more than 4kgs (8lbs 8oz).
- If your baby is in a 'back to back' position (known as occipito-posterior or 'OP').
- If you have a longer 2nd stage (the 'pushing' stage) of labour. This is because your tissues are stretched for longer.
- If your baby needs assistance to be born using ventouse or forceps.
- If you have a quick labour and birth, when the perineal muscles do not have time to stretch and thin out.
- If there is difficulty delivering your baby's shoulders (known as shoulder dystocia).
- If you have had a previous 3rd or 4th degree tear.

What treatment will I be offered after surgical repair:

When your perineum has been stitched you will be transferred to the recovery area on the delivery suite. You will have a drip in your arm to give you fluids until you are able to eat and drink. You will also have a catheter (tube) in your bladder to collect your urine until you feel able to walk to the toilet, which usually takes 2-4 hours. The stitches are dissolvable so don't need to be removed; they can take up to 3 months to dissolve completely.

Pain relief: You will be offered pain relieving drugs such as paracetamol, ibuprofen or diclofenac. Applying cool gel pads may help, but if using ice packs do not put them directly on to the skin, wrap them in a clean cloth first.

Antibiotics: You will be advised to take a course of oral antibiotics to reduce the risk of infection because the stitches are close to the anus.

Laxatives: You will be advised to take laxatives to make it easier and more comfortable to open your bowels.

None of the medicines offered to you will prevent you from breastfeeding your baby.

How can I care for my perineum and stitches:

Hygiene:

- Wash your hands before and after you visit the toilet. This helps prevent introducing infection to the area when you wipe yourself.
- Change your sanitary pads frequently, about every 2-4 hours.
- Shower at least once a day avoiding using soap and disinfectants.
- Using a clean jug, pour warm water over your perineum when you pass urine.
- The warm water will provide some comfort. Dry the area using a clean flannel or towel. Keep a separate towel for this area and change it daily.
- When you get home and have some privacy, you may find some relief by lying on an old towel without any bottoms on and let your perineum 'air dry'.
- Avoid wearing tight trousers or jeans.

Diet and fluids:

- Drinking plenty of water, about 2-3 litres a day will help dilute your urine and avoid irritation when you pass urine as well as helping to avoid dehydration.
- Eating a healthy balanced diet with increased fibre, including fresh fruit, vegetables, cereals and wholemeal bread, will help with healing and avoid constipation.

Having your bowels open:

- You can safely open your bowels without any damage occurring to your perineum or stitches after the birth. The first few times you have your bowels open you can hold a clean pad against your perineum to protect your stitches and provide some support.