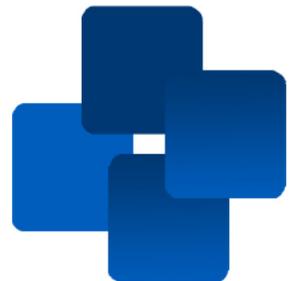


Patient Information

A third- or fourth-degree perineal tear during birth

Women's Services



Introduction

This leaflet is to explain about third- or fourth-degree perineal tears (also known as obstetric anal sphincter injury – OASI). It may be helpful if you are a relative or friend of someone who is in this situation.

What is a perineal tear?

Many women experience tears to some extent during childbirth as the baby stretches the vagina. Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage).

Small, skin-deep tears are known as first-degree tears and usually heal naturally. Tears that are deeper and affect the muscle of the perineum are known as second-degree tears. These usually require stitches.

An episiotomy is a cut made by a doctor or midwife through the vaginal wall and perineum to make more space to deliver the baby.

What is a third- or fourth-degree tear?

For some women the tear may be deeper. A tear that also involves the muscle that controls the anus (the anal sphincter) is known as a third-degree tear. If the tear extends further into the lining of the anus or rectum it is known as a fourth-degree tear.

How common are third- or fourth-degree tears?

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, occurring in 6 in 100 women, compared with 2 in 100 women who have had a vaginal birth previously.

What increases my risk of a third- or fourth-degree tear?

These types of tears usually occur unexpectedly during birth and most of the time it is not possible to predict when it will happen.

However, it is more likely if:

- this is your first vaginal birth
- you are of South Asian origin
- your second stage of labour (the time from when the cervix is fully dilated to birth) is longer than expected.
- you require forceps or a ventouse to help the delivery of your baby (please see 'Additional information' on the back cover)
- 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 (please see 'Additional information' on the back cover)
- you have a large baby (over 4 kg or 8 pounds and 13 ounces)
- you have had a third- or fourth-degree tear before.

Could anything have been done to prevent this type of tear?

In most instances, a third- or fourth-degree tear cannot be prevented because it cannot be predicted. However, applying a warm compress to the perineum while you are pushing does appear to reduce the chance of a third- or fourth-degree tear. Your midwife or obstetrician may protect the perineum by applying gentle pressure as your baby's head is delivering and this may also help prevent a tear.

It is unclear whether an episiotomy will prevent a third- or fourth-degree tear from occurring during a normal vaginal birth. An episiotomy will only be performed if necessary, and with your consent. If you have an assisted birth (ventouse or forceps), you are more likely to have an episiotomy as it may reduce the chance of a third- or fourth-degree tear occurring.

What will happen if I have a third- or fourth-degree tear?

If a third- or fourth-degree tear is suspected or confirmed, this will usually be repaired in the operating theatre. Your doctor will talk to you about this and you will be asked to sign a consent form. You will need an epidural or a spinal anaesthetic, although occasionally a general anaesthetic may be necessary.

You may need a drip in your arm to give you fluids until you feel able to eat and drink. You are likely to need a catheter (tube) in your bladder to drain your urine. This is usually kept in until you are able to walk to the toilet.

After the operation you will be:

- offered pain-relieving drugs such as paracetamol, ibuprofen or diclofenac to relieve any pain
- advised to take a course of antibiotics to reduce the risk of infection because the stitches are very close to the anus
- advised to take laxatives to make it easier and more comfortable to open your bowels

Once you have opened your bowels and your stitches have been checked to see that they are healing properly, you should be able to go home.

Will I be able to breastfeed?

Yes. None of the treatments offered will prevent you from breastfeeding.

What can I expect afterwards?

After having any tear or an episiotomy, it is normal to feel pain or soreness around the tear or cut for two to three weeks after giving birth, particularly when walking or sitting. Continue to take your painkillers when you go home. To ease the pain, you can also try:

- placing some ice cubes wrapped in a towel on the incision for **no longer than 10 minutes** – don't place ice directly on to your skin as this could cause damage

- using a doughnut-shaped cushion or squeezing your buttocks together while you're sitting to help relieve pressure and pain at the site of your cut

At first, some women feel that they pass wind more easily or need to rush to the toilet to open their bowels. Most women make a good recovery, particularly if the tear is recognised and repaired at the time; 6–8 in 10 women will have no symptoms a year after birth.

Going to the toilet

Keep the cut and the surrounding area clean to prevent infection. After going to the toilet, pour warm water over your vaginal area to rinse it.

Pouring warm water over the outer area of your vagina as you pee may also help ease the discomfort. You may find squatting over the toilet, rather than sitting on it, reduces the stinging sensation when passing urine.

When you're passing a stool, you may find it useful to place a clean pad at the site of the cut and press gently as you poo. This can help relieve pressure on the cut.

When wiping your bottom, make sure you wipe gently from front to back. This will help prevent bacteria in your anus infecting the cut and surrounding tissue.

Stitches

Most of the stitches are dissolvable and the tear or cut should heal within a few weeks, although this can take longer. The stitches can irritate as healing takes place but this is normal. You may notice some stitch material fall out, which is also normal.

What can help me recover?

Keep the area clean. Have a bath or a shower at least once a day and change your sanitary pads regularly (wash your hands both before and after you do so). This will reduce the risk of infection. You should drink at least 2–3 litres of water every day and eat a

healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta). This will ensure that your bowels open regularly and will help prevent you from becoming constipated.

Strengthening the muscles around the vagina and anus by doing pelvic floor exercises can help healing. It is important to do pelvic floor exercises as soon as you can after birth. You should be offered physiotherapy advice about pelvic floor exercises to do after surgery.

Looking after a newborn baby and recovering from an operation for a perineal tear can be hard. Support from family and friends can help.

When should I seek medical advice after I go home?

You should contact your midwife or general practitioner if:

- your stitches become more painful or smelly – this may be a sign of an infection
- you cannot control your bowels or flatus (passing wind).

Talk to your GP if you have any other worries or concerns.

When can I have sex?

In the weeks after having a vaginal birth, many women feel sore, whether they've had a tear or not. If you have had a tear, sex can be uncomfortable for longer. You should wait to have sex until the bleeding has stopped and the tear has healed. This may take several weeks. After that you can have sex when you feel ready to do so. A small number of women have difficulty having sex and continue to find it painful. Talk to your doctor if this is the case so that you can get the help and support you need.

It is possible to conceive a few weeks after your baby is born, even before you have a period. You may wish to talk with your GP or midwife about contraception or visit your local family planning clinic to discuss this.

Your follow-up appointment

You may be offered a follow-up appointment at the hospital 6–12 weeks after you have had your baby to check that your stitches have healed properly.

You will be asked questions about whether you have any problems controlling your bowels. You may be referred to a specialist if you do. You will also have the opportunity to discuss the birth and any concerns that you may have.

Can I have a vaginal birth in the future?

Most women go on to have a straightforward birth after a third- or fourth-degree tear.

However, there is an increased risk of this happening again in a future pregnancy. Between 5 and 7 in 100 women who have had a third- or fourth-degree tear will have a similar tear in a future birth.

You may wish to consider a vaginal delivery if you have recovered well and do not have any symptoms. If you continue to experience symptoms from the third- or fourth-degree tear, you may wish to consider a planned caesarean section.

You will be able to discuss your options for future births at your follow-up appointment or early in your next pregnancy. Your individual circumstances and preferences will be taken into account.

Useful contact details

Consultant Led Unit, Pink Zone
Lister Hospital

☎ 01438 284124 (24 hours)

Additional information

- **Ventouse or Forceps** - see RCOG patient information 'Assisted vaginal birth (ventouse or forceps)'
www.rcog.org.uk/en/patients/patient-leaflets/assisted-vaginal-birth-ventouse-or-forceps
- **Shoulder dystocia** - see RCOG patient information 'Shoulder dystocia'
www.rcog.org.uk/en/patients/patient-leaflets/shoulder-dystocia)
- **Bladder and Bowel Foundation**
www.bladderandbowelfoundation.org
- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/episiotomy/

Sources and acknowledgements

This information was originally developed by the RCOG Patient Information Committee. It is based on the RCOG Green-top Clinical Guideline:

The Management of Third- and Fourth-Degree Perineal Tears (June 2015).

The guideline contains a full list of the sources of evidence used. You can find it online at:

www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg29



Royal College of
Obstetricians &
Gynaecologists

Date of publication: June 2015
Author: RCOG - Reviewed by M. Dollimore
Version: 02 (Aug 2018)
Review Date: August 2021
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