

Perineal Tears



Perineal tears can be common during childbirth. The perineum is the area between the vagina and the anus. Tears can occur when the baby’s head passes through this area during delivery. Perineal tears are classified into four degrees depending on their severity.

Most common

- Grazes or first degree tears only affect the skin and the majority of time will heal on their own with little treatment. In some cases, health professionals may suggest stitches.
- Second degree tears affect both the skin and the muscles of the perineum and usually require stitches to help them heal.

Less common

- Third degree tears are more severe and involve the skin, muscles of the perineum and anal sphincter (muscles around the anus).

- Fourth degree tears are the most severe and involve the skin, muscles of the perineum, anal sphincter, and the lining of anal canal and/or rectum (back passage).

How is a perineal tear identified?

An examination of the vagina and rectum post-delivery can identify potential tears and determine the best treatment. Consent for examinations will be asked, and you are able to voice at any time should you want the health professional to stop the examination. Rectal examinations are recommended to minimise missing severe tears. This is done by placing a finger in your anus to determine if there is any damage present.

How is a perineal tear repaired?

First degree and second degree tears can be repaired while you are in the birth unit. A midwife or medical officer will provide stitches if required. A local anaesthetic is given to help with pain relief. With consent, a rectal examination is undertaken at the end of repair to ensure that stitches are not deeply placed involving the back passage.

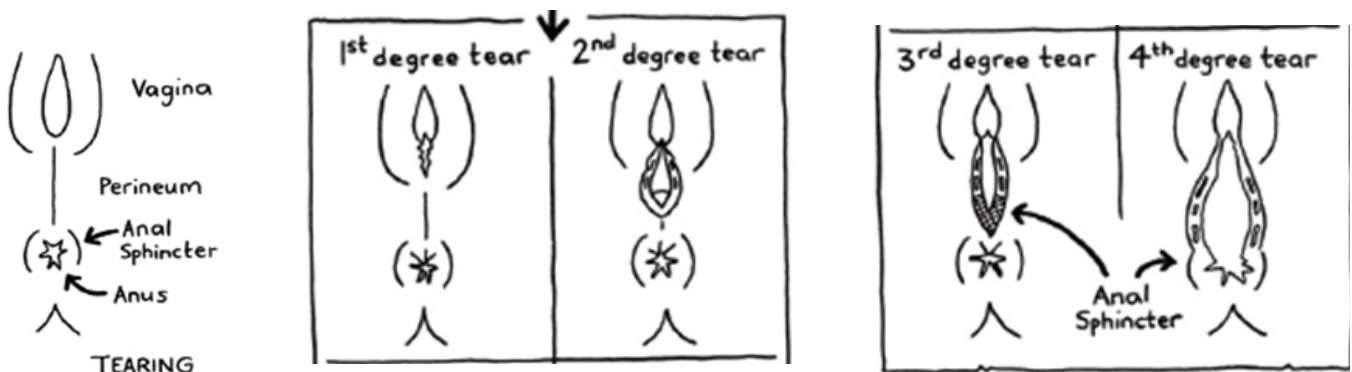


Illustration used with permission, via Australian Birth Trauma Association (ABTA)

More severe tears are generally repaired in the operating theatre under a general or regional (spinal or epidural) anaesthetic. Your partner or support person can stay with your baby and will be supported by the team.

If you are breastfeeding, a feed or expressing can be done before you go to theatre, time permitting. Pain relief, postnatal care and education will be followed up on the Maternity ward. Upon discharge, follow up appointments for care will be made and discussed with you.

What are the postnatal effects of tears?

With proper care and treatment, most tears heal without any long-term complications. However, more severe tears can be painful and uncomfortable, and they can also increase the risk of infection. Depending on the degree of the tear, it can also impact your bowel, bladder or sexual function, so it is important that tears are identified, repaired and care is followed as directed by your health professionals.

Risks of tears

Maternal Risk Factors

- First time mum
- South East Asian ethnicity
- Previous third or fourth degree tear
- Vaginal birth after caesarean section

Fetal risk factors

- Estimated birth weight over 4kgs
- Posterior position of baby (baby's back is facing your back)

Labour/Birth risk factors

- Birth requiring assistance with instruments (ie. forceps, suction cup)
- Long second stage of labour
- Baby's shoulders becoming stuck

Prevention of perineal tears

Health professionals may recommend one of the following ways to help prevent or reduce tears during birth.

Episiotomy

An episiotomy is a cut that a health professional may perform to prevent severe tearing. An

90% of women will experience some degree of tearing, however 3rd or 4th degree perineal tear affect:

- 5% of first-time mums
- 3% of women who have had babies before

episiotomy may be performed to facilitate birth and generally to assist any instrumental deliveries.

Hands on birth

The midwife or doctor that is assisting in your delivery, can apply manual perineal protection and apply gentle pressure on the baby's head to slow down the delivery and assist in the shoulder delivery, which allows time for the perineum to stretch.

Warm compress

Warm compresses are used on the perineum during pushing stage of your labour. As the baby's head puts pressure on the perineum, the warm compresses aid in stretching the skin and reduces the risk for third and fourth degree tears.

Birth positions

The midwife or doctor will work with you and the position that provides the most comfort for delivery. Positions that may aid in the reduction of a tear include kneeling, all-fours, and side-lying.



Perineal massage can be done by you or your partner from 34 weeks of pregnancy to assist in reducing severe tearing.

Perineal massage

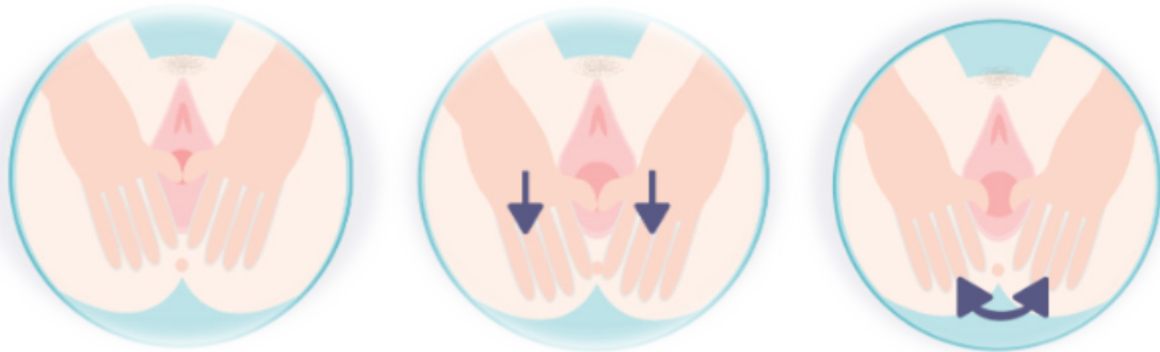
Perineal massage is a technique used to stretch the skin between your vagina and anus. Research has shown that perineal massage can help to reduce the instances of tearing in birth, the need for an episiotomy and can also lead to a quicker recovery following birth.

This technique can be done from 34-35 weeks of pregnancy once a day right up until your baby is born and can be done at home by either yourself or your partner. You may feel some burning or stinging when you first start to massage, however as this skin stretches you will notice that this sensation reduces.

How to massage

It is easiest to massage when lying down, using a mirror or in the bath, ensuring that you have clean hands with short nails and an empty bladder.

- Use an unscented lubricant or natural oil such as vitamin E, coconut, or olive oil
- Gently insert your thumbs or 2 fingers 3-5cm into your vagina
- Firmly sweep your thumbs/fingers downwards towards your anus then side to side, hold this stretch for about 1 minute
- Gently massage the lower half of your vagina in a 'U' shape back and forth for 2-3 minutes



Diagrams of how to massage

When you should not massage

- Before 34 weeks
- If you have a low-lying placenta or placenta previa
- If you have an infection such as thrush, herpes, or any open cuts in the vagina

If you are not sure on the technique or if this might be right for you then be sure to talk to your health professional and watch the video using the QR code below.

Preventing or reducing tears

Pelvic floor exercises

Regular pelvic floor exercises during pregnancy can help to strengthen the perineal muscles for labour and delivery.

Squeeze and lift your muscles as if you are holding onto a wee or prevent passing wind, hold for 10 seconds then relax. Repeat 8-12 times in one sitting, 3 times per day.



Perineal massage

Perineal massage can be undertaken from 34-35 weeks of pregnancy. The massaging of the perineal muscles can assist in reducing severe tearing and the need for an episiotomy.

This can be done by you or your partner once a day and can take a few weeks before you notice increased elasticity in your perineal area.



Active labour

Mobile and upright labours can help to promote the progression of labour and birth.

We will work with you to find the most comfortable for you.

Some birth positions such as kneeling, squatting, all-fours, can help to reduce tearing.



Education

Education is vital to understanding what is involved in labour and birth and being an active participant in decision-making during your pregnancy and journey into motherhood can make all the difference.

Speak with your health professionals regarding pregnancy classes, reliable resources and questions or concerns that you might have.



Get in contact with Womens and Children's Health

Nepean Hospital

Phone: (02) 4734 2373

Monday to Friday 8:30am - 3:30pm