Perineal tears/trauma during childbirth

Information for patients

Contact telephone numbers:

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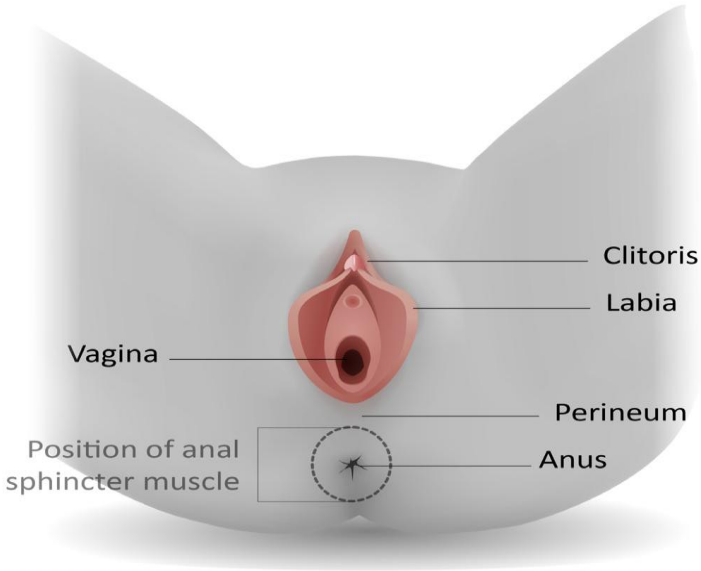
This leaflet is to give you information about perineal tears/trauma during childbirth and to provide self-help advice.

Where is the perineum?

The perineum is the area between the front passage (vagina) and the back passage (anus).



What is a perineal tear?

Many women (around 85%) will experience grazes or tears during childbirth as the baby stretches the vagina and perineum. Sometimes health professionals also recommend a cut to the perineum, called an episiotomy, to give more room for the baby to be born.

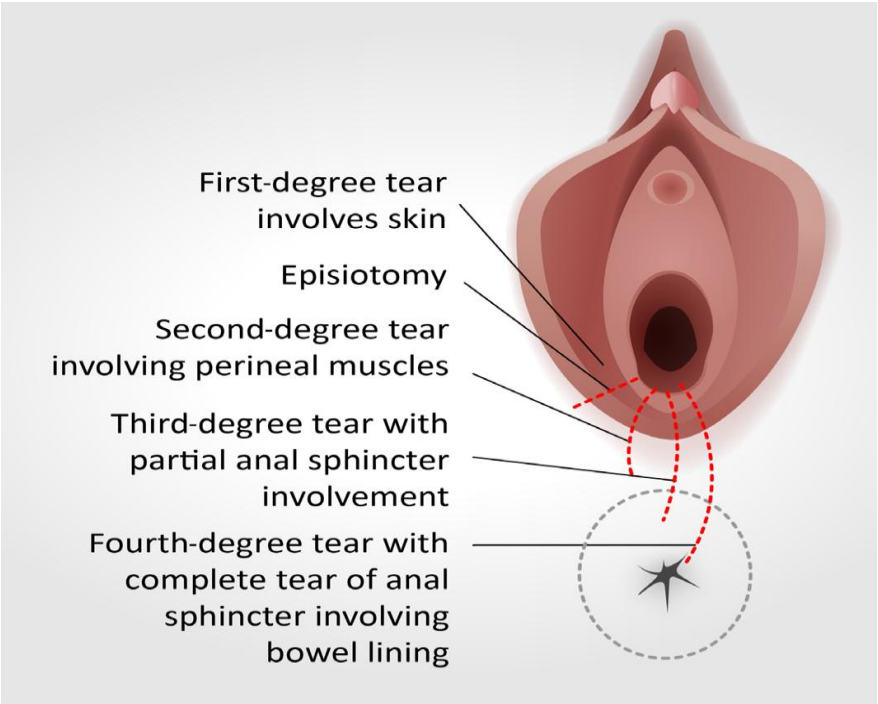
Perineal tears can happen in up to 9 out of 10 first time mothers. According to the Royal College of Obstetricians and Gynaecologists (RCOG), for most women, these tears are minor and heal quickly. Up to 65-75% of women who experience some degree of tear or episiotomy will need some stitches. This will be determined after the birth of your baby when the health professional offers you an examination to check if you had a tear and if this tear needs stitches.

Types of perineal tears

Types of perineal tears	**Classification**
First degree	Injury to the perineal skin layer only.
Second degree (similar to an episiotomy)	Injury to the perineal muscle and skin layers.
Third degree	This tear also involves the muscles that control the anus (back passage).
Fourth degree	More extensive than a third degree tear and extends further into the lining of the anus or rectum.

First degree tears are only skin deep and heal naturally, but second degree tears and above will require stitches.

Other types of tears may be higher up in the vagina or at the front of the vagina involving the labia (the folds of skin around the outside of the vagina). All these may also need stitches.



What is done about perineal tears/trauma?

You will be offered an examination to check if you had a tear and advice if you need stitches. The majority of tears and episiotomies will be sutured by the midwife or doctor soon after delivery. The stitches used will dissolve themselves and do not need to be removed. The stitches will begin to dissolve, soften and fall out after 7 to 10 days as the wound heals. It takes approximately six weeks before they completely dissolve.

Labial grazes and tears

A labial graze is a scratch of the surface of the skin and a labial laceration is a tear of the skin in this area. Many are small grazes, do not require stitches and will heal well on their own.

If a labial tear was large, bleeding or when both your labia are affected, then they may require stitches. These are usually small, individual, dissolvable stitches.

What happens afterwards?

Most women have no problems following a perineal or labial tear. Things that you may consider:

1. Pain relief if sore

Your midwife or doctor may offer you a painkilling suppository (a small dissolvable tablet placed into the back passage) immediately after repairing the tear. You may need regular painkilling tablets after delivery until the tear has healed. The hospital or your GP will provide these. Consider asking your midwife for a lavender pack/cold compress or an ice pack which can give you relief and help reduce swelling. Try lying on your side if you are breast feeding. If sitting, place a folded towel under each buttock to raise up the perineum.

2. Keeping the area clean and dry

It is important to wash your perineal and labia area carefully, and this may be difficult when it is sore. Whether using a jug of water, a hand-held shower attachment or a bidet, the flow must be directed from front to back to lessen the risk of washing germs from the back passage onto the perineum.

It is also important to dry your perineum, since infection is more likely to occur on damp skin. Dabbing the perineum with a pad of soft toilet tissue is probably the most effective way to dry the area. Changing your sanitary pads frequently will also help reduce the risk of infection. There is no need to bath in salt water, plain water is better. It is a good idea to look at your perineum or labia (using a mirror) so that you know if there are any changes.

If you develop more pain, swelling or the area turns red, seek advice from your GP or midwife.

3. Avoid constipation

It is important to eat well and drink plenty of water to avoid constipation. You should drink at least 2 litres of fluid every day, water is best (slightly more if breastfeeding) and eat a healthy balanced diet (for instance fruit, vegetables, cereals and wholemeal bread).

When opening your bowels, the best position to sit in is with your feet on a stool to raise your knees above your hips (see image)

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This helps to straighten out your bowels. Try to relax and rest your elbows on your knees. Bulge out your tummy by taking big abdominal breaths – this will help to expel your faeces without straining. You can also use a wad of toilet paper or a sanitary towel to help support your perineum as you empty your bowels. Take your time and do not rush. Make sure you relax your pelvic floor and avoid straining (see pages 8-9 and your physiotherapy postnatal leaflet).

You will be offered a laxative (such as lactulose) which can help initially.

4. Emptying your bladder

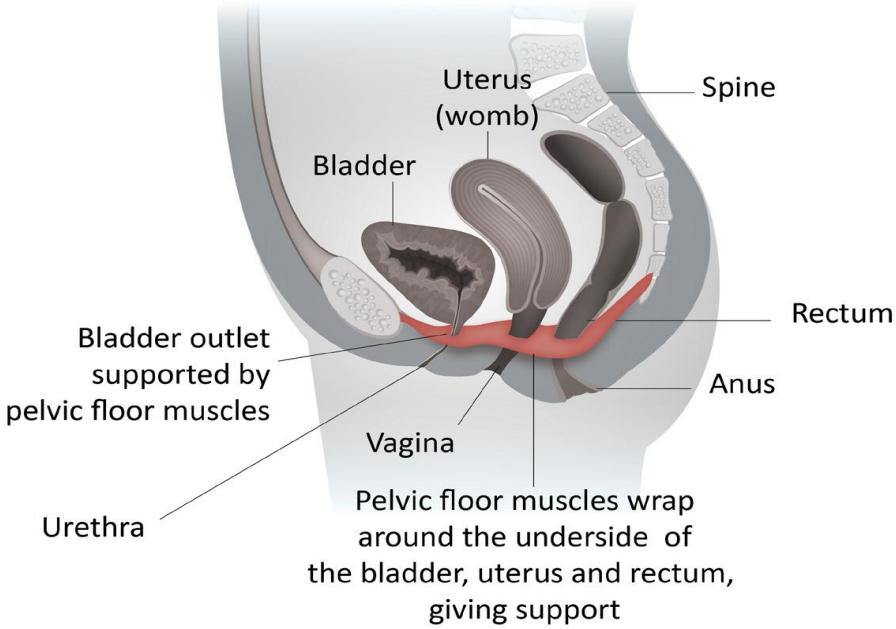
Sometimes after having a baby, often just due to discomfort, you lose the sensation to empty your bladder. Make sure you let your midwife know if this is an issue and you may be advised to toilet regularly.

Initially passing urine can cause stinging- pouring water over the area when urinating can help. Also ensuring you drink at least 2 litres per day, water is best (slightly more if breastfeeding), as this means your urine is less concentrated and will sting less.

5. Sensation/Pelvic floor

It is common after a forceps delivery or a tear, to lack sensation when performing pelvic floor exercises. However, this does not mean that the muscles are not working. It just means that the nerves which supply the feeling to this area are bruised and not working fully at this time.

Pelvic floor exercises are important as they encourage normal blood flow to the area. This encourages healing and helps bruising to be reabsorbed, reducing swelling and discomfort. Follow the exercise instructions given in the physiotherapy postnatal exercise leaflet.



Aim to do a minimum of 5 squeezes of the muscles every time your baby is being fed. As the swelling reduces and you feel more comfortable, try also holding the contraction for a count of 5 seconds. Continue to build these as described in your Physiotherapy Postnatal Exercise leaflet.

Pelvic floor exercises should not be done if you have been advised to go home with an indwelling catheter (a thin tube which drains urine from your bladder) to rest your bladder to help short term recovery of its function.

6. Position and Posture

- Avoid sitting for prolonged periods (when not feeding baby)
- Avoid standing for prolonged periods, especially when holding your baby
- Avoid sitting twisted to one side (sitting on one bum cheek)
- Change your position regularly.

When can I have sex?

There are no set rules. There may be an increased risk of infection if you have sex too soon. It is likely that the risk continues until any bleeding or discharge has stopped. A general guide is four to six weeks, but every couple is different and you should let your own feelings guide you. Perineal massage, either on your own or with your partner, may help you feel more comfortable before you begin having sex again. You may notice your vagina feels drier than usual, particularly if you are breastfeeding. A lubricant may be helpful.

Initially sex may be uncomfortable and feel different, but the discomfort should not persist. You and your partner may be anxious, and talking about these feelings may help as it is important that you both feel ready and relaxed. If you continue to experience pain or discomfort, you should raise these concerns with your healthcare professional.

What about next time?

Having had a perineal or labial tear in this pregnancy should not affect how you deliver in your future pregnancies.

If you have any concerns, please discuss these with your midwife.

References

RCOG Third/Fourth Degree Tears Patient Information Oct 2019

RCOG Perineal Tears Patient Information Oct 2019