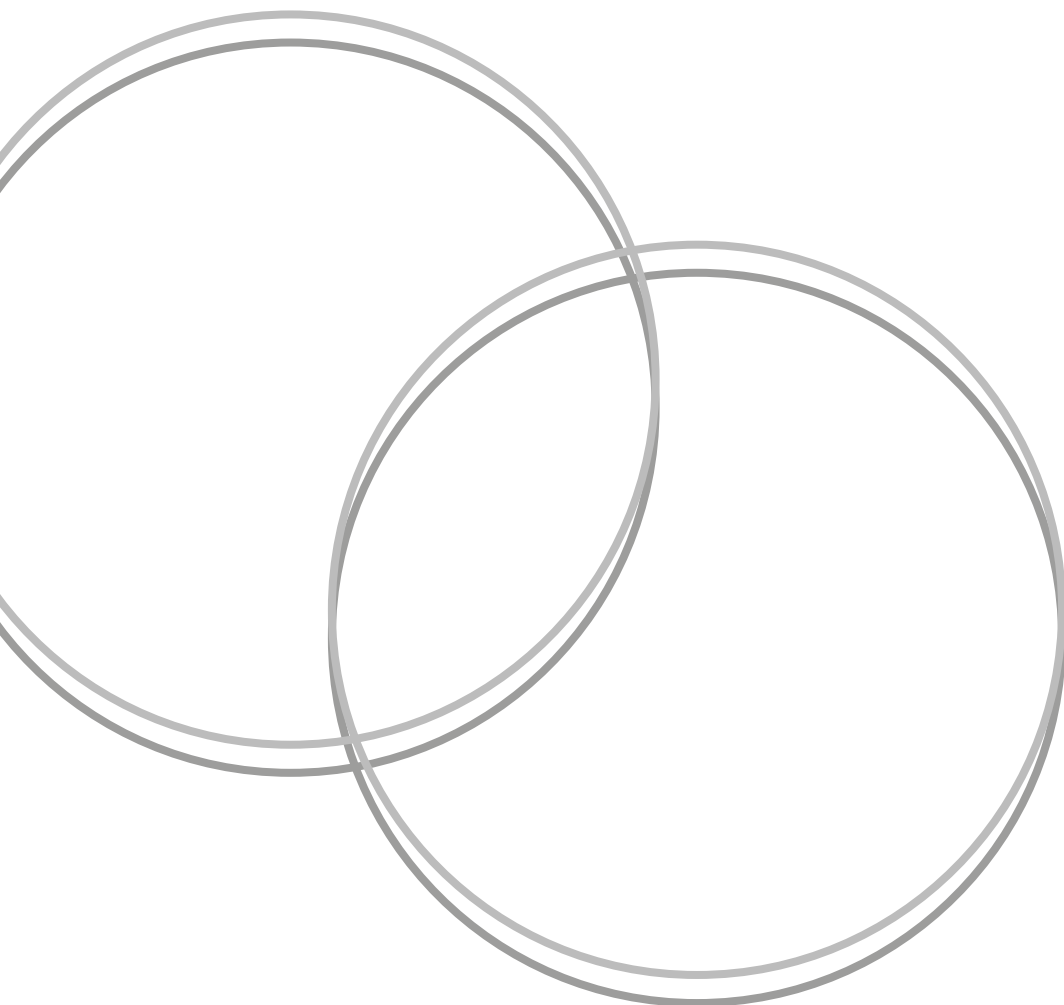


# A third- or fourth-degree tear during childbirth

Information for patients



## What are the types of tears that can happen during childbirth?

The majority of women (up to 9 out of 10) will tear to some extent during childbirth. Most women will need stitches to repair the tear.

Most tears occur in the perineum; this is the area between the vaginal opening and the anus (back passage). They may be:

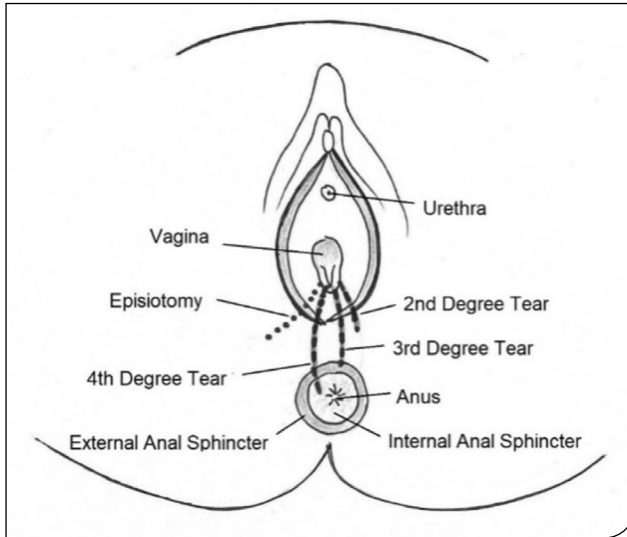
- **First-degree tears** – small, skin-deep tears which usually heal naturally.
- **Second-degree tears** – deeper tears affecting the muscles of the perineum as well as the skin. These usually require stitches.

In your situation the tear is more extensive. This sort of tear affects about 6 in 100 women having their first vaginal delivery, and about 2 in 100 having their second. Your tear may be:

- **A third-degree tear** – extending away from the vaginal wall, towards the perineum to the anal sphincter (the muscle that controls the anus). This is then further classified as a type 3a, 3b, or 3c tear depending on how much of the sphincter muscle has torn.
- **A fourth-degree tear** – extending into the anal canal (the end part of the large bowel) and rectum in addition to the anal sphincter.

# What is the difference between an episiotomy and a tear?

An episiotomy is a cut made by a doctor or midwife through the vaginal wall and perineum to make more space for the baby to be born. A tear happens naturally as the baby stretches the vagina and perineum during birth. You can have both an episiotomy and a tear.



## **Third- or fourth-degree tear**

### **Could my third- or fourth-degree tear have been prevented?**

These tears cannot be prevented in most cases as they cannot always be anticipated. There are some things that make having this sort of tear more likely (although the overall risk is still low).

These are:

- This being your first vaginal delivery
- Having a bigger baby (>4kg)
- If your baby was born in the 'back to back' position
- Having an assisted birth (forceps or ventouse)
- Difficulty delivering the baby's shoulders at the time of birth
- If you are of Asian ethnicity

Research has shown that although an episiotomy makes more space for your baby to be born, it may not prevent a third- or fourth-degree tear from occurring.

# What to expect after a third- or fourth-degree tear

## What treatment will I be offered after my tear is repaired?

These treatments are all safe with breastfeeding.

You may be offered:

- **Antibiotics**

You will be advised to take a course of antibiotics to reduce the risk of infection. The chance of infection is higher as the stitches are very close to your anus.

- **Pain relieving drugs**

You will be offered pain relief such as paracetamol, ibuprofen or diclofenac to relieve any pain.

- **Laxatives**

You will be advised to take laxatives, as this will make it easier and more comfortable to open your bowels. If you have any difficulty with opening your bowels after the delivery such as constipation or loose stools, you should tell your doctor or midwife.

- **Physiotherapy**

You will be contacted by a physiotherapist following your delivery to discuss initial advice. This may be whilst you are in hospital, or often a phone call following your discharge from hospital.

A face-to-face follow-up Physiotherapy appointment is then arranged for six to eight weeks after delivery. During this appointment, the wound and pelvic floor muscles are assessed. At this time, you will be provided with additional information based on the findings of this assessment.

## **Will I need to have my stitches removed?**

Your stitches do not have to be removed; they will dissolve naturally. Different types of stitches are used for the repair to help make sure your tear heals better. It is normal for the stitches on the outside of your body to dissolve within a few weeks, but the internal stitches can take up to 12 weeks.

## **Signs to look out for**

If, after leaving hospital, you experience any problems or have any concerns, you should discuss these with your midwife, health visitor or GP.

Signs to look out for include:

- Your stitches become more painful or smell offensive. These may be signs of infection.
- You cannot control your bladder, bowels or flatus (passing wind).
- A heaviness / dragging in the perineum / vaginal area or an uncomfortable bulge inside the vagina.

## **Will I need follow-up with a specialist?**

Most women find that the tear heals well and without any complications. Whilst not all patients will need specialist review, there are several reasons why you may be referred. These can include if your tear was more complex, or if you have sustained a repeat tear after tearing during a previous delivery. In these instances, you are likely to be offered a follow-up specialist appointment at the hospital's Perineal Clinic 6-12 weeks after you have given birth.

The purpose of this clinic is to check if your tear has healed properly and offer additional advice. You will be asked questions specifically about your bladder and bowel function. If there are any complications this is when they can be identified. This appointment offers you the opportunity to discuss any concerns that you might have, including resuming sexual intercourse.

# Things you can do to help with healing

## Care of the perineum

The perineum is the area of soft tissue extending from the back passage to the vulva.

- It is important to keep your perineal area clean to help reduce the risk of infection.
- Gently rinse from front to back with plain, warm water and dry carefully, especially after going to the toilet.
- Pat dry with toilet paper or a towel – we strongly advise against using a hair dryer, as this can damage tissues and delay healing.
- Some women find it beneficial to add 1-2 drops of tea tree or lavender oil to their bathwater, as they have both anti-inflammatory, anti-bacterial and anti-septic properties.
- Change sanitary pads regularly, washing hands before and after to reduce the risk of infection. It is normal to bleed somewhere between 2 and 4 weeks after birth.
- Try to wear loose-fitting, breathable materials such as cotton or disposable briefs with loose trousers or a skirt.
- Try to avoid sitting still for too long.
- Sit on a number of cushions or towels to make the surface a little softer / more comfortable. DO NOT USE ring cushions, as they can often put more pressure on certain parts of the perineum.
- Try lying on your side if you are in discomfort for sleeping, resting or breast-feeding.



- Gentle pelvic floor exercises can help the healing process, improving the circulation in the perineal area, and reducing the swelling. Providing you are doing your exercises correctly, they should not place any strain on any stitches or tears you may have. See the section on Pelvic Floor Exercises for further information.
- Using ice pads or packs in the first 72 hours (3 days), and for longer as needed, can help to reduce the swelling and can make you feel more comfortable. Ice pads or packs can be used regularly while in hospital in those initial few days. They can be easily made at home if you do continue to need them. Simply dampen a sanitary pad with a little bit of water and place it in the freezer until you need it. These can only be used once, for hygiene reasons. Alternatively, a bag of frozen peas can be a suitable substitute. **Avoid placing ice packs directly onto the skin** – always wrap in a clean disposable dish cloth or something similar first. You should experience a pleasant cold sensation but no burning or numbness. Apply for no more than 15 minutes at a time.

## **Bladder care**

- Make sure you are passing urine regularly.
- You may find that you are less aware of the need to empty your bladder, especially if you had a catheter in for any length of time. If so, it is still important to go to the toilet approximately every 2-3 hours.
- Some women may find it helpful to apply support to the perineal area with their hand whilst urinating.
- If it is too painful to sit on the toilet, empty your bladder whilst standing in the shower.
- Make sure you drink at least 2-3L of water each day, especially if you are breast feeding, to avoid becoming dehydrated.
- If you have any difficulty passing urine or fully emptying your bladder, tell your GP or midwife.

## Bowel care

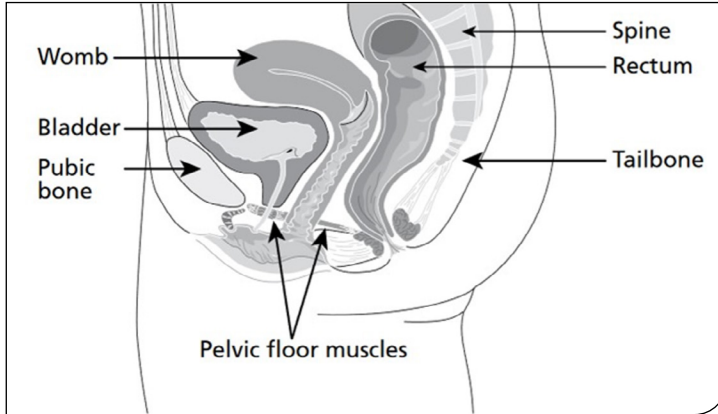
- Although you may feel nervous, it is safe to open your bowels within the first 24 hours of having your baby.
- Try to avoid getting constipated as it causes strain on the pelvic floor muscles and stitches.
- A healthy diet, including fruit, vegetables, wholegrains and plenty of fluids will help you return to a regular bowel habit.
- A little gentle exercise each day will also help improve digestion and bowel function.
- You may be prescribed medication for constipation such as lactulose or Fybogel.



- How you sit on the toilet can help to reduce strain when emptying your bowels. Sit with feet wide, knees higher than hips and pelvis tilted forwards. Let your lower belly bulge. It may help to have a small footrest under each foot to help raise your knees.
- Do not push or strain when emptying. Breathing out with a gentle hiss can sometimes help to move things along.
- It may also feel more comfortable to support the perineum with your hand to reduce strain.

## Pelvic floor exercises

The pelvic floor sits like a hammock of muscle supporting the pelvic contents from underneath.



The **inner ring of muscle** around your anus is the **internal anal sphincter**. This is an involuntary muscle over which we have no conscious control. It should be closed at all times except when we are trying to open our bowels. This should be automatic so that we don't need to think about it.

The **outer ring of muscle is the external anal sphincter**. This is a voluntary muscle which we can tighten especially if we have urgency or to reduce leaking from the anus. As a result of a perineal tear your anal sphincter muscles may have become weak.

## How to train pelvic floor muscles

Find a comfortable position. Lying down is easiest at first, but sitting or standing is fine.

1. Imagine trying to stop yourself from passing wind – gently tighten and pull in around the back passage. At the same time imagine you are trying to stop yourself passing urine, so also gently squeeze and lift the muscles up towards the pubic bone at the front. It might help to imagine you are gently “zipping up” the muscles – starting from around the back passage and moving towards the pubic bone. Some women describe imagining they are holding onto something inside their vagina and stopping it from falling out. Now, relax and fully let go, and rest for 4 seconds.
2. A feeling of gentle tightening in your lower abdomen is normal, however try to avoid pulling, or “sucking in” your stomach muscles. Also, try not to clench your buttock muscles, or squeeze your legs together.
3. Try not to hold your breath – it is important to be able to keep breathing throughout the exercise.
4. Hold each squeeze for as long as is comfortable – it is quite common that this may only be a few seconds in the early post-natal period. Aim to gradually build the contraction up to a ten second hold. Repeat up to ten times, 3 times per day. If you feel the contraction dropping off, stop, rest and start again later.
5. Next, repeat the contraction quickly but firmly. Hold for one second then relax completely and rest for 1-2 seconds. Repeat this, aiming for 10-15 repetitions.
6. Once you can do this lying down, try sitting and then standing.

Doing your pelvic floor exercises as recommended should not cause pain or worsening of your symptoms. **Stop doing your exercises if this should occur.** Get in contact with the Women's Health Physiotherapy team for further advice.

## **Will I develop problems as a result of my tear?**

Most women (between 6-8 in 10) with a third- or fourth-degree tear will have no long-lasting complications after it has been repaired and given time to heal. A small number of women will experience difficulty in controlling their bowels or holding in wind. This is called anal incontinence. There is specialist treatment available for women with anal incontinence, in the form of physiotherapy or surgery. For most women problems will be mild and short-lived but a minority may have long term problems with bowel control.

Research shows that early treatment with pelvic floor exercises can improve these symptoms, and may help prevent the development of long-term problems.

Urinary incontinence (leaking of urine) can also be a common symptom following childbirth. As with anal incontinence, these symptoms are mostly short-lived, and can be improved with pelvic floor exercises and support from your Women's Health Physiotherapist.

## **Emotional trauma**

Some women can find the childbirth process to be emotionally confronting or traumatic, especially if they have experienced tearing or a difficult labour. Some women feel that their mental health is affected by their birth experience. Sometimes it may impact on caring and bonding with their new baby, as well as other family members and close friends. Do talk to your midwife or doctor if you are worried. Some women may find it helpful to discuss their birth through the Birth Afterthoughts initiative. Details on how to contact this service are available at the end of the booklet.

## **Can I have a vaginal delivery in the future?**

For most women, vaginal birth is possible and safe in future pregnancies. However, if you have had major issues with healing or there are concerns about bowel control / incontinence you may be advised to have a caesarean section for future pregnancies. Your obstetrician will discuss this with you after your repair or at your follow up appointment and again at the beginning of your next pregnancy to make an individualised plan for your birth.

## After you leave hospital

If, after leaving hospital, you experience any problems you should discuss these with your midwife, health visitor or GP.

You can also contact the **Women's and Men's Health Physiotherapy Department** at the **Churchill Hospital**.

An appointment can be made for you to be seen in Oxford or Banbury.

Tel: **01865 235 383** (8:30am – 4:00pm)



## Other sources of information

### **RCOG 2015. Third- and Fourth-degree Perineal Tears, Management (Green-top Guideline No. 29)**

[www.rcog.org.uk](http://www.rcog.org.uk)

### **RCOG 2019. Care of a third- or fourth-degree tear that occurred during childbirth (Patient Information Leaflet)**

[www.rcog.org.uk](http://www.rcog.org.uk)

### **Women's and Men's Health Physiotherapy pelvic floor information video**

[www.youtube.com/watch?v=qyM\\_HmPWx2Y](http://www.youtube.com/watch?v=qyM_HmPWx2Y)

Follow the link above or scan the QR code to watch the video.



### **Birth Afterthoughts**

This is a listening and information service offering women the opportunity to discuss and reflect on their birth experience. It is available to women who have delivered in the Trust within the last 12 months, or who are currently pregnant.

For more information call **01865 220605**





## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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