

PATIENT INFORMATION

Advice following a 3rd – 4th degree perineal tear

What are the different types of tears which can occur during childbirth?

The Royal College of Obstetricians and Gynaecologists state that up to 9 in every 10 women who have a vaginal delivery will experience some form of graze, tear or episiotomy. It is slightly less common in women who have had previous vaginal deliveries. For most women these tears are minor and will heal naturally. Tears can occur inside the vagina and on other parts of the vulva including the labia or the perineum. Your perineum is the area between your vaginal opening and your back passage (anus). It is common for the perineum to tear to some extent during childbirth. Many women experience tears during childbirth as the baby moves down the birth canal and stretches the vagina and perineum.

These tears can be categorised into four categories.

- A first-degree tear is a small tear affecting only the skin and usually heals quickly without any treatment
- A second-degree tear affects the muscle of the perineum. These usually require stitching
- A third-degree tear extends in the area that controls the anus (anal sphincter muscles). These will need to be repaired in an operating theatre
- A fourth-degree tear extends into the lining of the anus / rectum. These will need to be repaired in an operating theatre.

Overall, a third- or fourth-degree tear (also known as an OASI – obstetric anal sphincter injury) occurs in about three out of every one hundred vaginal deliveries.

What is the difference between an episiotomy and a tear?

An episiotomy is a cut made into your perineum by a midwife or a doctor. This may be done to make more space for baby to be born, or if your baby needs to be born quickly. When a baby is born it stretches the vagina and the perineum, but sometimes there is not a stretch. If this happens then your perineum may tear. As much as an episiotomy makes space for a baby to be born, it does not stop a third- or fourth-degree tear from occurring.

3rd and 4th degree tears

A third and fourth-degree tear cannot be anticipated or prevented in most situations. There are some factors which can make a third- and fourth-degree tear more likely:

- Forceps are used to help to give birth
- This is your first vaginal birth

The following may also increase the risk:

- You sustained 3rd or 4th degree tear previously
- Your baby is born in the back-to-back position
- Your baby is over 4 kgs (9lbs)
- You are of South Asian ethnicity
- Your baby is born quickly
- You are over 35 years of age
- Your baby's shoulder gets stuck behind the pubic bone (shoulder dystocia)
- Ventouse is used to help you give birth
- The pushing phase takes a long time

What happens after your surgery?

While in hospital, we will recommend you take regular painkiller (paracetamol and ibuprofen): please make sure you have your own supply. The midwife will provide you with painkillers if you do not have any. You can ask for stronger medication if you need it.

You will be provided with a course of oral antibiotics and laxatives, to make it easier and comfortable to open your bowel.

What appointments will I have post discharge from the hospital?

If you are healing well and you are not having any infection, the pelvic health specialist midwife will call you within 2-3 weeks after birth, and she will offer you a follow-up appointment at 6 weeks after birth.

If you experience issues with your stitches or bladder/bowel problems, the pelvic health midwife will call you within few days after your discharge.

You will be called and offered a follow up appointment with the pelvic health specialist physiotherapist, about 12 weeks after birth.

You do not need to do anything: we will contact you.

Tips and advice

- Once your catheter is removed, remember to pass urine about every 2-3 hours to help your sensation return. Try and aim to drink 2-3 litres of water a day (especially when breastfeeding)
- Start to gently potter short distances on the ward and then gradually increase this at home
- Gently start your pelvic floor exercises – can you feel what to do?
- Keep the perineum clean and wash daily with just water. Do not use any products. Change your sanitary pad regularly. Wash your hands before and after going to the toilet
- Eat a healthy and well-balanced diet to avoid constipation
- If you need to open your bowels – do! Put your feet on a step when you are sitting on the toilet to help your back passage relax. Supporting the perineum (the bit of skin between the vagina and the back passage) by holding a wad of clean toilet paper or clean sanitary towel to help your perineum and stitches feel more supported can be helpful.



What can I do at home?

- Both rest and gentle exercise is important for your recovery
- If possible, try and avoid lifting anything heavier than your baby for at least 6 weeks. Try and let someone else lift the pram/buggy, the car seat and any other children where appropriate
- Pelvic floor exercises
- Enjoy getting to know your baby!

When can I have sexual intercourse again?

Many women worry about this post-delivery, even if they have not had a tear. It is however recommended that you wait at least 6 weeks or wait until your stitches are healed or the area is less tender. Once you feel ready and comfortable to try intercourse again, it may be worth trying different positions or lubricants to make it more comfortable.

Pelvic Floor Exercises

You can start these exercises from day one post-delivery to help aid healing of your perineum. The pelvic floor muscle forms a bowl in the bottom of our pelvis. Their main job is:

- to help you control your bladder and bowel
- to support your bladder, womb and bowel

How do I do Pelvic Floor Exercises?

1. Your back passage is right in the middle of your pelvic floor muscle, to activate them start by gently trying to close your back passage as if you are trying to hold in wind – can you feel a twitch?
2. Next try and activate the front portion of your pelvic floor muscle, by trying to imagine holding in a wee – can you feel a twitch?
3. Then try holding in wind and holding in a wee at the same time. You should feel the muscles “squeeze and lift” – but try not to clench your buttocks and thighs!

You can do this in any position – we would advise you to start these exercises while lying on your back with your knees bent and feet flat on the bed, then to slowly progress to doing these exercises in sitting then standing which is the hardest.

Try, and avoid holding your breath, pulling your tummy in (a slight tightening is fine), squeezing your legs together, or tightening your buttocks.

Only the pelvic floor muscle should be working. The exercises are often referred to as a ‘secret exercise’ - no one can see that you are doing them. DO NOT try to stop the flow of urine when passing urine.

How do I exercise my Pelvic Floor Muscle?

There are two exercises you need to do to strengthen the pelvic floor muscle.

1. Exercise one (Endurance) Slowly tighten and lift the pelvic floor muscle and hold for as many seconds as comfort allows (your goal is to aim for 10 seconds, we do not expect you do this initially). Aim to repeat this longer squeeze for up to 10 repetitions.
2. Exercise two (Quick twitch) Tighten and relax the pelvic floor muscle as quickly as you can (holding for approximately 1 second). Make sure you relax completely in-between each squeeze (your goal is to aim to repeat this up to 10 times).

Alongside working on your pelvic floor strength, it is also important to spend a short period every day concentrating on your breathing and relaxing your pelvic floor.

How often should I do these exercises?

You should aim to do these exercises two to five times per day.

How can I use my Pelvic Floor Muscles during the day?

When you cough, sneeze, laugh or pick something up, remember to tighten your pelvic floor muscle before and during these activities. This technique is called “the knack”. It can be used to try and reduce straining of the pelvic floor muscle and prevent leakage of urine.

How will I know if I am getting better?

It will take several weeks of regular exercise to strengthen your pelvic floor muscle. Best results should be seen within 3 to 6 months. Remember pelvic floor exercises are for life. If you stop doing them your symptoms may return. Training should become part of your daily routine, so try to link it with activities or tasks that you do daily.

Referencing and signposting to additional online resources

Torbay and South Devon NHS Foundation Trust

- [Pelvic health wellbeing advice, helplines, leaflets, and links](#)

Royal College of Obstetricians and Gynaecologists

- [Third- and fourth-degree tears \(OASI\)](#)
- [Care of a third- or fourth-degree tear that occurred during childbirth \(also known as obstetric anal sphincter injury OASI\)](#)

Pelvic, Obstetric and Gynaecological Physiotherapy

- [Perineal Healing](#)

MyHealth Devon

- [Devon Pelvic Health Around Birth](#)

MASIC – supporting women with injuries from childbirth

- [Aiming to change the lives of women injured during childbirth](#)

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.