

Perineal tears

Information and advice for mums-to-be

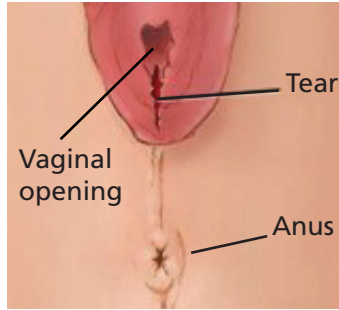
Maternity



Where
EVERYONE
Matters

What is a perineal tear?

A perineal tear is a tear to the perineum – the area between the vagina and the anus (back passage) that occurs during childbirth. 85 out of 100 women will have a perineal tear after a vaginal birth.



Perineal tears are graded by how severe they are:

- Labial tears** Tears to the skin on the labia (skin folds around the genital area).
- 1st degree tears** Tears to the skin of the perineum.
- 2nd degree tears** Tears to the skin and muscle of the perineum.
- 3rd degree tears** Tears to the skin and muscle of the perineum, and some of the muscle around the anus.
- 4th degree tears** Tears to the skin and muscle of the perineum, the muscle around the anus and the skin lining the anal canal.

Some women need an episiotomy to help deliver their baby if the delivery is difficult and there are concerns about the baby's heart rate. An episiotomy is a cut to the perineum which is performed by a midwife or doctor, using some local anaesthetic.

In a lot of cases it is not possible to say why a tear occurred, but you are more at risk of a perineal tear if:

- It is your first vaginal birth
- The baby is in an unusual position
- The birth is very quick
- Forceps are used to help with delivery
- Your baby weighs more than 4kg (8½ lbs)
- You give birth lying down
- The second stage of your labour lasts for more than 1 hour
- Your baby's head is delivered but one of their shoulders gets stuck behind your pubic bone (shoulder dystocia)

How is a perineal tear diagnosed?

After giving birth you will be examined by your midwife or doctor who will check for any tears. This examination is carried out gently but you will be able to use gas and air or have a local anaesthetic to numb the area if it is needed.

If your midwife or doctor suspects you may have a 3rd or 4th degree tear you will be examined in theatre with a spinal anaesthetic.

How are perineal tears treated?

Labial tears – these are usually left to heal naturally. Although uncomfortable, they generally heal quickly.

1st degree tears – If there is not excessive blood loss from the area these can also be left to heal naturally.

2nd degree tears – A midwife will use some local anaesthetic to numb the area and will stitch the tear together. The stitches are dissolvable so do not need to be removed.

3rd and 4th degree tears – These tears need to be repaired in theatre to stitch the damaged muscle and skin together. You will have an anaesthetic, usually an epidural, for the procedure so you will not be able to feel it. The stitches used are dissolvable so do not need to be removed. For more information about surgery to repair 3rd and 4th degree tears please see the leaflet '3rd and 4th degree perineal tears after vaginal delivery'.

An episiotomy needs to be repaired in the same way as a tear.

Is there anything I can do to reduce my risk of having a tear?

Although we know things that can increase the risk of a tear, in most cases we are unable to do anything to prevent a tear occurring. The following things may help to reduce your risk of having a tear, or reduce the severity of a tear:

- Giving birth in water
- Giving birth kneeling or in an 'all fours' position
- Make sure you do not get constipated and need to strain to open your bowels (drinking plenty of water and eating a balanced diet will prevent constipation).
- You may wish to massage your perineum using oil, as this can help to soften and relax the skin.

It is also important that you eat a healthy balanced diet that contains iron, as women who have low levels of iron in their blood often have tears that are slow to heal.

After having a perineal tear

Going home

If you have a 1st or 2nd degree tear you should be able to go home within a few hours. If you have a 3rd or 4th degree tear you will normally be able to go when you have moved your bowels and you are not suffering too much pain.

Pain

It is normal for you to experience pain and soreness in your vagina and perineum while the area is healing. Taking painkillers such as paracetamol can help relieve pain. Please take them as instructed on the packet.

Keeping clean

It is important to keep your perineum clean by having regular baths or showers and changing your sanitary towels at least every 3 – 4 hours to reduce your risk of developing an infection in the area. Wash your perineum at least twice a day while the area is healing. Please do not use any soaps or bubble baths etc on the area until it has healed. If you have had a 3rd or 4th degree tear you will be given antibiotics to reduce your risk of developing an infection.

Going to the toilet

Try to go to the toilet regularly. It is important that you avoid getting constipated as this can cause you to strain when you go to the toilet which could cause the repair to break down. If you have had a 3rd or 4th degree tear you may experience some changes in your bowel movements but this should settle in time. You will also be given a stool softener to take so that you don't need to strain too much.

Normal activities

You can have sex whenever you feel ready. It is a good idea to use



lubricants for the first time and try different positions if you find it difficult.

You can go back to sport, swimming and driving when you feel able, you are no longer in pain and the area is healing well.

Pelvic floor exercises

Performing pelvic floor exercises regularly can help healing as the exercises improve the tone and strength of your muscles (your midwife will talk to you about these). Empty your bladder before doing the exercises and take 2 paracetamol before doing them if they cause any pain.

Follow-up

If you have had a 1st or 2nd degree tear you will not usually need a follow-up appointment; your midwife will check that you are healing well when he/she visits you at home and you can contact him/her for advice if you have any concerns.

If you have had a 3rd or 4th degree tear you will be given a follow-up appointment with a consultant to check that you have healed well and that you don't need any further treatment.

Giving birth in the future

Having a perineal tear will not affect the way you can give birth if you become pregnant again. You should be encouraged to have a vaginal birth when having your next child as there is no evidence that indicates a caesarean section has more benefit. Your midwife or doctor can discuss this with you in your next pregnancy.

Symptoms to report

After having a perineal tear, please contact your community midwife or GP if you experience any of the following:

- Pain that is getting worse
- Difficulty going to the toilet that is not improving
- Incontinence that is not improving
- Difficulty having sex that is not improving
- Vaginal discharge that is smelly
- Vaginal bleeding that is not getting better
- A high temperature (above 38 °C)
- Leaking faeces or being unable to control passing wind

You can also contact the delivery suite for advice if you are concerned.

Contact details

Delivery Suite

0121 507 5449

Further information

NHS Choices Pregnancy and Baby Guide

www.nhs.uk/planners/pregnancyareplanner

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com or

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www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

- Royal College of Obstetricians and Gynaecologists, green-top guideline 29 'The management of third- and fourth-degree perineal tears', March 2007
- National Institute for Health and Clinical Excellence, CG55 'Intrapartum care: Care of healthy women and their babies during childbirth', September 2007
- Patient UK Professional Reference, 'Episiotomy and Tears', March 2010
- A.D.A.M Medical Images

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: swb-tr.swbh-gm-patient-information@nhs.net



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