



Service:
Maternity

Advice following third and fourth degree tears

Obstetric anal sphincter injuries (OASI)



NBTCARES





You have been given this patient information leaflet because you have had what is known as a third or fourth degree tear during the delivery of your baby. These are called obstetric anal sphincter injuries (OASI). This leaflet explains these types of tears, how to look after yourself and follow up care.

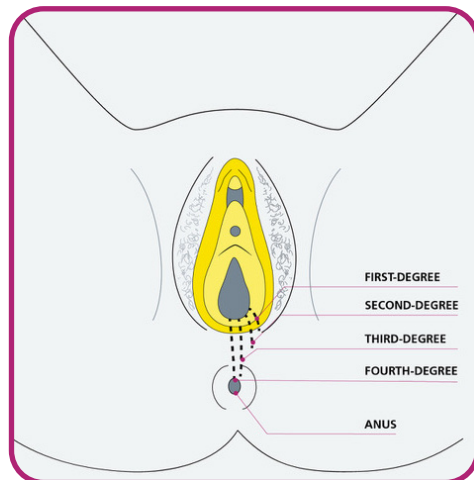
What is a perineal tear?

Many women experience tears during childbirth, as the baby stretches the vagina and perineum (skin between the opening of the birth canal and the back passage). In the United Kingdom it is estimated that 9 out of 10 women who have a vaginal birth will experience some degree of perineal trauma.

Small, skin-deep tears are known as first-degree tears and usually heal naturally. Tears that are deeper and affect the muscles of the perineum are known as second-degree tears. These usually require stitches.

An episiotomy is a cut made by a healthcare professional through the vaginal wall and perineum. This may be done if your baby needs to be born more quickly, or to make more space for your baby to be born. It is possible for an episiotomy to extend and become a deeper tear.

A third-degree tear is a tear that extends into the muscle that controls the anus, the anal sphincter. If the tear extends further into the lining of the anus or rectum it is known as a fourth-degree tear. A rectal buttonhole is a rare injury that occurs when the anal sphincter does not tear, but there is a hole between the back passage and the vagina.



Why did I get a third or fourth degree tear?

These types of tears usually happen unexpectedly during birth and it is not possible to predict when they will occur. However, you are more likely to have a third or fourth degree tear if:

- This is your first vaginal birth, about 6 in every 100 women.
- If this is your second vaginal birth, about 2 in every 100 women.
- You are of South Asian origin.
- Your second stage of labour (the time from when the cervix is fully dilated to birth) is longer than expected.
- You needed forceps or a ventouse, also known as vacuum assisted vaginal delivery or Vacuum Extraction, to help the delivery of your baby.
- One of the baby's shoulders becomes stuck behind your pubic bone, delaying the birth of the baby's body, which is known as shoulder dystocia.
- You have a large baby (over 4 kg).
- You have had a third or fourth degree tear before – about 7 in 100 women.

It is important to identify a third or fourth degree tear and repair it properly – this will be done at hospital in theatre.



Will I have any problems?

The majority of women who have third or fourth degree tears do not have any long-term problems. Tears normally repair without any lasting symptoms. Sometimes women have trouble holding in wind and a small number of women have leakage of faeces.

What do I need to know about my stitches?

You will have stitches between your vagina and anus and also beneath your skin. They will eventually all dissolve (soften and fall out). You may be able to feel some of the stitches for up to 3 months.

After having any tear, you are likely to experience pain or soreness for the first 4 - 6 weeks after giving birth, particularly when walking or sitting. Take regular pain relief to help with this.

You can also ice the area but ensure you do not directly put ice on the skin, you can use an ice pack wrapped in a clean damp towel. Apply this for 5 -10 minutes, and regularly check the area to ensure you are not causing ice burns. You may want to use a travel cushion to sit on to elevate the perineum, or alternatively you can use two rolled up towels. The stitches can irritate as healing takes place, but this is normal. Passing urine can cause stinging – pouring water over the area when urinating can help.

If you are worried about the way your wound is healing or if you notice any bleeding from the tear, any abnormal or offensive smell, abnormal discharge, or any increase in pain, you should see your healthcare professional. This might be a sign of infection and you may need some antibiotics to help it heal.



What can I do to help me recover?

There are some simple steps to help the healing and reduce the chance of developing complications. These are:

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 either allowing to air dry or pat dry with clean toilet tissue or a clean towel.
- 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.
- A bath or shower twice daily in clear water is also advised. Avoid using soaps, shower gel or cosmetic products as these may interfere with healing.
- Do not use talcum powder or tampons.
- You will also be given antibiotics to take for 5 days after your delivery to reduce the risk of infection.
- Change sanitary towels often, at least every 2-3 hours.

Opening your bowels

Opening your bowels should not affect your stitches. For the first few days after your third or fourth degree tear is repaired, control of your bowels may not be as good as before you had your baby. You will be given some medicine to soften your stool when you go home.

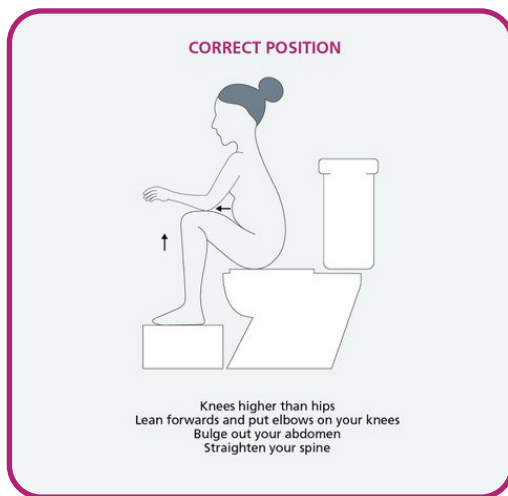
- It is important to eat well and drink plenty of water to help avoid constipation.
- You should also avoid painkillers with codeine in them, as they can cause constipation.
- You should aim to drink at least 2 litres of water every day and eat a healthy balanced diet (for instance fruit, vegetables, cereals and wholemeal bread).

When opening your bowels, the best position to sit in is with your feet on a stool to raise your knees above your hips (see image). This helps straighten out your bowel.

Try to relax and rest your elbows on your knees.

Breathe deeply to try and fill your tummy – this will help you to open your bowels without straining.

Take your time and do not rush.



What can I do to help improve my bladder and bowel control?

You can strengthen the muscles around the vagina and anus by completing pelvic floor exercises. You should start the pelvic floor exercises as soon as you can after birth, as long as you do not have a catheter in and have been for your first normal wee.

The following page provides a brief description of how to do pelvic floor exercises and at the back of this leaflet are links to further pelvic floor resources we have put together.



How do I complete pelvic floor muscle exercises?

Sit comfortably on a chair, feet and knees apart. You can lean over to rest your forearms on your knees if this is more comfortable, try to keep the muscles of your tummy and bottom relaxed. If sitting is uncomfortable, you could try lying on your back or side.

Locating the pelvic floor

Imagine you are trying to stop passing wind, and at the same time trying to stop the flow of urine. You should feel a sensation of 'squeeze and lift' as you close and draw up the back and front passages. Do not worry if you can't feel much to begin with – it can take some time, but keep trying.

It is important that you do not try to stop the flow of urine when you are on the toilet because it can cause problems with bladder emptying.

How do I practice the exercises?

Start by relaxing and taking a few deep breaths.

To begin with, just practice contracting and relaxing the pelvic floor muscles, 3 times each day. Once you can feel the muscles working and feel comfortable, you can try doing the slow and quick contractions described on the next page.

It is important to develop two types of muscle activity, slow and fast. This is because the pelvic floor works to help us to 'hold on' when we need the toilet, but it also kicks in to protect us against sudden leakage during activity or during coughing, sneezing or laughing.





Slow contractions

- Do the exercises above and try to hold the pelvic floor contraction.
- Start with aiming for 2 - 3 seconds, and over time you can build this up, to a maximum of ten seconds.
- Rest for a few seconds and then repeat the contraction as many times as you can, up to a maximum of ten.

Quick contractions

- Contract the pelvic floor and then let it go – do not hold on.
- Repeat up to a maximum of ten times.
- Aim to do one set of slow contractions followed by one set of quick contractions three times a day. The exercises can be performed standing, sitting or lying down but you may find it easier at first to do them lying down or sitting down.
- It is also good practice to contract your pelvic floor muscles during active movements such as when you are lifting, coughing or laughing, as this can help prevent any leakage.

When can I expect to return to usual activities?

Every woman's recovery will be slightly different, and what they view as a normal daily activity will differ. If you have had a third or fourth degree tear, you should avoid strenuous activity or heavy lifting for 4 to 6 weeks. After 4 to 6 weeks, you can gradually increase your general activity.





We recommend waiting at least 12 weeks before doing any higher intensity exercise (such as running or jumping) and advise that you make a gradual return – for example the NHS couch to 5k app.

When can I be intimate with my partner again?

Many women are anxious about experiencing discomfort when being intimate again after giving birth, particularly when they have sustained a perineal tear.

Once your stitches have healed and bleeding has stopped, you can have sex again when it feels right for you and your partner. It might feel uncomfortable at first but this should not persist.

After 6 weeks if your stitches have healed, you can start some gentle perineal massage to help improve comfort – there is a link at the end of this booklet with further information. You might also want to use a lubricant when being intimate with your partner, as the vagina may feel dryer due to hormones post-natally, especially if you are breastfeeding.

It is possible to get pregnant again soon after giving birth, even if you have not had a period. Therefore, it is important that you use a suitable method of contraception. You can discuss contraception options with your healthcare professional.

What follow-up arrangements should I expect?

If you have sustained a third or fourth degree tear, you should have been contacted by a member of the pelvic health physiotherapy team in the days following delivery, or you may have been given advice directly on the wards.





You will then have contact from a member of the pelvic health physiotherapy team at approximately 6 weeks after giving birth. Following this, if you are experiencing any symptoms of pelvic floor dysfunction, you will be offered further treatment.

You will also be reviewed in the obstetric anal sphincter injury clinic at the hospital, which is a multidisciplinary specialty clinic. These appointments are usually between 3 - 5 months after giving birth.

At the appointment you will have some tests to check the muscles of the anal sphincter, and a chance to ask any questions you might have and discuss future deliveries.

Will I be able to have a vaginal birth again?

The majority of women have no long-term problems following their tear and can have a vaginal birth in future pregnancies. Currently, there is limited evidence as to whether or not you are at increased risk of having another third or fourth degree tear. It is suggested that women who have had a third or fourth degree tear in their first birth have a 7 - 10 in 100 chance of having a similar tear in their next vaginal birth.

In any future pregnancy, you will be referred to a consultant antenatal clinic. The consultant will discuss your options and help create an individualised birth plan taking your choices into account.

Options of mode of delivery will be discussed to enable you to make a decision suitable for you. It is useful to do perineal massage in the last couple of months of pregnancy as it reduces the risk of repeat third degree tear.





NBT videos

Pelvic floor exercises in pregnancy and after birth

<https://www.youtube.com/watch?v=HTjjdJvsseA>



Post natal care following perineal trauma

<https://www.youtube.com/watch?v=F0M6LqmnvH4>



Perineal massage in pregnancy

<https://www.youtube.com/watch?v=dVsVZKMguGU>



References

Royal College of Obstetricians and Gynaecologists) Clinical Green-top guideline No.29. “The Management of Third-and Fourth-degree Perineal Tears” (June 2015).

Further useful links

RCOG perineal tears hub: www.rcog.org.uk/tears

Mothers with Anal Sphincter Injuries in Childbirth (MASIC):
<https://masic.org.uk>

Birth Trauma Association: www.birthtraumaassociation.org.uk

Bladder and Bowel Community: www.bladderandbowel.org



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**Antenatal Assessment Unit
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**Delivery Suite
St Michael's Hospital,
Bristol**
0117 928 5214



**Central Delivery Suite
Southmead Hospital Bristol**
0117 414 6916 / 0117 414 6917



**Day Assessment Unit
Royal United Hospital, Bath**
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01225 824 847



Cossham Birth Centre
0117 340 8460



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If you're an overseas visitor, you may need to pay for your treatment or you could face fraud or bribery charges, so please contact the overseas office: Tel: 0117 414 3764 Email: overseas.patients@nbt.nhs.uk

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