

A third or fourth-degree tear during childbirth



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

The majority of women (up to 9 in every 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 muscle of the perineum as well as the skin. These usually require stitches.

In your situation the tear is more extensive. The chance of this happening is around 1 in every 100 women (1%). 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).
- A fourth-degree tear; extending into the anal canal (end part of the large bowel) as well as the rectum (further into the anus).

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.

Third and fourth-degree tears

Could my third or fourth-degree tear have been avoided?

A third or fourth-degree tear cannot be prevented in most situations because it cannot be anticipated. There are some factors that may make this tear more likely, however the chance of it happening are still low. These are:

- if you had a large baby (over 8 pounds 13 ounces/4 kg).
The risk is increased to 2%
- if your labour was started artificially (induced). Risk increased up to 2%
- if you had an epidural during your labour – up to 2%
- if your baby was born with its back to your back – up to 3%
- if this is your first baby – up to 4%
- if the second stage (pushing) of labour was longer than an hour – up to 4%

(Second stage is the time from when the cervix (opening to the womb) is fully dilated to the birth of the baby.)

- if there was difficulty delivering the baby's shoulders at the birth – up to 4%
- if you had an assisted birth (forceps or ventouse) – up to 7%.

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

What happens after the birth?

The obstetrician will repair or 'suture' (stitch) the damaged anal sphincter and the tear in an operating theatre. You will need an anaesthetic whilst this is being done. The anaesthetic will usually be given to you either as an epidural or a spinal block (to make the area go numb) but occasionally we may need to give you a general anaesthetic (where you are made to go to sleep). If you have an epidural or spinal block, your birth partner and baby can go to theatre with you so you can continue to have skin-to-skin contact with your baby.

Will I need to have my stitches removed?

Your stitches do not have to be removed.

Different types of stitches are used when your tear is repaired which helps to make sure that your tear heals better. It is normal for the stitches on the outside of your body to dissolve within a few weeks. The internal stitches may take up to 12 weeks to dissolve.

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

The treatments offered will not stop you from being able to breastfeed. We may offer you:

- **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-relieving drugs such as paracetamol, ibuprofen or diclofenac to relieve any pain.

- **Laxatives**

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

- **Physiotherapy**

You will be visited by a physiotherapist before you go home from hospital.

What can I do to speed up healing of the tear?

- Keep the area clean to reduce the risk of infection. Have a bath or a shower at least once a day and change your sanitary pads regularly. It is important to wash your hands both before and after you do this. Some women have found it beneficial to add 1-2 drops of tea tree or lavender oil to the bathwater, as they have anti-inflammatory, anti-bacterial and antiseptic properties.
- Drink at least 2–3 litres of water every day and eat a healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta). This will help your bowels to open regularly and help prevent you from becoming constipated.
- Do pelvic floor exercises as soon as you can after birth. This will increase the circulation of blood to the area and aid the healing process. You will be offered physiotherapy advice about pelvic floor exercises after your tear has been repaired.

What are the long-term effects of a third or fourth degree tear?

Most women make a good recovery, particularly if the tear is recognised and repaired straight after birth. For a few days after the birth you may find it uncomfortable when you are sitting. Your midwife will suggest different positions that you can try to help you to be more comfortable when you are feeding your baby.

The tear should heal very quickly and although you may feel nervous, it is safe for you to open your bowels within the first 24 hours of having your baby.

During recovery, you may have:

- pain or soreness in the perineum
- fears and hesitation about having sex. Many women worry about this even if they have not had a third or fourth-degree tear
- a feeling that you need to rush to the toilet to open your bowels urgently
- fears about future pregnancy and birth.

Signs to look out for

Contact your midwife or general practitioner if:

- your stitches become more painful or smell offensive. These may be signs of an infection.
- you cannot control your bowels or flatus (passing wind)
- you have any other worries or concerns.

Your follow-up appointment

If you have had a fourth-degree tear, you will be offered a follow-up appointment at the hospital 6–12 weeks after you have given birth. This is to check that your stitches have healed properly. You will be asked questions specifically about your bladder and bowel functions. If there are any complications, you may be referred to a specialist. This appointment offers you the opportunity to discuss any concerns that you may have, such as resuming sexual intercourse.

Can I have a vaginal birth in the future?

Yes; a vaginal birth is usually recommended. Your obstetrician will discuss this and whether a tear could happen again with you early in your next pregnancy.

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 Hospital Physiotherapists:

Women's Centre, John Radcliffe Hospital:

Tel: **01865 235 383**

**Horton General Hospital
Physiotherapy Department:**

Tel: **01295 229 432**

Adapted from a Royal College of Obstetricians and Gynaecologists (RCOG) publication (November 2008)

Other sources of information

1. Kettle C.; Tohill S. (2010). Perineal Care. Clinical Evidence. 2011; 04; 1401.
2. RCOG 2007. Management of Third- and Fourth-Degree Perineal Tears. Green-top Guideline No. 29. London: [www.rcog.org.uk]
3. RCOG 2008. A third- or fourth-degree tear during childbirth. Information for you. [www.rcog.org.uk/index.asp?PageID=532].

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