

## Patient information

# Care of your perineum following birth

### INTRODUCTION

During childbirth you may sustain a tear which may need suturing (stitching).

This leaflet aims to give you information about the different types of tears and advice and how to help you recover fully following the birth of your baby.

### WHAT IS A PERINEAL TEAR?

Tears are common following childbirth with up to 85% of birthing people having one.

Tears usually occur in the perineum, which is the area of skin between the vagina and the rectum (back passage).

### HOW DOES THIS HAPPEN?

When your baby is born, his or her head stretches the opening of the vagina. The skin inside and surrounding the vagina will stretch to allow the baby to be born. However, during this part of the birth it is common to sustain a tear to the skin and/or muscle. This can occur on the inside of the vagina (vaginal wall), and /or the perineum.

### WHAT ARE THE DIFFERENT TYPES OF TEARS?

There are four different types of tears, the most common types are first and second degree tears.

A **first degree tear** is a superficial tear to the skin or a graze inside the vagina. First degree tears will sometimes heal without the need for stitches. However, your midwife or doctor will discuss this with you at the time.

A **second degree tear** is a deeper tear affecting both the skin and the muscle. You will be offered stitches to prevent bleeding and help you heal properly. Your midwife is the most likely person to suture a first or second degree tear.

**Third and fourth degree tears** are less common:

A **third degree tear** involves skin and muscle and extends into the anal muscle. Depending upon how far the tear has gone into the anal muscle, these are further sub-categorized as:

**3A-** a partial tear of the external anal sphincter which affects less than 50% of the thickness of the muscle

Putting you first

3B- a tear of the external anal sphincter which affects more than 50% of the thickness of the muscle

3C- a tear which affects both the internal and external sphincter

**A fourth degree tear** includes damage to the skin and muscle as well as to the lining of the rectum.

For more information on the types of tears and a visual guide on how these may appear can be found by following this link or scanning the QR code below

Website link : [Perineal tears during childbirth | RCOG](#)

QR code:



### **WHY MIGHT I TEAR AND COULD IT HAVE BEEN PREVENTED?**

There are no medical inventions available to predict or prevent tearing and it can be very difficult to predict who may tear and who will not. There are several reasons which increase the likelihood of you tearing however in many cases there may be no clear reason why a tear occurred.

Your chance of developing a perineal tear is increased if:

- It is your first vaginal delivery.
- You have a large baby (over 4kg or 8lbs 13oz).
- You have a long second stage of labour (the stage during which you push your baby out)
- Your baby's shoulder gets stuck behind the pubic bone (shoulder dystocia)
- You have an instrumental vaginal birth (forceps or vacuum assisted)

### **I HAVE AN EPISIOTOMY- WHAT IS IT?**

If required, and with your consent, an episiotomy is a cut made to the perineum following an injection of local anaesthetic, at the time of the birth to increase the space for the delivery of the baby.

Episiotomies are more common in births where ventouse (vacuum suction) or forceps are required. Research has shown that although an episiotomy makes more space for the baby to be born, it does not prevent a third or fourth degree tear from happening.

Episiotomies may be performed if a baby is showing signs of distress as this can hasten the delivery of the baby.

### **WHAT SHOULD I BE DOING AFTER THE DELIVERY?**

The midwife or doctor will discuss with you any specific advice on what you can do help your perineum to heal. Below is some general information on the care of any tears and stitches.

## **Hygiene**

Keep the perineum clean by having a shower or a bath at least daily. Lavender or mandarin oil can be used in the bath or as a compress to ease the discomfort of perineal pain.

Wash your hands both before and after you go to the toilet, or change your sanitary pads.

Regularly changing your sanitary towels will help keep the perineum clean and dry.

## **Bowel care**

It is important that you avoid constipation. In order to do so, the following advice may be helpful:

- Drink 2-3 litres of water a day.
- Eat a healthy, balanced diet with plenty of fibre.
- Empty your bowel as soon as you get the urge.
- Use a sanitary towel to support your perineum when going to the toilet.

## **Passing urine**

It may be uncomfortable to pass urine whilst your perineum is healing. Passing urine in the bath or pouring warm water over your perineum whilst trying to pass urine often eases this discomfort.

## **Pain Management**

- Painkillers: In hospital you will be offered painkillers such as paracetamol, ibuprofen, or diclofenac to ease your discomfort. You can continue to take paracetamol and ibuprofen at home.
- You can also try placing an ice pack or ice cubes wrapped in a towel on the area. Avoid placing ice directly on your skin as this could cause damage.

## **Pelvic floor exercises**

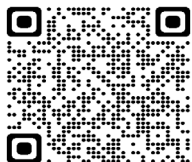
It is important to do pelvic floor exercises as soon as you can after birth as this strengthens the muscles around the vagina and the anus and helps healing.

Pelvic floor muscles wrap around the underside of your bladder and bowel. They are important for controlling bowel and bladder function. Pregnancy and tearing weaken these muscles, meaning they cannot carry out their function.

Doing these exercises aids the healing process by increasing the circulation of blood to the area. It is important that you perform pelvic floor exercises regularly. You will be given a separate leaflet for these exercises.

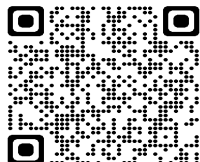
You can scan the following QR codes, or click the website links for videos on how to perform Pelvic

#### **Pelvic health Videos**



Website: <https://youtube.com/playlist?list=PLfCWfy9IiTaidYWiriUf8VnPVIULiYBV&si=e9WeWczhReoqjN6E>

#### **Pelvic Floor exercises during and after pregnancy. MyHealthLondon**



Website : <https://youtu.be/kME0N1YToDk?si=jaoYyRFq3cC4Ry1y>

#### **How to do your Pelvic Floor exercises**



Website : [\(3\) How to do your Pelvic Floor Exercises - YouTube](#)

### **CAN I HAVE SEXUAL INTERCOURSE?**

You may experience reduced libido after giving birth: this is normal. There is no 'right' time for sex. However, it may be best to wait until your stitches have healed fully and bleeding has stopped.

Perineal massage, either on your own or with your partner, may help you feel more comfortable before you begin having sex again.

Make sure that you have arranged contraception before you begin to have intercourse again as you can conceive straightaway. You may need to use a vaginal lubricant initially and try different positions that may make it more comfortable.

### **CARE FOLLOWING A 3<sup>rd</sup> or 4<sup>th</sup> DEGREE TEARS**

Both these types of tear will require suturing by a senior doctor in the operating theatre, and will require anaesthesia. This is usually an epidural (or spinal), but occasionally a general anaesthetic may be required.

Following surgery you may require certain medication, which could include:

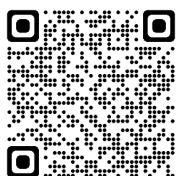
- Antibiotics. You will be given antibiotics to reduce the risk of infection. It is vital that you complete the course.
- Painkillers. You will be offered painkillers such as paracetamol, ibuprofen or diclofenac to ease your discomfort. Laxatives. These should be used for at least ten days to help soften your stools. This makes it more comfortable to open your bowels, which reduces the strain on the stitches. If you have had a third or fourth degree tear repaired, you may have a drip in your arm to give you fluids and will have a urinary catheter (tube) in your bladder. The catheter is important as you may not feel the need to pass urine initially following the spinal or epidural anaesthetic, but it stops your bladder getting over-full. You will be asked to provide two measured urine samples after your catheter is removed to ensure normal bladder function has returned.

## **YOUR FOLLOW-UP APPOINTMENT**

If you have sustained a third or fourth degree tear you will be seen in the postnatal consultant clinic at the hospital 6-12 weeks following the birth of your baby. At this appointment they will ask about your bowel and urinary habits, check your stitches, and make sure your wound is healing.

You should tell the doctor about any other concerns you have, including any you may have about sexual intercourse. If there are any complications, you may be referred to a specialist in Urogynaecology or rectal problems to discuss ongoing management.

You will also be referred to a physiotherapist who will advise you on pelvic floor exercises. You can also self-refer to physio through Allied Health Professionals website or via the QR code below.



## **WILL I BE ABLE TO HAVE ANOTHER VAGINAL DELIVERY?**

This depends on a number of factors. Many do go on to give birth vaginally following third- and fourth-degree tears. However, you should receive counselling from your doctor at your follow up appointment before making any decisions.

If you still have symptoms associated with your tear, you may be offered a caesarean section to reduce the risk of further problems occurring. If your tear has healed properly and you have no symptoms, a vaginal birth is a suitable option.

## **ARE THERE ANY LONG-TERM EFFECTS?**

Most third and fourth degree tears will heal in time, but you might experience some of the following:

- Pain and soreness in the perineum.
- Inability to control flatulence (breaking wind).

- Problems with your bowels, including leakage, urgency and lack of control.
- Haemorrhoids.
- Apprehensiveness towards sex.
- Concern about future deliveries.
- Fistula (connection) between the anus and vagina after the repair has healed. This is uncommon and can be repaired by further surgery.

## **WHEN SHOULD I CONTACT A MIDWIFE OR DOCTOR?**

Following any type of perineal tear contact your doctor or midwife if any of the following occur:

- If your pain is not well-managed.
- If you become concerned about your stitches or there is any discharge from the area.
- If you suspect you have a raised temperature.
- If you cannot control your bowels or flatulence.
- If you have any other concerns or worries, do not hesitate to contact your midwife or GP.

## **USEFUL TELEPHONE NUMBERS**

Maternity Helpline- 01284 713755

## **CONCERNS AND QUERIES**

If you have any concerns or queries about any of the services offered by the Trust, please speak in the first instance to the person providing your care.

Alternatively, you can contact the Patient Advice and Liaison Service (PALS) on 01284 712555 or at the PALS office, which is situated near the main entrance

## **REFERENCES**

Department of Health (1991)  
The Calmans Report Junior Doctors: The New Deal National Health Service Management Executive Department of Health, London.

Department of Health (1993) Changing Childbirth Report  
Department of Health, London.

Mackrodt C, Gordon B, et al (1998)  
The Ipswich Childbirth Study – 2. A randomised comparison of polyglactic 910 with chromic catgut for postpartum perineal repair  
British Journal of Obstetrics (1998): 105 – 441-445.

RCOG guideline No 23 (2004)  
Methods and materials used in perineal repair RCOG Press .

RCOG guideline no 29 (June 2015)  
Management of Third- and Fourth-Degree Perineal Tears

RCOG Patient Information (2022)  
Perineal tears and episiotomies in childbirth  
<https://www.rcog.org.uk/for-the-public/perineal-tears-and-episiotomies-in-childbirth/>

Searles J and Pring D

Effective analgesia following perineal injury during childbirth: a place to control trial of prophylactic rectal dicyclofenac, British Journal of Obstetrics, Vol 105, pp 627-631.

Grant A, Gordon B et al (2001)

The Ipswich Childbirth Study – One year follow-up  
British Journal of Obstetrics (2001) Vol 108, pp 34-40

Sultan A H, Kamm M A et al (1994)

Perineal damage at delivery: Contemporary reviews  
Obstetrics and Gynaecology Vol 6, pp 18-23

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email [info.gov@wsh.nsh.uk](mailto:info.gov@wsh.nsh.uk). This will in no way affect the care or treatment you receive.

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<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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