

Patient information factsheet

Information and advice if you have had a third or fourth degree perineal tear

We have given you this factsheet because during the birth of your baby, you experienced injury to your vagina and perineum. It explains what a third and fourth degree perineal tear is, and what the treatment and aftercare for this type of injury involves. We hope it helps to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is a perineal tear?

The perineum is the area between your vagina and rectum (also referred to as your back passage). Many women experience tears (known as perineal tears) in this area during childbirth. Perineal tears are separated into different degrees depending on the severity of the tear.

First degree tear

These are small tears, or grazes, affecting only the skin.

Second degree tear

These are tears affecting the muscle of the perineum and the skin.

Third degree tear

These are tears involving the external anal sphincter (EAS) muscle (muscular ring around the anus).

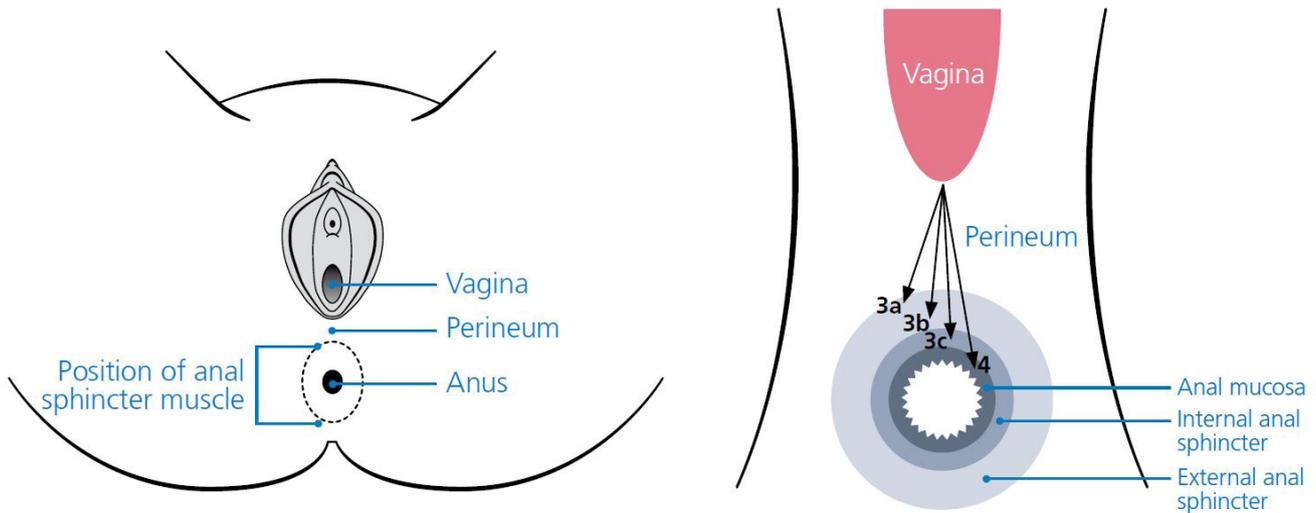
Third degree tears are labelled according to the extent of the injury:

- 3a is a tear involving less than 50% of the EAS muscle
- 3b is a tear involving more than 50% of the EAS muscle
- 3c is a tear involving the whole of the EAS muscle and the internal anal sphincter muscle

Fourth degree tear

These are tears involving both the external and internal sphincter muscles and the rectal mucosa (the lining) of the rectum (back passage). Please see the diagram on the next page.

The position of a third and fourth degree tear



In the UK, reports show that 2.9% of women have experienced a third or fourth degree perineal tear during childbirth. The rate of tears is higher in first-time mothers (6.1%) than those who have had a vaginal birth previously (1.7%).

The figures are lower here at University Hospital Southampton NHS Foundation Trust (UHS). In 2022, 4.9% of women experienced a third degree tear and 0.14% a fourth degree tear following the birth of their first baby. For women having a second baby, the figures were significantly lower with 1.12% experiencing a third degree tear and 0.11% a fourth degree tear.

Your likelihood of having a third or fourth degree tear is increased if:

- this is your first vaginal birth
- your baby is born facing upwards
- your perineum (the distance between your vaginal opening and anus) is short
- you need help with the birth of your baby by forceps or ventouse
- you have a large baby
- you have a long labour
- you have an episiotomy (a surgical cut in your perineum used to enlarge the opening of your vagina to help with the birth of your baby) as this can occasionally extend into a third or fourth degree tear. However, most evidence suggests that an episiotomy usually protects against this type of tear.

Treatment of third and fourth degree tears

If you have a third or fourth degree tear, you will need to have a small operation to repair it. Repair surgery is precise and will vary depending on the kind of tear and its location. Your obstetrician will explain what your individual operation involves.

The repair is done in an operating theatre. It is usually performed under regional anaesthesia (epidural or spinal). This is given either as an injection or as an infusion via a fine plastic tube called an epidural catheter in the lower back and it numbs the lower part of the body.

Very occasionally, the operation will be performed under a general anaesthetic (a medicine that will send you to sleep, so you're unaware of surgery and do not move or feel pain). Your anaesthetist will advise which option is most suitable for you and will explain this in more detail.

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During the procedure, antibiotics are given to prevent infection and a urinary catheter (a thin tube) is passed into the bladder to allow drainage of urine.

Aftercare of third and fourth degree tears

After your repair, we recommend that you take:

Regular pain relief medication

Do not wait until you are in pain to take pain relief medication. Take pain relief medication on a regular basis for the first few days (as per the instructions on the box) and then as you need them.

Antibiotics

Take antibiotics for one week following the birth of your baby to help prevent infection that could lead to breakdown of the repair.

Lactulose

Take lactulose (a stool softener) for approximately two weeks (or as needed). This will help you open your bowels without straining, reducing the risk of constipation. To help avoid constipation, it is also important that you stay well hydrated and eat a well-balanced diet that includes fresh fruit and vegetables as well as fibre.

None of the medications above will prevent you from breastfeeding your baby. However, if you have any questions or concerns, please speak to your midwife.

We also recommend that you:

- **wash your hands before and after you go to the toilet and/or change your sanitary towel** (especially when you go home). You should change your sanitary towel at least every four hours. Ensure it is secured in place so it doesn't move around and cause further irritation.
- **pat the area dry from front to back** to avoid introducing germs from the rectum into the perineal and vaginal area.
- **pour warm water on your perineum when you pass urine** (the warm water will dilute the urine so it doesn't sting the wound). To help reduce stinging when you pass urine, you should drink plenty of water to keep your urine diluted.
- **begin doing gentle pelvic floor exercises** as soon as you can after the birth of your baby to increase your blood supply to the area and help the healing process. These exercises will also help your pelvic floor regain its tone and control. Please discuss these with your midwife who will direct you to the appropriate resources in your Badger notes.
- **avoid standing or sitting for long periods** and ensure you are comfortable when sitting to feed your baby. You may find it is more comfortable to lie on your side to feed your baby.
- **check your perineum for signs of infection.** Contact your midwife or GP for advice, if:
 - the area becomes hot, swollen, weepy, smelly, very painful or starts to open
 - you develop a temperature (38°C or above)
 - you develop flu-like symptoms

These are signs that you may be developing an infection and need treatment with antibiotics.

Follow-up care

If you have had a 3a, 3b, 3c or fourth degree tear, you will:

- automatically be invited to a virtual physiotherapy information class
- have the opportunity to book a face-to-face appointment with a physiotherapist in the first three months after birth if you have any concerns with your bladder, bowel or pelvic health

If you have had a 3a third degree tear, you should:

- arrange to see your own GP six to eight weeks after birth when you have your postnatal appointment
- contact your midwife or GP if you experience any problems before this appointment so that an appointment with a specialist consultant can be arranged

If you have had a 3b, 3c or fourth degree tear:

- you should arrange to see your own GP six to eight weeks after the birth of your baby, for your postnatal appointment
- we will also send you a letter to invite you to an appointment in the perineal tear clinic six to eight months after the birth of your baby

During the appointment in the perineal tear clinic, you will be seen by a consultant in obstetrics and gynaecology (a doctor who specialises in both care during pregnancy, labour and after birth and conditions relating to women's reproductive health) and a specialist physiotherapist to discuss how well the tear has healed and if there is any ongoing injury. This appointment will include an endoanal ultrasound scan to check you have healed completely.

The endoanal ultrasound scan involves placing a small probe just inside the entrance of the anus so that the anal sphincter (muscular ring around the anus) can be examined and assessed. This can be slightly uncomfortable but should not be painful.

Once you have had this examination, we can talk with you about any future pregnancies and births. For example, you may want to ask questions about the likelihood of you experiencing similar problems in the future and the best methods of birth for any of your future babies.

It's extremely important that you come to this appointment. Please contact the outpatient department at the Princess Anne Hospital on **023 8120 6699** (Monday to Friday, 8am to 5pm) if you have not received your appointment for the perineal tear clinic during the first six to eight weeks after the birth of your baby. The appointment for this particular clinic will be around six months after the birth of your baby.

Complications of having a third or fourth degree tear

Pain

Tears and episiotomies (a surgical cut made by a doctor or midwife in the perineum during childbirth) will cause pain and discomfort after birth. Sometimes, passing urine or having a bowel motion can be painful. However, this pain should not last and you should experience continual improvement.

Sex

Some women find that they are less interested in intercourse after the birth of their baby. You can resume intercourse whenever you feel comfortable to do so. You may find that using a lubricating jelly helps. If you continue to experience painful intercourse, please speak to your physiotherapist or discuss this at your clinic appointment.

Bowel problems

Most women recover very well and have no problems. Some women will continue to have symptoms of bowel urgency (the need to rush to the toilet to have your bowels open) or faecal incontinence (inability to control bowel movements). Related symptoms include passing wind and/or liquid or solid stools without meaning to.

If you are experiencing any bowel leakage, urgency or problems related to your pelvic floor exercises, contact the women's health physiotherapy team at Princess Anne Hospital on **023 8120 8829** (Monday to Friday, 8am to 4pm) to arrange an appointment.

Sometimes the healing may not be complete and there may be a weakness in the anal sphincter after repair. This may not necessarily result in you having symptoms, but you may develop problems such as faecal incontinence in later life. If you develop any of these symptoms or there are any ongoing problems, speak to your GP to organise further treatment and investigation.

Future pregnancy

If you have another pregnancy, your midwife will refer you to either a consultant obstetrician or consultant midwife for further discussion about the type of birth that is best for you and your baby. This referral will also give you a chance to talk about any concerns you may have.

Further sources of information and support

If you would like further advice on how to care for your perineum or recovery after having an assisted birth, please speak to your midwife who will be able to advise you and signpost you to the relevant factsheets in your Badger notes.

Contact us

If you have any questions or concerns in the first six weeks after giving birth, please contact one of the following teams.

Community midwifery co-ordinator

Telephone: **023 8120 4871** (Monday to Sunday, 8am to 5pm)

Women's health physiotherapy team

Telephone: **023 8120 8829** (Monday to Friday, 8am to 4pm)

If you have any questions regarding the birth of your baby or would like to discuss the birth of your baby in more detail, please contact the birth reflections team.

Birth reflections team

Telephone: **023 8120 6834**

Useful links

Adult Community Bladder and Bowel Service Southampton

Telephone: **023 8071 8833**

MASIC

Website: masic.org.uk

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www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Pregnancyandbirth/How-to-care-for-your-perineum-after-the-birth-of-your-baby-831-PIL.pdf

www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Womenshealth/Pelvic-floor-muscle-exercise-sheet-689-PIL.pdf

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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