

Third – or fourth – degree tear during childbirth

Sometimes a woman's perineum may tear as the baby comes out. Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage). The extent of the tear is categorised as follows:

- First degree tears – small, skin-deep tears which usually heal naturally.
- Second degree tears – deeper tears affecting the muscle of the perineum as well as the skin. These usually require stitches.
- Third degree tears – the tear extends downwards from the vaginal wall and perineum to the anal sphincter, the muscle that controls the anus.
- Fourth-degree tears – the tear extends to the anal canal as well as the rectum (further into the anus).

Episiotomy

A doctor or midwife may cut the area between the vagina and anus during childbirth. This is called an episiotomy and makes the opening of the vagina a bit wider, to allow more space for the baby to come out.

Third and fourth degree tears

These are more extensive tears, and occur in about 3 in 100 women having a vaginal birth. It is not possible to predict or prevent these tears. There are some factors that may indicate when a third- or fourth-degree tear is more likely:

- One of the baby's shoulders becomes stuck behind your pubic bone.
- A longer than expected second stage of labour.
- First vaginal birth.
- Large baby – over 4kg (8lb13oz).
- Induced labours.
- Assisted deliveries (forceps or ventouse).

If after birth it is suspected that you have a third- or fourth-degree tear your perineum and anus will be examined and the extent of the tear confirmed. The damaged sphincter and the tear will be stitched in an operating theatre and you will require an anaesthetic, most likely an epidural or a spinal block but this occasionally may need to be a general anaesthetic.

After the operation you will be offered pain-relieving drugs. You will be advised to take a course of antibiotics to reduce the risk of infection because the stitches are very close to the anus and advised to take laxatives to make it easier and more comfortable to open your bowels.



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.

Some women develop problems with bowel control while the area is healing. Symptoms can include a feeling of urgency to empty the bowel, it may be difficult to hold on. There may be poor control of wind, difficulty wiping clean or loss of solid or liquid stool.

Defaecation Techniques

The way you empty your bowels is important for those who have difficulty and for those with leakage, as this will encourage better bowel function long term. It is important to avoid constipation.

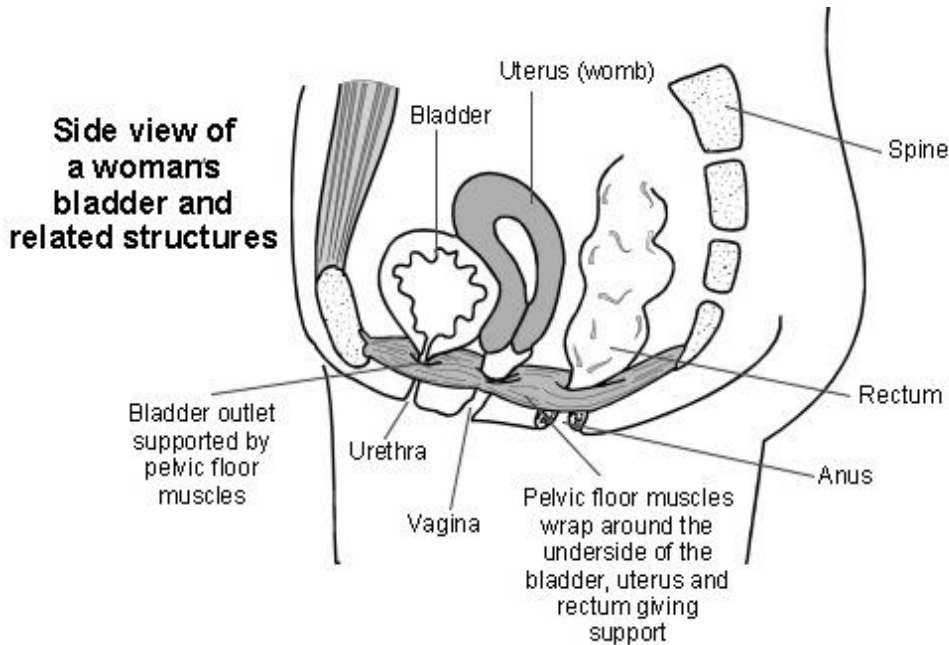
- Drink 1.5-2 litres of fluid a day
- Eat a healthy diet
- Ideally do not ignore a call to open your bowels and try to work with the urge
- Do not strain and give yourself enough time to empty completely
- Sit fully on the toilet: do not hover
- Sit on the toilet seat with knees bent, feet apart and supported on a foot stool so your knees are higher than hips
- Arms resting comfortably on your leg
- Keep your tummy relaxed
- Do not hold your breath
- Relax your pelvic floor, make the anus wide
- A slight bearing down will help the stool to move out of the back passage – watch this video for more detail <https://www.youtube.com/watch?v=QDk93cvZAuk>
- Some women may find it helpful to support the perineum (the area between the anus and the vagina) when emptying their bowels, some women find it helpful to rock forwards and backwards to pump the stool out.
- After voiding faeces, tighten your anal sphincter with 5 – 10 quick squeezes before wiping your bottom

What can I do to speed up healing of the tear

- Keep the area clean
 - ✓ Bath or gently shower daily.
 - ✓ Change your sanitary pad regularly (wash your hands before and after).
 - ✓ Rinse with water from front to back after going to the toilet and dry carefully.
- Avoid constipation
 - ✓ Drink at least 2-3 litres of water daily.
 - ✓ Eat a healthy, balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta).
 - ✓ Be as active as you can and is within your comfort range.
 - ✓ Do not ignore urges to empty your bladder or bowel.
 - ✓ Take your time on the toilet so you completely empty your bowel.
Avoid lifting anything heavier than baby for at least 6 weeks.
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- Rest
 - ✓ Lying down can help to minimise swelling and discomfort.
 - ✓ Try to rest for an hour each morning and afternoon during the first 6 weeks after the birth of your baby.
- Compression
 - ✓ Firm supportive underwear that lift up under your perineum will help to support the area and minimise swelling.
- Pain relief
 - ✓ Cool gel packs or ice packs may help.
- Regular passing of urine
 - ✓ Aim to pass urine every 3-4 hours if possible.
 - ✓ When passing urine try leaning forward slightly, this allows the stream of urine to flow away from the stitches and hopefully prevent stinging.
 - ✓ It is important to empty the bladder at each visit, to help with this lean back on the toilet before you stand up again.
 - ✓ Take your time on the toilet so you completely empty your bowel.
 - ✓ Do not stop and start flow whilst passing urine, as this may lead to urine retention and possible infection.
- Do **pelvic floor exercises** within your comfort range 1-2 days after the birth of your baby and once the catheter has been removed. This will increase the circulation of the blood to the area and aid the healing process.



The pelvic floor muscles are a 'hammock' of muscles underneath your pelvis. They attached at the front of the pelvis to the pubic bone and span backwards to attach at the base of the spine around the sacrum and coccyx (tailbone). The opening of the bladder, birth canal (vagina) and the bowel all pass through the pelvic floor.



Pelvic floor muscle exercises

Pelvic floor muscles need to be exercised like any other weak muscles. An individual programme is important and we will discuss this at your appointment, but here are some exercises to get you started. A pelvic floor muscle contraction is performed by closing and drawing up your front and back passage. Imagine you are trying to stop yourself from passing wind and at the same time trying to stop your flow of urine. The feeling is one of 'squeeze and lift'. In the beginning it may be easier to do the exercises lying, but you can progress them to sitting or standing. At first you may feel very little muscle activity due to swelling and soreness but keep trying.

There are two types of exercises you should do;

1. Quick and strong

Squeeze as hard as you can and then relax. Rest a second and then repeat up to 10 times.

2. Endurance

Squeeze and hold for up to 10 seconds. You must feel the muscle relax after each contraction. Aim to repeat it as many times as you can, building up to a maximum of 10 times.

DO NOT Pull in your stomach excessively

- DO NOT** Squeeze your legs together
- DO NOT** Tighten your buttocks
- DO NOT** Hold your breath.

2. Perineal scar massage can help to promote healing. Start 3 weeks post repair with E45 cream and if preferred progress to use Bio Oil at 6 weeks post repair. Use small circular massage movements over the scar and then gently across the scar. Do this morning and evening after washing for 30 – 60 seconds.

When should I seek medical advice?

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).
- You will usually have contact with a pelvic health physiotherapist a few weeks after delivery.
- You will have an appointment with a specialist consultant at the hospital.

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. Try different positions as this may make intercourse more comfortable, using a suitable lubricant may help. It is possible to conceive two 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.

Future Pregnancies

60–80% of women are asymptomatic 12 months following delivery and repair.

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 pregnancy. You may wish to consider a vaginal delivery if you have recovered well and do not have any symptoms but if you continue to experience symptoms then you can discuss your options for future births with your health care professionals and individual circumstances and preferences will be taken into account.

