



HUTT maternity

Hutt Valley Maternity Care

Recovering from perineal tears

Information for women

You have been given this pamphlet because you have had a 3rd or 4th degree tear. The information in this pamphlet is designed to help you recover as quickly as possible.

We encourage you to read this pamphlet as soon after the birth as possible. Please ask your Lead Maternity Carer (LMC) if you have any further questions.

Why do women tear?

At the very end of your labour the skin and muscle layers in and around your vagina thins and stretches to allow your baby to be born. It is quite common for women to have some form of perineal or vaginal tearing.

These injuries (skin only or muscles of the perineum as well as skin) are mostly insignificant and heal without complications or long-term problems.

Only a small proportion of women may sustain a 3rd degree tear where the sphincter around the

anus has torn or, even less commonly, a 4th degree tear resulting in complete tearing through the soft tissues between the vagina and the anus.

Different types of tears

Midwives and doctors describe the tears according to the size of the tear and type of tissue involved. These range from a 1st degree tear to a 4th degree tear.

The following diagram may be helpful for you to understand some of the terms used to describe the different degrees of tears that occur during child birth.

The perineum is the area between the vaginal opening and the anus.



First degree tear

A thin tear or graze of the skin. No muscles are involved. It is possible that a small number of stitches may be required.

Second degree tear

Includes skin and muscle tissue. Stitches are usually needed and it

can take around two months to feel completely comfortable again.

An episiotomy is a cut made from your vagina into the perineum. This is done to give the baby more room to be born. An episiotomy involves the same muscle and tissue as a 2nd degree tear. However some episiotomies can extend further, and when this happens they might be described as a 3rd or a 4th degree tear depending on their severity.

Third degree tear

A tear or laceration through the perineal muscles and the muscle layer that surrounds the anal canal. This requires stitches and can take a similar time to a second degree tear (around two months), if not longer, before the wound is healed and the area comfortable.

Fourth degree tear

This goes through the anal sphincter all the way into the anal canal or rectum. Most women with this condition will have no ongoing problems, with the appropriate management (including good personal hygiene, diet, physiotherapy, pain medication and laxatives). However a small group of women may have ongoing problems with controlling the passing of urine,

wind or faeces. This is called incontinence and will require ongoing clinical care.

Also, although more uncommon than a tear, a recto-vaginal fistula may develop. This is when a small channel forms between the vagina and rectum. Symptoms of this include the passing of wind and/or faeces through the vagina. It is very important that you tell your LMC or doctor if you have either of these symptoms as infection can result.

Third and fourth degree tears are an uncommon complication of child birth, which can affect a woman's normal bowel, bladder and sexual functions short term, and in some cases, permanently.

Following the recommendations in this pamphlet is important to try and prevent any long term problems. The time span for recovery varies in accordance with individual circumstances. Relax and give yourself time to heal.

Can a third & fourth degree tear be prevented?

It is not possible to predict, or even prevent, these types of tears. Episiotomy makes more space for the baby to be born, but it may not prevent serious perineal tears. There are some factors that may make a 3rd or 4th degree tear more likely.

- You have an assisted birth (forceps or ventouse)
- One of your baby's shoulders becomes stuck behind your pubic bone

Third or fourth degree tears are a known complication of vaginal delivery and are not considered substandard care.

Identification and treatment

If a third or fourth degree tear is suspected, a detailed examination of a woman's perineum and anus will be conducted by an experienced clinician. The woman may be transferred to an operating room for stitching if needed. However, often the repair is possible without moving from the birthing suite.

Around the time of the treatment and immediate recovery period, a woman is given intravenous fluids via a drip,

a catheter might be inserted into the bladder and additional pain relief given.

Sometimes, tears of the anal sphincter may be impossible to recognise at the time of the birth. If you suspect that you have a tear that has not been identified please talk to your LMC.

Taking care of your perineum

Keep it clean and free from infection

- Personal hygiene is very important. We recommend that you have at least one full shower and wash your perineal area three to four times each day, especially after toileting until the tear heals.
- Change sanitary pads at least every four to six hours to keep the wound as clean as possible
- Always pat the perineal area dry from the front to the back after washing to avoid introducing germs from the rectum into the vaginal area.
- Do not use a hair dryer to dry your perineum. This may delay healing or cause burning to the genital area.

- Intravenous antibiotics are used immediately post-operation and then oral antibiotics are used for 5-7 days to help prevent wound infection and wound breakdown.

Keep comfortable

- Apply ice packs to the perineal area every couple of hours for the first 12–24 hours after birth. Your midwife will advise you on this while you are in the hospital. You may find the ice packs helpful for pain relief for a longer period (i.e. 24–48 hours).



- For 5-7 days take regular pain relieving medications and laxatives (as prescribed by your LMC) to reduce the risk of the wound splitting during emptying of the bowel.
- Try to only stand and sit for short periods of time as this places strain on your

perineum. When feeding your baby, shift your sitting position and lie down occasionally to reduce the pain. The hospital midwives can help you get used to feeding your baby while lying down.

- Lie down to rest for between 20–40 minutes every hour for the first two to four days as this will help the stitches to heal.
- You may find it comfortable to lie, on a flat bed, on your stomach with a pillow under your hips or on your side with a pillow between your legs.
- Avoid double leg movements, “sit up” actions and lifting heavy weights (including picking up other children) as this places extra strain on your perineum.
- Get in and out of bed over on your side as this reduces the strain on your perineum (as shown in picture).

Emptying your bowels



- For the first few days after repair, a low fibre diet is recommended to prevent any further damage due to straining to pass a stool e.g. white bread, refined pasta, rice and cornflakes, rice bubbles, egg, fish, cheese, meat and chicken (no skin), small amounts of soft, ripe skinless fruits and vegetables.. After the 3rd day, a high fibre diet is commenced. This will produce a stool which is easier to expel.
- Keep the stools soft and ask for help if the bowels have not opened within 48 hours
- Try not to strain when using your bowels and use the recommended defecation position that is taught to you by the physiotherapist (see diagram included). The passage of hard stools can disrupt repair and delay healing. It may also help to empty your bladder before

your bowel to make passing of the bowel motion easier

- Support the perineum with your hand while emptying your bowels, laughing, coughing, sneezing, etc.
- To assist with emptying of the bowel, bulking and softening agents such as kiwicrush or Metamucil or Lactulose are usually recommended for several days after repair. Make sure you drink a lot of water because this will assist to reduce the likelihood of constipation occurring
- If you are prone to constipation, use bulking or softening agents up to six weeks after repair. Again, discuss this with your midwife or doctor first.

Exercises to help you recover

- Try to perform gentle pelvic floor exercises from day 1. Gently squeeze the muscles around the vagina and anus to increase the blood supply to the area and to promote healing. These exercises will also help your pelvic floor muscles maintain muscle tone and control.
- Your physiotherapist will teach you how to activate your muscles prior to moving and

lifting. This will help protect your perineum as it heals.

- Your physiotherapist will also teach you how to do gentle pelvic floor pulses, to improve circulation and decrease swelling and pain.

These are not strengthening exercises, but are important for early recovery and functional protection of sutures.

You will be given an out-patient physiotherapy appointment for 4-6 weeks.

Going home

It's important to continue to look after yourself when you go home. We recommend that you don't go home until your bowels have opened sufficiently and you are feeling well again. Your LMC will be able to advise you when you are ready and will prescribe any medication you will need upon discharge.

After three days, eat a high fibre diet to assist passage of soft, easily expelled stool. We recommend wholemeal breads and cereals, brown pasta and rice and at least four serves of fruit and five serves of vegetables daily. Drink at least eight glasses or 2-3 litres of water daily, to decrease the risk of constipation.

Even if you didn't have a 3rd or 4th degree tear, your perineum would still be bruised and tender after the birth of your baby. Because your perineum is a very tender site for a cut or stitches, recovery can take longer than elsewhere in your body.

Exactly how much longer varies from person to person and also depends on how deep the tear is. With a 3rd or 4th degree tear there may be pain/discomfort for three months or longer while your body heals.

The importance of follow-up appointments

You will need to see an obstetrician at 6-8 weeks after the birth of your baby for a check-up. This may include a vaginal examination. If you have any concerns about your recovery please see your obstetrician earlier.

- If you are uncomfortable take regular pain relief medication as prescribed. . Talk to your LMC if you are unsure
- If you notice signs of infection such as a fever, wound breakdown or discharge in the perineal region, it is important you contact your midwife or doctor that day
- If you have difficulty controlling the passing of urine, please discuss this with your midwife or doctor. If necessary they will refer you to a gynaecologist and/or urologist, a continence advisor and/or Women's Health Physiotherapist.

If you have any concerns about your perineal tear, or your condition including persistent pain, please bring them to the attention of your LMC straight away.

Frequently asked questions

When can I resume sexual relations?

Comfortable sexual activity can begin after your body has completely healed. This may happen as early as six weeks after the birth of your baby, however it may also take more than three months. A small number of women may experience ongoing discomfort during sexual intercourse. If this is the case it is important that you discuss this with your doctor, as sexual intercourse should not cause any discomfort in the perineal area once it has completely healed.

When can I go walking, swimming, do yoga and/or pilates?

Short (10-20min), slow walks along the flat are encouraged after the two weeks, but walking on uneven terrain, up hills and exercises such as yoga, pilates and weight lifting that may place stress on the stitches should be delayed until you have been cleared by the obstetrician. When the bleeding has stopped and your stitches have completely healed you can go swimming.

What to do if I continue to have bowel symptoms and/or urinary incontinence?

- Within 6 weeks postpartum contact your LMC; after 6 weeks contact your GP.
- Where needed, the obstetrician will refer you to a gynaecologist and/or urologist and/or Women's Health Physiotherapist.

How do I know if the pain I am experiencing is normal or if something else is wrong?

- This is very variable, generally after about a few days to a week, the pain should begin to decrease, and by two weeks the level of pain medication may be reduced.
- If pain persists or increases beyond three weeks and/or is accompanied by an offensive discharge may indicate infection.
- Medical attention should be sought for increasing pain in stitches, offensive discharge, or loss of bladder or bowel control.

Is there any other planned follow-up I should know about?

Stitches are checked by your LMC every few days within the first two weeks. A specialist clinic appointment for a thorough check up is usually booked at around 6-8 weeks post birth, or earlier, if indicated. On-going plans will be made if concerns persist.

What about future pregnancies and births?

- All women will have the opportunity to talk to their LMC / Obstetrician about how they wish their baby to be born and receive information about the possible benefits and risks associated with vaginal and caesarean births.
- Future births will depend on how well you recover after the birth of this baby. If you are fully recovered; vaginal birth for future deliveries is acceptable.
- However if you have some ongoing incontinence problems, especially with controlling your bowel

motions, vaginal birth may make this problem worse.

- There is some evidence to suggest that episiotomies (deliberate cut) away from the anus might prevent future third and fourth degree tear and this may be recommended for future vaginal births

Long term effects and prognosis following a severe perineal tear

- Most women make a good recovery within 12 months of delivery, especially if the tear is recognised and repaired at the time. While recovering, some women may experience pain in the perineum, apprehension about having sex, a feeling of urgency to open their bowels or fears about future pregnancies.
- Tears involving the anal sphincter can cause long term problems such as bladder or bowel dysfunctions, recto-vaginal fistula, perineal pains or sexual dysfunction. If any of these problems should arise, you will be referred for

additional treatment and support to manage these.

If I have difficulties coping, who do I contact?

- You can speak with your LMC or family doctor about any concerns you may have.
- If your injury was caused by an instrumental delivery, such as forceps or ventouse, ensure that the doctor lodges an injury claim with the Accident Compensation Corporation (ACC). This will ensure any future consultations and treatment related to your injury is covered. It may also make you eligible for home and travel assistance during the first few weeks of your recovery.
- Healthline is a free 24 hour phone service staffed by experienced registered nurses who can provide you with health information and advice. Their number is: 0800 611 116.
- Trauma And Birth Stress (TABS) is a Charitable Trust

that serves as a support group of mothers that have experienced stressful and traumatic pregnancies or births.

Final advice

- Avoid constipation
- Aim for soft easy-to-pass stools
- Remember the physiotherapist's advice regarding defecation positioning
- Always ensure that you have good pain relief
- Do not take any medications or suppositories via your bottom, as you can aggravate the tear or cause an infection
- Start exercises as advised by your physiotherapist
- Keep your wound clean and dry
- If you think your wound is becoming infected see your doctor
- Remember your follow-up appointments

Always remember:

Relax and give yourself time to heal.

Notes:

Contact Us

Maternity Assessment Unit (MAU), Hutt Hospital Ground floor,
Heretaunga Block, Hutt Hospital 04 570 9282

Acknowledgements

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