

# SEVERE (THIRD AND FOURTH DEGREE) PERINEAL TEARS CLINICAL CARE STANDARD

## Fact Sheet for Consumers

### What is a perineal tear?

A perineal tear is a tear of the skin and other tissues between the vagina and anus. Perineal tears that are skin deep (first degree tears) or involve the perineal muscle (second degree tears)<sup>3</sup> may need stitches, but women tend to recover from this type of injury within the first few weeks or months after birth.<sup>4</sup>

Severe perineal tears are deeper than first and second degree tears and need surgical repair. They involve the:

- Muscles and sphincter that control the anus (third degree tears), or
- Lining of the anus or rectum (fourth degree tears).<sup>4</sup>

Most vaginal births do not result in any major damage to the perineum or anus. However, about 3% of women who have a vaginal birth will experience a severe perineal tear<sup>1,2</sup>, which may affect their physical, psychological and sexual wellbeing.

### What is the Perineal Tear Clinical Care Standard?

This standard contains seven quality statements that describe the care you should expect if you are planning a vaginal birth or you experience a severe perineal tear. This fact sheet explains what each quality statement means for you.

For more information or to read the full clinical care standard visit: [www.safetyandquality.gov.au/ccs](http://www.safetyandquality.gov.au/ccs)

### Quality Statement 1: Information, shared decision making and informed consent

#### What the standard says

**Beginning in the antenatal period, a woman receives individualised information about the potential for severe perineal tears and is supported to make decisions and provide informed consent for the care she receives.**

#### What this means for you

During the antenatal period, your clinician will talk to you about your birthing options such as a vaginal birth, an instrument-assisted birth or a caesarean section. They will also discuss the possibility of having a severe perineal tear and what can be done to lower the chance of this happening.

Most women who give birth vaginally do not sustain significant damage to their perineum or anus, but some women sustain a severe perineal tear. It is not always possible to prevent a severe perineal tear. There are care options that can reduce the likelihood of this happening. These options are based on the best-available evidence. You can make an informed choice about the care you receive by talking to your clinician about the potential benefits and harms of these options. The option you choose will be based on your clinical need and personal preferences.

Not all care settings can offer all care options. If this is the case for you, you may be referred to an obstetrician or transferred to a different care setting. This will depend on your level of risk, previous birth history and your decisions about the care you wish to receive.

Your clinician will also discuss the importance of being checked soon after your baby is born to make sure you do not have this type of injury. This discussion will be recorded in your healthcare record.

## Quality Statement 2: Reducing risk during pregnancy, labour and birth

### What the standard says

**A woman receives care during pregnancy, labour and birth to reduce her risk of severe perineal tears. Care is aligned with evidence-based guidelines and reflects the woman's care preferences.**

### What this means for you

It is not always possible to prevent a severe perineal tear, but evidence-based care can be used during pregnancy, labour and birth to reduce the likelihood of this happening.

Throughout pregnancy, it is important to eat a healthy diet and exercise regularly to help maintain a healthy weight for you and your baby. In the later stages of pregnancy, pelvic floor muscle training can reduce the possibility of a severe perineal tear by preparing your perineal muscles for labour and birth.<sup>5</sup> Perineal self-massage after 34 weeks of pregnancy may also help prepare your perineum.<sup>4, 6</sup>

During labour, your clinician will assess you and, with your consent, will provide care to reduce the chances of a severe perineal tear. Evidence suggests that applying warm compresses to the perineum and encouraging you to slow the rate at which the baby emerges can significantly reduce your risk. Changing your birthing position may also help.

Your clinician may also recommend an episiotomy to reduce the likelihood of a severe perineal tear. An episiotomy is when a cut is made in the vaginal opening to make more space to deliver the baby.

If you need help giving birth, you may have an instrumental vaginal birth (where instruments such as forceps or a vacuum are used) or a caesarean section (where the baby is born via a cut through the abdomen and uterus).<sup>3</sup> This may involve a transfer of care to an obstetrician or a different setting such as an operating theatre.

## Quality Statement 3: Instrumental vaginal birth

### What the standard says

**When intervention is necessary for the safe birth of the baby, the choice of instrument is based on clinical need and consideration of the benefits and risks for each option, including the risk of severe perineal tear.**

### What this means for you

Sometimes during labour, if your clinician is concerned about your health or the health of your baby, they may suggest active assistance to help the baby come out. If you need help giving birth, your options might be:

- An instrumental vaginal birth (where the clinician uses either forceps or vacuum (ventouse) to help pull the baby out)
- A caesarean section (where the baby is born via a cut through the abdomen and uterus).

Your clinician will discuss these options with you. The decision about the best option will be based on your medical needs and the likely benefits and risks to you and the baby, in discussion with you.

Most instrumental deliveries occur without complications, but there is a small risk for you or your baby with each of the different options. If an instrument is used, the chance of having a severe perineal tear is lower with vacuum than with forceps. If forceps or vacuum are used, you may be offered an episiotomy to lower the risk of a severe perineal tear. Your clinician will also consider the safety of the baby. In some cases, an unplanned caesarean may be the safest option.

You will be asked to provide consent for this type of operative care, except in the case of emergency.

## Quality Statement 4: Identifying third and fourth degree perineal tears

### What the standard says

**After a vaginal birth, and with her consent, a woman is examined by an appropriately trained clinician to exclude the possibility of a third or fourth degree perineal tear. Tears are classified using the Royal College of Obstetricians and Gynaecologists classification and are documented in the healthcare record.**

### What this means for you

After a vaginal birth, it is important that a clinician checks you to make sure you do not have a severe perineal tear. If a clinician does not repair a severe perineal tear quickly, the tear can cause serious problems in the long term.

To check for a severe perineal tear, the clinician will ask to check the area in and around the vagina and anus (back passage). The examination will be done with your consent and in a respectful manner. You have the right to ask the clinician to stop at any time.

Some injuries occur without an obvious tear or are difficult to see because of the swelling in the area. These types of injuries can be hard to accurately identify and assess. So a second clinician may check that nothing has been missed to ensure you receive treatment that is appropriate for the type of injury you might have.

Severe perineal tears need to be repaired during an operation. If you have a severe perineal tear, you may need to be transferred so the repair can be undertaken. An obstetrician, or in some cases a colorectal surgeon, will usually carry out the repair.

## Quality Statement 5: Repairing third and fourth degree perineal tears

### What the standard says

**When a third or fourth degree perineal tear occurs, it is promptly repaired by an appropriately trained and experienced clinician in a suitable environment.**

### What this means for you

If you have a severe perineal tear, your clinician will talk to you about how your injury should be repaired. Severe perineal tears are usually repaired in a hospital or an operating theatre, to make sure you are safe and comfortable. A clinician who is trained to do this type of surgery will fix the tear. The clinicians will try to make sure your baby and support person remain with you during the surgery.

Perineal tears are repaired with dissolving stitches that do not need to be removed. You will need a local or general anaesthetic. You may also get a dose of antibiotics to prevent wound infection.

## Quality Statement 6: Postoperative care

### What the standard says

**After repair of a severe perineal tear, a woman receives postoperative care that includes debriefing, physiotherapy and psychosocial support before discharge.**

### What this means for you

Right after surgery, you might need medicines to manage pain or constipation, or to prevent infection. You may also have a urinary catheter for a short period of time to help you urinate.

While in hospital, your clinician will discuss your experience. This will give you a chance to ask questions about how your injury was repaired. Your clinician will also let you know what you need to do to look after your injury in the short and long term.

Before leaving hospital, you should see a physiotherapist who can let you know what to do or what to avoid while recovering. The physiotherapist will also work with you and your midwife to work out the best positions for breast feeding, if you choose to do so. You may feel unsettled after this type of injury, so you may also meet with a psychologist or social worker who can provide more advice and support you at home.

Before going home, you should receive written information about your injury, including information about what to expect and how to care for your injury. Your general practitioner will be sent a copy of your hospital discharge summary describing the care you received and any referrals or follow-up needed. Ask if any follow-up appointments have been made for you.



## Quality Statement 7: Follow-up care

### What the standard says

**A woman with a severe perineal tear receives individualised follow-up care and appropriate referral to optimise her ongoing physical, emotional, psychological and sexual health.**

### What this means for you

After leaving hospital, you should receive follow-up care to make sure you have the best possible physical and emotional recovery and to provide advice for future pregnancies. Your general practitioner and a physiotherapist with expertise in women's health will have a key role in looking after you and will help you get the care you need.

You can expect a follow-up appointment with an experienced clinician, who is familiar with your history in the weeks after your baby is born. They will check that your injury is healing and discuss any other problems you may experience. They can also help you if you have concerns about pain, incontinence, sexual activities, exercise or relationship difficulties as a result of your injury. You may feel sad or tearful for a period of time after this type of injury.

To best support your recovery, you may be offered a number of specialist services, such as:

- Clinics that specialise in treating women with severe perineal tears
- Physiotherapists with experience in pelvic floor training
- Continence nurses
- Psychologists, sexual health therapists or relationship counsellors
- Other specialist doctors like obstetricians or colorectal surgeons.

It is important to talk to your support person as they may also need help to understand what has happened and how to support you while you recover. They may also need support or counselling so they can look after their own health and wellbeing. You may choose for both of you to go to your appointments.

## References

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