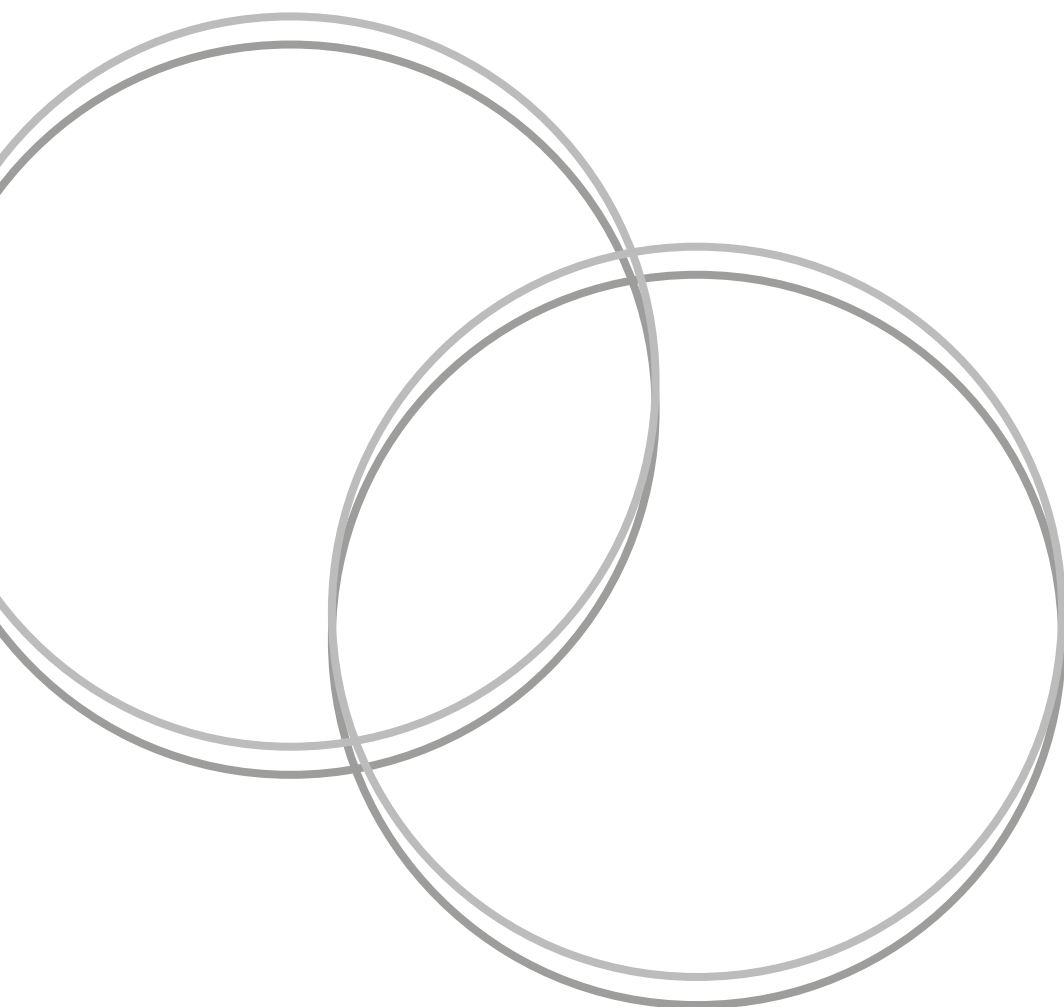


A third or fourth degree tear during childbirth

Information for patients



Up to 9 out of 10 people will tear to some extent when giving birth. Most will need stitches to repair the tear.

Most tears occur in the perineum; this is the area of soft tissue extending from the vaginal opening to the back passage (anus).

There are different types of tears.

- **First (1st) degree tears** – small, skin-deep tears which usually heal naturally.
- **Second (2nd) degree tears** – deeper tears affecting the muscles of the perineum as well as the skin. These usually require stitches.

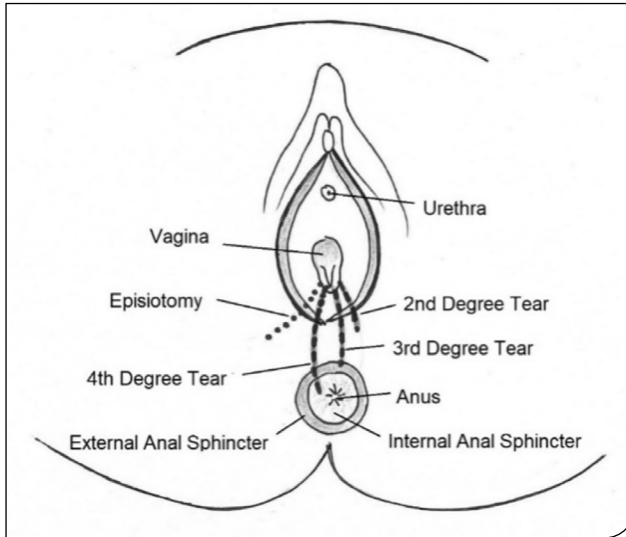
More extensive tears include:

- **Third (3rd) degree tears** – extending away from the vaginal wall, towards the perineum to the muscle that controls the anus (the anal sphincter). These are then further classified as type 3a, 3b or 3c tears, depending on how much of the sphincter muscle has torn.
- **Fourth (4th) degree tears** – extending into the end part of the large bowel (the anal canal) and rectum in addition to the anal sphincter.

These sorts of tears affect about 6 in 100 people having their first vaginal birth, and about 2 in 100 having their second vaginal birth.

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.



3rd and 4th degree tears

Could a 3rd or 4th degree tear have been prevented?

These tears are often unexpected and not always possible to predict. There are certain factors that may increase the likelihood of this sort of tear happening (although the overall risk is still low):

These are:

- First vaginal birth
- Larger baby (weighing more than 4kg)
- Baby born in a 'back to back' position
- Asian ethnicity (for physiological and anatomical reasons)
- Assisted birth (forceps or ventouse)
- Difficulty delivering the baby's shoulders at the time of birth

Research has shown that although an episiotomy makes more space for the baby to be born, it may not prevent a 3rd or 4th degree tear from happening.

What to expect after a 3rd or 4th degree tear

Repair

The tear will be repaired by suturing (closing the tear with stitches), using dissolvable suture material. The suturing is performed under regional anaesthetic such as epidural or spinal anaesthetic, ensuring comfort without pain during the repair.

Treatments after the tear is repaired

These treatments are all safe for mothers who are breastfeeding.

- **Antibiotics**

A course of antibiotics reduces the risk of infection. The chance of infection is increased because the stitches are very close to your anus.

- **Pain relief**

We will offer pain relief, for example paracetamol, ibuprofen or diclofenac.

- **Laxatives**

Laxatives are medicines which make it easier and more comfortable to open your bowels. If you have any difficulty with your bowel movements, such as constipation or loose stools, tell your doctor or midwife.

- **Physiotherapy**

A member of our Physiotherapy team will contact you with initial advice after the birth. This may be while you are in hospital, or by telephone after you leave hospital.

A face-to-face follow-up Physiotherapy appointment is then arranged for 6 to 8 weeks after the birth. We will assess your wound and pelvic floor muscles and provide additional information after this assessment.

Stitches

Stitches do not have to be removed, because they will dissolve naturally. Different types of stitching techniques are used to ensure the best possible healing of the tear.

It is normal for stitches on the outside of the 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.

Look out for the following symptoms:

- Stitches become more painful or smell offensive, as these may be signs of infection.
- Inability to control the bladder, bowels or flatus (passing wind).
- A feeling of heaviness/pressure/bulging or a sensation of something not feeling quite right in the vaginal area.

If you feel unwell or need immediate advice, please contact the **Maternity Assessment Unit** by calling **01865 220 221**.

Specialist follow-up

Most tears heal well without complications, and not everyone that sustains a 3rd or 4th degree tear will need a specialist review.

However, we may refer you for specialist follow-up if your tear was complex, or if you sustained a repeat tear, after tearing during a previous delivery.

If this is the case, we may offer you a specialist follow-up appointment at the Perineal Clinic 6 to 12 weeks after the birth.

The purpose of this clinic is to check if your tear has healed properly and offer additional advice.

We will ask you specifically about your bladder and bowel function in order to identify any complications.

This is an opportunity to discuss any concerns you might have about the healing process, for example resuming sexual intercourse.

How to help with healing

Care of the perineum

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

- Keep your perineal area clean, to reduce the risk of infection.
- Gently rinse from front to back with plain, warm water (especially after going to the toilet) and dry carefully.
- Pat dry with toilet paper or a towel – we strongly advise against using a hair dryer, as this can damage tissues and delay healing.
- Change sanitary pads regularly, washing your hands before and after to reduce the risk of infection. It is normal to bleed for somewhere between 2 and 4 weeks (and sometimes up to 6 weeks) after the birth.
- 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.**
- If you are uncomfortable when resting or breastfeeding, try lying on your side.
- 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.

- Ice pads or packs in the first 72 hours (3 days), or longer if needed, can help reduce swelling and make you more comfortable.

Dampen a sanitary pad with a little 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.

Do not place ice packs directly on the skin (as this can cause burns, tissue damage or nerve damage) – always wrap them in a clean disposable cloth or something similar first.

You should experience a pleasant cold sensation but no burning or numbness. Apply them for no more than 15 minutes at a time.

Bladder care

- Make sure you are passing urine (peeing) 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 to 3 hours.
- You may find it helpful to apply support to your perineal area with your hand while urinating.
- If it is too painful to sit on the toilet, empty your bladder while standing in the shower.
- Make sure you drink at least 2 to 3 litres of water each day, especially if you are breastfeeding, to avoid becoming dehydrated.
- If you have any difficulty passing urine or fully emptying your bladder, tell your GP or midwife.

Bowel care

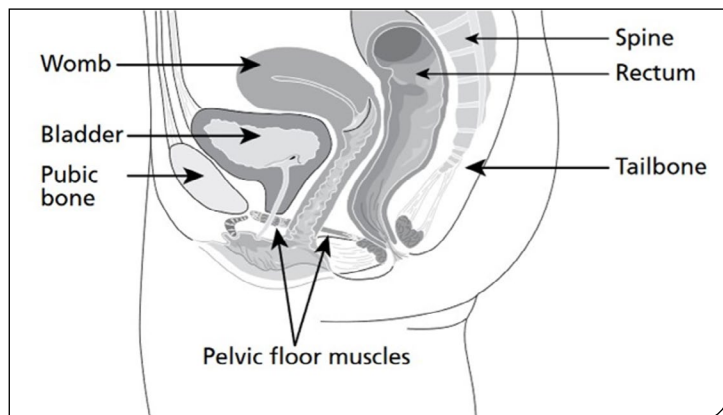
- Although you may feel nervous, it is safe to open your bowels within the first 24 hours of having your baby.
- Try to avoid getting constipated as it causes strain on the pelvic floor muscles and stitches.
- A healthy diet, including fruit, vegetables, wholegrains and plenty of fluids will help you return to a regular bowel habit (pooping regularly).
- 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 your bowels. 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 organs (bladder, bowel and uterus (womb) from underneath. They stretch from the tailbone at the back of the pelvis, to the pubic bone at the front.



The anus is surrounded by two layers of muscles.

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. 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 – this may only be a few seconds in the early postnatal period. Aim to gradually build up to a 10 second hold. Relax and let go and rest for 4 seconds after each squeeze. Repeat up to 10 repetitions, 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 1 second then relax completely and rest for 1 to 2 seconds. Repeat this, aiming for 10 to 15 repetitions, 3 times per day.
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.

Complications arising from a 3rd or 4th degree tear

Most people with a 3rd or 4th degree tear have no long-lasting complications once it has been repaired and given time to heal.

A small number of people experience difficulties controlling their bowels or holding in wind. This is called anal incontinence. There is specialist treatment available for anal incontinence, in the form of physiotherapy or surgery. For most people, problems will be mild and temporary. However, a minority of people with a 3rd or 4th degree tear 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.

Leaking of urine, or urinary incontinence, can also be common after giving birth. As with anal incontinence, symptoms are mostly temporary and can be improved with pelvic floor exercises and support from a Women's Health Physiotherapist.

Emotional trauma

Giving birth can be emotionally challenging or traumatic, especially if labour is difficult.

For some people, the effect of their birth experience on their mental health may impact on their relationship with their baby, as well as with other family members and/or friends. Please talk to your doctor or midwife if you are worried about this.

It may be helpful to discuss your birth experience with the Birth Reflections Service (see page 17).

Future vaginal delivery

For most people, vaginal birth is possible and safe for future pregnancies.

However, if you have had major issues with healing, or there are concerns about bowel control/incontinence, we may advise caesarean section for future pregnancies.

Your doctor will discuss this with you after your repair or at your follow-up appointment, and again at the beginning of your next pregnancy.

After you leave hospital

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

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

We can offer appointments in Oxford or Banbury.

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

Email: physio.womensandmenshealth@ouh.nhs.uk

Other sources of information

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

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/for-the-public/browse-our-patient-information/care-of-a-third-or-fourth-degree-tear-that-occurred-during-childbirth-also-known-as-obstetric-anal-sphincter-injury-oasi

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

www.youtube.com/watch?v=KdN2gQX2280&list=PLXc9Lskf-HakWI6FGDs27HQSv6wM4X6QA&index=3



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

Birth Reflections Service

This is a listening and information service which offers the opportunity to discuss and reflect on your birth experience with a midwife.

It is available for anyone who has given birth in the Trust within the last 12 months, or who is currently pregnant.

For more information, please contact us on: **01865 220 605**

Referrals to the Birth Reflections Service can be made by completing an **online self-referral form**.

Please visit: www.ouh.nhs.uk/maternity/postnatal/birth-reflections

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.

Author: Clinical lead – Women's and Men's Health Physiotherapy
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