



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Post Natal Advice Following a third or fourth-degree tear after the birth of your baby

Information for patients, relatives and carers

Maternity Services

① For more information,
please contact your community midwife

Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL
Tel: 01723 246128

The York Hospital
Wigginton Road, York, YO31 8HE
Tel: 01904 726720

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Introduction

This leaflet gives you some written advice and information on how to care for your perineum and stitches. Please feel free to discuss any further questions or concerns with your midwife or doctor.

What is a perineal tear?

The perineum is the smooth skin between your vaginal opening and anus (back passage). It is very common for the perineum to tear to some extent during childbirth. About 9 in every 10 women will experience some sort of tear or graze. Tears can also occur inside the vagina and in the labia. After delivery of your baby the midwife or doctor will have examined your perineal area carefully. All tears are assessed depending on which tissues are involved. This assessment will help us determine what type of tear you have and how best to repair it.

First and second-degree tears are the most common and are unlikely to cause long term problems:

First degree: small tears affecting only the skin which usually heal quickly and without treatment.

Second degree: tears affecting the muscle of the perineum and the skin. These usually require stitches.

For some women with a tear, the tear may be more extensive. This may be a third-degree tear extending downwards from the vaginal wall and perineum to the muscle controlling the function of your back passage (anal sphincter). If the tear extends to the lining at the lower end of your bowel near your back passage it is called a fourth-degree tear.

Overall, a third or fourth-degree tear occurs in about 3 in 100 women having a vaginal birth. It is slightly more common with a first vaginal birth and those requiring forceps or ventouse occurring in 6-10 in 100 women, compared with 2 in 100 women who have had a vaginal birth previously.

How do I get this type of third or fourth-degree tear?

For many women, there is no clear reason for experiencing a third or fourth-degree tear, and it is not possible to predict these types of tears. However, it is more likely if:

- This is your first vaginal birth.
- You are of South Asian origin.
- The second stage of your labour (the time from when the cervix is fully dilated to birth) is longer than expected.
- You have a large baby weighing over 8lb 13ozs or 4kg.
- You require forceps or a ventouse to help the delivery of your baby.
- One of the baby's shoulders becomes stuck behind your pubic bone, delaying the birth of the baby's body, which is known as shoulder dystocia.
- If your baby was in a slightly more difficult position for delivery, for example back-to-back position (opposition).
- You have had a third or fourth-degree tear before.

What is an episiotomy?

An episiotomy is a planned cut in the perineum, carried out by your midwife or doctor. The episiotomy will help make more space to deliver your baby. You are more likely to have an episiotomy if:

- You have a forceps or ventouse delivery.
- Your baby has become distressed during the birth.
- The midwife thought you would tear badly and needed to enlarge the opening to your vagina to help prevent this.

All episiotomies will need suturing, are usually easily repaired after the birth, and heal quickly.

Having an episiotomy does not prevent you from having a third or fourth-degree tear.

Suturing of tears

- If you have a third or fourth-degree tear, you will be transferred to the operating theatre and make sure you will have an epidural or spinal anaesthesia for good pain relief
- Your third or fourth-degree tear will then be sutured by a doctor.
- You will not need to have the stitches removed as they dissolve with time.
- You may also have a catheter inserted for a few hours, after which it is taken out.
- You will be given a course of antibiotic tablets to prevent any infections in the stitches.
- We will also give you some medication to take home with you to keep your bowel motions soft. The medication will help avoid becoming constipated, which could cause pressure on your stitches.

What are the benefits to Suturing?

To repair a third or fourth-degree tear and prevent problems associated with them.

Are there any risks with the Suturing?

- Bleeding (1 in 100)
- Infection (1 in 100)
- Bruising (1 in 10)
- Breakdown of repair (1 in 100)
- Pain/discomfort (3-5 in 10)
- Haematoma formation (5 in 100)
- Pain with sexual intercourse (1 in 20)
- Urinary retention (5 in 1000)
- Urinary or bowel symptoms, for example incontinence, (5 in 1000)
- Slow healing (5 in 100)
- Risk of tear recurrence in future pregnancies (5-7 in 100)
- Anaesthetic complications (1 in 1000)
- Colostomy (rare) - A colostomy is an operation to divert one end of the colon (part of the bowel) through an opening in the tummy. The opening is called a stoma. Colostomies are rarely indicated in severe fourth degree tears in order to prevent contamination of the perineal repair.

You will be asked to sign a consent form (FYCON146-3 Repair of perineal third or fourth-degree tear) to confirm that you agree to the repair procedure and understand the information given to you. This form will be kept in your patient notes and you will also be given a copy for your own records.

Aiming to keep you comfortable

- Your midwife will give you pain relief tablets such as paracetamol and anti-inflammatories such as ibuprofen when required. You are advised to take the tablets on a regular basis for the first few days; do not wait until you are in pain. Stronger pain relief can be prescribed if you need it.
- The number of stitches each woman has varies. The stitch material is dissolvable and looks like thread. The stitches take from five to ten days to dissolve and for your wound to start to heal. The stitches can take up to six weeks to completely dissolve. You may find small pieces of the stitch when you go to the toilet or when bathing. This is normal and nothing to worry about.
- It is not necessary to sit in a salt water bath, nor to apply any creams or talc to the area. You should change your sanitary pads regularly. Wash your hands both before and after you do so, this will reduce the risk of infection. Ensure that the pad is secured in place so it doesn't move around and cause further irritation.
- Drink plenty of water: one and a half to two litres a day to keep your urine dilute. This will also help reduce stinging when you pass water.

- You should have regular baths or showers, especially if you have opened your bowels. It is important to keep the area clean and dry. However, staying too long in the bath can make your wound soggy and it may take longer to heal. Avoid perfumed soaps when washing the area.
- Begin doing pelvic floor exercises as soon as you can after giving birth. This will help increase the blood supply to the area and help your healing process. The exercises will also help your pelvic floor regain its strength and control (see page 14-15).
- Avoid smoking as this can affect how well the area heals.
- Avoid sitting or standing for long periods of time. Ensure you are comfortable when sitting to feed your baby. When sitting you can use two pillows or towels with a gap in the middle to sit on to ease any strain on your wound.
- Avoid strenuous exercise for four to six weeks after childbirth.
- Use a footrest when sitting to help your feeding position and reduce any strain on your bottom.
- Alternatively try lying on your side; this is a comfortable position for breastfeeding. Place a pillow in between your knees for added support.

- **Do not use a rubber ring to sit on.**
- When you get home and have some privacy, you may find relief by lying in bed without a sanitary pad and letting your perineum air dry.
- Wear breathable materials, such as cotton. Disposable briefs with loose clothing can also help.
- Eat a well-balanced diet and try to include fibre, fruit and vegetables to help your bowels and aim to drink one and a half to two litres of water daily. This will also help with your healing process.

Contact your midwife or GP if your stitches become more painful or smell offensive. These may be signs of an infection.

60 to 80 percent of women are free from any discomfort or other problems after 12 months.

Healthy bowel emptying position

When opening your bowels, the position in the diagram can help you to open your bowels more easily, to reduce the pressure on your stitches and prevent strain on your pelvic floor muscles.

- a) Knees higher than hips
- b) Lean forwards with elbows on knees
- c) Allow your tummy to bulge
- d) Focus on breathing out slowly as if steaming up a mirror or blowing out candles. **Do not strain and avoid holding your breath**



- e) Using a sanitary towel/pad or wad of toilet paper to support your perineum during a bowel movement can help to make you feel more comfortable.

Squeeze and 'pull up' your pelvic floor, especially around your back passage, after emptying your bowel and before you wipe.

Pelvic Floor Exercises

Practicing your pelvic floor exercises

We recommend that you start your pelvic floor exercises as soon as possible. This will aid comfort, promote healing and circulation, help to reduce swelling and help to regain strength and function of the muscles.

If you have a catheter, wait until it is removed and you are passing urine normally before starting your exercises.

You can do pelvic floor exercises lying down, sitting down or standing but you may find lying on your side is more comfortable if you feel sore.

Start with gently squeezing and lifting your pelvic floor muscles as if trying to hold onto wind and as if imagining trying to stop yourself passing urine. Try not to hold your breath or clench your buttocks and do not stop and start the flow of urine.

Then begin exercises 1, 2 and 3 building up gradually

Exercise 1 – Squeeze and hold

Squeeze, pull up and hold for a few seconds and then relax and rest for a few seconds. Gradually increase the hold time up to a 10 second hold and repeat up to 10 times.

Exercise 2 – Quick squeezes

Up to 10 quick squeezes - tighten quickly and strongly to help your muscles react quickly when you cough, sneeze, lift etc.

Carry out these exercises **three times** every day

To help you remember to carry out the exercises every day you can link them with a regular daily activity such as feeding your baby, brushing your teeth or whenever you have a drink etc.

Exercise 3 – ‘The knack’

Quickly squeeze your pelvic floor muscles with physical activities such as coughing, sneezing, lifting etc.

This will help to strengthen your muscles and also speed up the reaction of the muscles improving bladder, bowel and wind control.

It can take several months to fully regain your pelvic floor strength.

- You may be advised to use ice to promote healing and comfort, please follow the instructions provided.
- You can find other additional advice and information on the Pelvic Obstetric Gynaecological Physiotherapy (POGP) website <https://pogp.csp.org.uk/booklets> These booklets are free to view and to download.

Follow up after third and fourth-degree tears

Most women make a good recovery, particularly if the tear is recognised and repaired at the time. 60-80% of women who have had this type of tear repaired are symptom-free in 12 months' time. During recovery some may have:

- Pain and soreness in the perineum.
- Fears and worries about having sex; many women are concerned about this even if they have not had a third or fourth-degree tear.
- A feeling that they need to rush to the toilet to pass urine or open their bowels urgently.
- Passing wind uncontrollably or leaking poo.

The specialist pelvic health physiotherapy team will invite you to attend a physiotherapy out-patient appointment at approximately six to eight weeks post-natal. At this appointment you will be offered an internal examination to assess the strength and function of your muscles, ensure that there are no problems with your bladder and bowel function and to help you carry out your pelvic floor exercises correctly.

You will have a twelve-week post-delivery appointment at York or Scarborough hospital. The doctor or midwife will ask you questions and have the outcome of the physiotherapy assessment. If you no longer require this follow-up appointment (have no on-going problems or questions related to your delivery) then please telephone the antenatal clinic appointment desk to cancel.

Please do not hesitate to contact your own GP, midwife, or health visitor at any time if you have any worries. It is important not to be embarrassed and to tell us if you have any symptoms such as leakage or incontinence of urine or wind (flatus) or stools from your back passage. This is an uncommon problem but, we need to know about it. It may be necessary for you to have some more tests to check if the muscle in the back passage has healed and is functioning properly.

What about my next pregnancy or delivery?

Your obstetrician will discuss these with you at your follow up appointment or early in your next pregnancy. If you did not have any symptoms or problems recovering from the third-degree tear, then you should be able to have a normal birth next time. However, if you continue to have symptoms from your third-degree tear or you had a fourth-degree tear we may need to discuss having a planned caesarean section with you in your next pregnancy.

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We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

The Maternity Directorate Secretary, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726732.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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Telephone: 01904 725566

Email: access@york.nhs.uk

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