

Jane Crookall Noble's Hospital Maternity Unit

3rd and 4th Degree Tears Following Delivery



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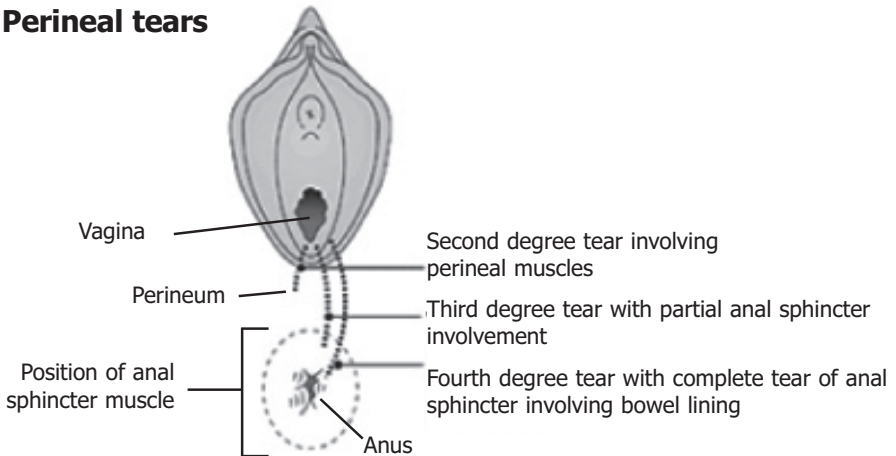
Kiarail Vannin

You have been given this patient information leaflet because you have had what is known as a 3rd or 4th degree tear during the delivery of your baby. It explains these types of tears, how to look after yourself and follow up care. If you have any questions, please ask the hospital midwives or doctors while you are here or your community midwife once you get home.

What is a third or fourth degree tear?

The 'perineum' is the part of the body which is between the vagina and the back passage. First and second degree tears to the perineum sometimes occur at the time of a vaginal birth and 3rd or 4th degree tears are tears that involve the muscle at the bottom of your back passage, called the anal sphincter. This muscle is important in preventing the leakage of gas ('wind') or faeces ('poo') during your normal daily activities. During the birth of your baby a vaginal tear (in the birth canal) has extended downwards and involved some of the muscles of the anal sphincter. If the tear involves just the anal sphincter it is a 3rd degree tear, but if the tear involves the lining of the back passage as well it is called a 4th degree tear.

Perineal tears



Why do they happen?

They are more likely to happen when the baby is bigger, with a first baby, with epidurals and long labour, with episiotomies and forceps deliveries or when the birth is very fast.

How was the tear repaired?

Your tear was identified after the delivery of your baby. It has been repaired by the obstetric doctors using dissolvable stitches.

What about the next birth?

Most women who have had a third or fourth degree tear go on to have normal births with subsequent pregnancies. This should be discussed with the midwife when you attend the booking visit.

What measures help with healing?

- **Rest** as much as possible. Try lying on your back with your knees bent up, or lie on your side with a pillow between your legs.
- **Ice or perineal cold packs** can help decrease pain and swelling. Wrap ice cubes in a wet cloth (this protects the skin) and hold it next to the wound for up to 10 minutes. This is often easiest lying on your side. Cold shallow baths can also help reduce swelling and this in turn will promote healing. However do not soak for longer than 10 minutes.
- **Medication** A course of oral antibiotics will reduce the risk of an infection in the stitches; these will be safe for breast feeders. Pain killers e.g. Paracetamol, should be taken but NOT codeine based as these encourage constipation. A laxative will also be prescribed so that you do not have to strain to open your bowels and risk damaging the stitches.
- **Avoid constipation** by drinking 2-3 litres of fluids a day and eat a healthy diet which includes fruit, vegetables, cereals and wholemeal bread and pasta.
- **Do Pelvic floor exercises** within your comfort range. We have a leaflet entitled "Post natal advice and exercises for all new mothers" and "Pelvic floor exercises", or we have included some basic pelvic floor muscle exercises at the back of this leaflet.
- When you start having sex again use a lubricating gel and choose a comfortable position, the 'missionary position' may put too much pressure on the perineum for comfort. Ongoing problems should be discussed with your GP.

- **Keeping the area around the tear clean:**

It is important to keep the area around the perineum (skin between opening of the birth canal and back passage) clean. You should wash this area a few times a day, including after opening your bowels. The best way to wash this area is by pouring warm water over the area whilst sitting on the toilet and then drying with clean toilet tissue. Or you can use unscented baby wet wipes. You should always wipe from front to back. Do not wipe the area from the back passage through to the front and always use clean toilet tissue for each wipe. Use of bidets is not recommended unless this is for your sole use and has been thoroughly cleaned before use. A bath or shower twice daily in clear water is also advised. Try and avoid cosmetic products as these may interfere with healing.

- **Change sanitary towels often:**

At least every 2 or 3 hours.

- **Avoid heavy lifting,** high impact exercise and prolonged standing for 6-8 weeks.

- **Adopt the correct position to open your bowels:**

Supporting the perineum with a sanitary pad held in your hand will make a bowel movement more comfortable.



Pelvic floor muscle exercises

Sit on a chair, feet and knees wide apart. Lean over to rest your forearms, keep the muscles of your tummy and bottom relaxed.

Front passage

Think about where you pass urine (have a 'wee'). Squeeze that tube tight up inside you (do not pull in your abdominal 'tummy' muscles). Relax a little, then relax a little more, then let the entire squeeze go. Repeat this several times until you have mastered it.

Back passage

Squeeze the tube up inside your bottom. Squeeze lighter. The outside may move a bit, but make sure the squeeze is up inside you (do not tighten up the seat muscles). Relax, relax a little more, and then let the entire squeeze go. Repeat this until you have mastered it.

The main exercise

Tighten the front passage and hold it tight.

Tighten the back passage and hold it tight.

Between the two is the birth canal - squeeze around that middle passage. You should get a lifting feeling inside as the floor lifts up into the abdomen. Relax, relax a little more, and then let go completely.

You should aim to do at least 5 of the main exercises a session and at least 4 sessions a day. Try and set up a routine. In addition, do them at other times when you are still, such as while watching TV, waiting for a bus etc. Remember, nobody can tell you are doing them. So, no excuse!

Will I suffer any long term problems?

The majority of women who have 3rd or 4th degree tears do not have any long term problems. Tears normally repair without any lasting symptoms. As the area is healing it is not uncommon to have a few problems after a tear and you should be reassured that most of these symptoms get better on their own. Some women have trouble holding in wind and a small number of women have leakage of faeces. Do be patient. Give the tissues time to heal and work to steadily strengthen the pelvic floor muscles. These are the muscles that support the pelvic organs and help bladder and bowel control. Even when symptoms occur, most women find that the symptoms clear up within 6 months and only a small number of women need further help.

After you leave hospital

After 6 weeks, if you are continuing to experience problems such as:

- 1 Uncontrollable leakage and wind
- 2 Staining of underwear with faeces
- 3 Uncontrollable leakage of faeces

These symptoms should be reported to your midwife, health visitor, GP or obstetrician so that further treatment can be planned.

Please make sure that you attend any follow up appointments with your obstetrician and that you attend your 6 week check with your GP.

You can also contact the Womens Health Physiotherapist

Physiotherapy Outpatients
Community Health Centre
Westmoreland Road
Douglas
Tel: 01624 642158

Reference 1

www.rcog.org.uk/womens-health/clinical-guidance/third-or-fourth-degree-tear-during-childbirth



Department of Health and Social Care

Nobles Hospital,
Braddan,
Isle of Man, IM4 4RJ
Telephone: **01624 650000**
www.gov.im/dhsc

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