

INFORMATION
for consumers

Recovering from a third or fourth degree perineal tear

If you have a third or fourth degree perineal tear during childbirth, this fact sheet will help you understand the treatment and follow-up care you should receive to support your recovery.

What is a perineal tear?

During labour, the skin and muscles around your vagina stretch to allow your baby to be born. Many women experience tears of the perineum (the area between your vagina and anus) during childbirth. Most heal well either naturally, or with stitches. A small number of perineal tears are more serious.

What is a third or fourth degree tear?

Perineal tears are usually graded by 'degrees' from one to four. First and second degree tears, which are the most common, affect the perineal skin and muscles and may need stitches to help them heal.

Third and fourth degree perineal tears are deeper tears and require surgical repair. A third degree tear affects the muscles that control the anus. A fourth degree tear affects the lining of the anus or rectum. These tears may affect your bowel, bladder and sexual function. It is important that they are identified and repaired.

How is a perineal tear identified?

Just after your baby's birth, your doctor or midwife may ask to examine you to check for perineal tears. Some perineal injuries may be difficult to see, especially if there is swelling in the area. If you consent, they will place a finger inside your rectum and carefully feel for any damaged tissues in and around your vagina and anus. If there is a tear, the examination helps to assess where the tear is and which parts of your body are affected.

What happens if you have a third or fourth degree perineal tear?

If you have a third or fourth degree perineal tear, an experienced doctor will repair your tear. This usually occurs in an operating theatre unless there is another well-equipped location available. Your healthcare team will try to arrange for your baby and support person to stay with you during the surgery, if that is what you would prefer and it is possible.

Before surgery, you will be given an anaesthetic so that you do not feel pain during the procedure. You may also need a catheter (tube) in your bladder to drain your urine. This is usually inserted before surgery and kept in place after surgery until you are able to walk to the toilet. A rectal examination will be conducted immediately after surgery to check the repair.

After surgery, you will be offered pain medicines. You may also be advised to take laxatives to make it easier to go to the toilet, and antibiotics to reduce the risk of infection.

Recovery

After surgery, you may experience pain or discomfort. This can make it hard for you to move around normally. You will have stitches between your vagina and anus, and also beneath your skin. You may experience some irritation from the stitches as they heal, and stinging when you pass urine. The stitches usually dissolve within a couple of weeks.

Speak to your doctor if you notice any bleeding from the tear or any smell or increase in pain because this might be a sign of infection.

To help you recover and reduce the risk of infection you can:

- Keep your perineal area as clean and dry as possible
- Wash at least daily using water only
- Avoid using any products on the area, such as cream, ointments or powder, unless a member of your healthcare team advises you to do so
- Change your sanitary pads regularly
- Wash and pat the perineal area dry after using the toilet
- Wash your hands before and after going to the toilet.

Everyone is different and the way you recover from a tear may not be the same as other women. This type of injury may affect you physically and emotionally, and it is important to get the treatment and support you need to help you recover.

Before you leave hospital, you and your healthcare team should talk about:

- Your birth experience
- How to look after your injury at home
- How to do gentle pelvic floor exercises, if appropriate
- What to expect while recovering
- Symptoms to look out for
- Who to contact if you have any concerns
- Follow-up care.

Ask your healthcare team if any follow-up appointments have been scheduled for you, and what to do if you need them.

What happens when you leave hospital?

Looking after a newborn baby and recovering from surgery can be hard. It is important to talk to your support person or partner, to help them understand how to support you while you recover. Experiencing complications when giving birth can be distressing. If you feel anxious or unsettled you may like to meet with a psychologist who can provide emotional support, or a social worker who may be able to arrange help with your daily activities at home. Your partner may also need support to help them look after their own health and wellbeing.

You should be offered a follow-up appointment with a member of your healthcare team in the weeks after your baby is born. They will check that your wound is healing properly and discuss your follow-up care. They can help you if you have concerns about pain, incontinence, sexual activities, exercise, or relationship difficulties. Your GP will also be able to help you with these things, and can refer you to other healthcare providers if you need more advice or treatment.

Improving bladder and bowel control

For the first few days after your surgery, control of your bowels may not be as good as it was before you had your baby. It is important to eat a healthy diet and drink plenty of water to help avoid constipation.

As you recover, strengthening the muscles around the vagina and anus by doing pelvic floor muscle training can help healing. While in hospital, you should be offered advice about pelvic floor exercises by a healthcare professional with experience in pelvic floor health.

After you leave hospital, it may be helpful to have further treatment that is targeted to your particular needs. It is important to find someone who has expertise and experience in managing third and fourth degree perineal tears such as a physiotherapist with special training or experience.

Whilst most third and fourth degree tears heal completely, a small number of women may have persistent problems with bladder or bowel control that will require medical review and further management.

Speak to your doctor if you have any concerns or are experiencing uncontrollable urges to open your bowels, are not able to control passing wind or are soiling yourself.

Having sex after birth?

Many women are worried about having sex again after experiencing a third or fourth degree tear. You can have sex again whenever it feels right for you and your partner, however it is recommended that you wait until your stitches have healed and bleeding has stopped. Sex may be uncomfortable and feel different at first but this should not persist. Using a lubricant may help initially.

If you are worried, or experience ongoing pain or discomfort during sex, talk to your doctor so that you can get the help and support you need.

Speak to your doctor if:

- Your stitches become more painful, hot or smelly
- You cannot control your bowels or passing wind
- Sex is painful for you.

More information?

This information sheet was developed to support the *Third and Fourth Degree Perineal Tears Clinical Care Standard*. The clinical care standard describes the care women should receive to reduce their risk of a third or fourth degree perineal tear, and to help with their physical and psychological recovery if a third or fourth degree perineal tear occurs.

More information about the clinical care standard and supporting resources are available at safetyandquality.gov.au/perineal-tears, including:

- A video for women 'Third and fourth degree perineal tears during labour and birth'
- An information sheet 'Perineal tears: What you need to know during pregnancy'.

Discuss future birth plans

Having a third or fourth degree tear, or a difficult birth, may make you concerned about future pregnancies. It is important to discuss your wishes with an experienced doctor who can talk about your options, either before or early in your next pregnancy. Your doctor will discuss your previous childbirth experience and preferences so that you can make the decision that is right for you.

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.