AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

INFORMATION
for consumers

Perineal tears: What you need to know during pregnancy

This information sheet is about perineal tearing during childbirth. It explains what can be done to reduce the risk of a third or fourth degree perineal tear.

What is a perineal tear?

During labour, the skin and muscles around your vagina stretch to allow your baby to be born. Sometimes the area between your vagina and anus (the perineum) gets torn. This is known as a perineal tear.

Perineal tears are common and most heal well either naturally or with stitches. Some perineal tears are more serious and require surgical repair. Tears are usually graded by 'degrees' from one to four according to how much of the area is affected.

Type of tear	Where it occurs	Treatment
First degree	Skin of the perineum	May need stitches
Second degree	Muscles of the perineum	Usually need stitches
Third degree	Muscles controlling the anus	Surgical repair
Fourth degree	Lining of the anus	Surgical repair

While many women recover very well, a third or fourth degree perineal tear can affect your bowel, bladder or sexual function, so it is important that this kind of tear is identified and repaired.

Third or fourth degree perineal tears affect:

- Around 3 out of 100 women giving birth vaginally
- Around 5 out of 100 women giving birth vaginally for the first time.

What can be done to reduce the risk of tearing?

There are ways to reduce your risk of experiencing a third or fourth degree perineal tear, although they cannot always be prevented.

During pregnancy

Regular pelvic floor exercises in the later stages of pregnancy and/or perineal massage from 34 weeks may help protect your perineum and prevent perineal injury.

During labour and birth

During labour and birth, there are ways that your healthcare team can help reduce your risk, including:

- Applying warm compresses to your perineum during the second stage (pushing part) of labour
- Slowing down how quickly the baby's head and shoulders emerge – listening to your healthcare professional during labour will help you with this
- If you are comfortable with it, your healthcare professional can massage your perineum during the second stage of labour.

In some cases, your healthcare professional may recommend an episiotomy, where a cut is made in the vaginal opening to reduce the risk of a tear. If you consent to an episiotomy, the cut should be made at the correct angle to reduce the risk of a third or fourth degree perineal tear. An episiotomy is most likely with a forceps or vacuum (ventouse) birth.

If your baby becomes distressed and needs to be born quickly, your doctor may suggest using forceps or vacuum to assist with the birth. Both forceps and vacuum increase the risk of a third or fourth degree perineal tear, especially for women having their first vaginal birth. The risk is higher with forceps than with vacuum. However each woman's situation is different and a number of factors will be considered before an instrument is recommended for you. If forceps or vacuum are used, you may be offered an episiotomy to lower the chance of having a third or fourth degree perineal tear.

There is still a small risk of a tear, even with an episiotomy. However if forceps or vacuum are used, you are more likely to have a third or fourth degree tear if you do not have an episiotomy than if you have one.

It is important to talk with your healthcare team about any concerns or questions you have and to let them know about your history and preferences.

Things to discuss with your healthcare team during your pregnancy:

- Your birth history and risk factors, including a previous third or fourth degree perineal tear
- What can be done during pregnancy, and during labour and birth, to reduce your risk of a tear
- Your birth plan and the care that might be offered to you during labour and birth. This should include discussing what might be involved if you are offered: induction, epidural, episiotomy, instrumental delivery (forceps or vacuum), or a caesarean section, as well as the use of pain relief or anaesthetics.

How is a perineal tear identified?

Just after your baby's birth, your doctor or midwife will offer to examine you to check for perineal tears. Some perineal injuries may be difficult to see, especially if there is swelling in the area. Your doctor or midwife will offer to examine the area in and around your vagina and anus. If you consent, they will place a finger inside your rectum and carefully feel for any damaged tissues.

What will happen if you do have a third or fourth degree tear?

If you have a third or fourth degree perineal tear, it is important that it is identified and repaired as soon as possible after the birth. Third or fourth degree perineal tears need surgical repair by a doctor with experience in this type of surgery. This can be an obstetrician or a colorectal surgeon. The repair will take place in a properly equipped location, such as an operating theatre. 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.

It may be important to see a number of health professionals as part of your recovery after surgery. These may include your obstetrician or midwife, a physiotherapist with special training or experience in managing third and fourth degree perineal tears, a general practitioner, a psychologist or a social support professional.

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 'Recovering from a third or fourth degree perineal tear'.

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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.

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