

Third- and Fourth-Degree Perineal Tear during Childbirth

The perineum is the name given to the area between your vagina and anus (back passage).

It can be injured during a vaginal birth when the baby's head is coming down the vagina and crowning. Most women, up to 90%, tear to some extent during childbirth. Most tears occur in the perineum.

Tears can be in any direction but most commonly are towards the anus. A tear can be either inside the vagina or on the perineum

Tears are graded from 1 to 4

First degree tears-small skin-deep tears which usually heal naturally

Second degree tears-deeper tears affecting the muscles of the perineum as well as the skin. These usually require stitches(sutures)

Third degree tears-extend downwards from the vagina and perineum to the anal sphincter, the muscle that controls the anus.

Fourth degree tears- extend to the anal canal as well as the rectum (further into the anus)

What is the difference between an episiotomy and a tear?

An episiotomy is a cut made by the doctor or midwife through the vaginal wall and perineum to make more space to deliver the baby. A tear happens as the baby stretches the vagina during birth. A tear may occur with an episiotomy.

What treatment will I be offered after repair of the tear?

- Antibiotics will help decrease the risk of infection because the stitches are very close to the anus.
- You will be offered pain-relieving drugs such as paracetamol and diclofenac to relieve any pain.
- You will be prescribed laxatives to make it easier and more comfortable to open your bowels.
- You will need to strengthen the muscles of the perineum/pelvic floor to prevent possible problems with bowel control. The Physiotherapist will advise you on how to do pelvic floor muscle exercises correctly while you are on postnatal ward.

What can I do to speed up healing of the tear?

It does take time for this to heal but there is plenty you can do to help yourself.

Perineal Hygiene:

Keep the area clean. Run the shower head gently over the area or have a bath at least once a day. Blot or pat the area dry afterwards, do not wipe. Change your maternity pads regularly. Regular hand-washing before, as well as after using the toilet will reduce the risk of infection.

Perineal Care:

An ice pack may be helpful if your perineum is bruised and/or swollen. Wrap a small ice pack in a damp cloth and apply for ten minutes every few hours. Do **NOT** apply ice directly to the skin or leave on too long as this may cause an ice burn.

You can take the pressure off the perineum by sitting on two rolled up towels placed parallel to each other under your sit bones. You may find it more comfortable to lie down to rest.



Avoid heavy lifting, pushing or pulling while allowing the perineum to heal. Avoid standing for long periods of time, your muscles will tire quickly and you may be sore as a result.

Bladder Care:

It is common not to feel the urge to empty your bladder after the birth. This will gradually improve over time. As a result it is important to go to the toilet regularly, every 3-4 hours, to empty your bladder, even if you don't feel the need to go. Your body is getting rid of fluid retained during the pregnancy and birth in the first 1-2 weeks so it is normal to pass large volumes of urine when you empty your bladder. To keep your bladder healthy it is important to drink 1.5-2 litres of fluids that includes water every day.

Bowel Care:

When sitting on the toilet to empty your bowels, lean forward as this makes it easier for the back passage to widen and open(see picture on next page). Support the stitches with a pad or a wad of toilet paper while emptying your bowels. Don't rush when sitting on the toilet, allow yourself a good 5-10 minutes to let your bowels work. Avoid straining.

It is very important to avoid getting constipated. Drinking enough fluids will help. Eat a healthy, balanced high-fibre diet. Fruit and vegetables are a good source of fibre. Substitute anything white for brown i.e. brown bread, brown rice, brown pasta. Nuts, seeds, dried fruits are also good sources of fibre. If you are constipated make small changes to your diet to allow your digestive system time to adjust.



Correct position for opening your bowels

Step one



Knees higher than hips

Step two



Lean forwards and put elbows on your knees

Step three



Bulge out your abdomen
Straighten your spine

Correct position



Knees higher than hips
Lean forwards and put elbows on your knees
Bulge out your abdomen
Straighten your spine

Reproduced by the kind permission of Ray Addison, Nurse Consultant in Bladder and Bowel Dysfunction.
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MOI/03/11 (6809792) November 2003

Pelvic Floor Exercises

Pelvic floor exercises can be started as soon as your catheter has been removed. These exercises help increase the circulation of blood to the area and aid the healing process. The pelvic floor and anal sphincter muscles help support the pelvic organs and help control the bladder, vagina and anus.



After childbirth and injury to the perineum, these muscles are not as effective. It is normal for the perineum to feel numb and sore initially but following the Physiotherapist's advice you should be able to feel a gentle pelvic floor contraction within the first few days. The stitches usually dissolve within a couple of weeks and full healing can take up to 6-8 weeks.

How to do your pelvic floor exercises?

Lie on your side comfortably with your knees bent up. Breathe in gently and as you breathe out gently tighten your back passage as if holding in wind and tighten the front passage as if you were trying to stop the flow of urine. If the front is sore, leave it for a few days and just work the back passage. For the first week to 10 days, you are just trying to feel the muscle squeezing and tightening. Repeat 4-5 times each time you practice. Try to do this set of exercises 3-4 times per day.

Once the muscle starts to feel stronger, try to hold the squeeze for a few seconds as you continue to breathe normally.

Gradually increase the time you can hold the squeeze for and the number you can do.

Once it becomes easier to do this exercise lying on your side and sitting is comfortable, start practicing this exercise in sitting also.

Again once it becomes easier to do this exercise in sitting start practicing it in standing.

It is important to tighten your pelvic floor muscles before you do anything that puts them under pressure such as coughing or sneezing. Remember to 'squeeze when you sneeze'. You need to do these exercises a few times daily over the next 6 months to strengthen the pelvic floor and anal sphincter muscles. After this you will need to continue to practice the exercises regularly to maintain the strength and tone of the muscles.

Can a third- or fourth-degree tear be prevented?

It is not possible to predict or prevent these types of tears. 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 occurring. There are some factors that can increase the risk of a tear:

- You have an assisted birth (forceps or vacuum delivery)
- One of your baby's shoulders becomes stuck behind the pubic bone (shoulder dystocia)
- The second stage of labour is longer than expected
- Your first vaginal birth
- You have a large baby (over 8 pounds 13 ounces or 4kg)
- Labour needs to be induced (started)

What are the long term effects of a third or fourth degree tear ?

Most women make a good recovery. During recovery, some women may have:

- Pain or soreness in the perineum
- A feeling that they have to rush to the toilet to open their bowels urgently or poor control of wind from the back passage.
- A feeling that they have to rush to the toilet to empty their bladder urgently.
- If bladder sensation is affected, then sometimes women may leak urine. Therefore it is important to go to the toilet regularly, every 3-4 hours, to empty the bladder.



- Anxiety about resuming sexual intercourse. It is preferable to wait six weeks until your GP/Consultant check up to ensure your stitches are fully healed. However, after that sexual relations may be resumed when you feel ready. You are the best person to know when your body has fully recovered, and you feel emotionally and physically ready to resume sexual relations. Find a position most comfortable for you, use plenty of lubrication and start gently.
If you have any concerns about physical or emotional issues which prevent you resuming normal sexual relations with you partner or if you have persistent discomfort or pain with intercourse discuss this with your GP/Consultant/Public Health Nurse/ Midwife or Physiotherapist.
- Occasionally some women may have difficulty controlling their bowels in the first 2 weeks after the birth. If this persists beyond that time or if your stitches become more painful or smell offensive, please contact the Emergency Room in CUMH on 0214920596.
- Alternatively, you can call the ward you were on to discuss any concerns you may have with one of the midwives. This is a 24-hour service.
 - **2East 021 4920634**
 - **3East 021 4920662**
 - **3South 0214920649**

Follow up appointments:

- Your Public Health Nurse will visit you at home for your routine post-natal care.
- You will be contacted by telephone by one of the Physiotherapists 6 weeks to discuss your progress and any symptoms you may be having. Based on this discussion you may be offered an appointment to attend for physiotherapy. If you have any concerns before this time, please feel free to contact the **Physiotherapy Department on 021 4920567** from 8.30am-4.30pm Monday-Friday.

- If you have not had any contact from the Physiotherapy Department by 8 weeks, please contact the **Physiotherapy Department on 021 4920567** or ask your Midwife, Public Health Nurse or Doctor to refer you.
- You will be offered a follow-up appointment with a doctor at the hospital 6-8 weeks after you have given birth to check that the stitches have healed properly. You will be asked questions about your urine and bowel functions.
- You will also receive an appointment to attend CUMH Perineal clinic from 6 months after the birth of your baby. Please contact **Perineal Clinic Secretary on 021 4920763** if you have not received this appointment