

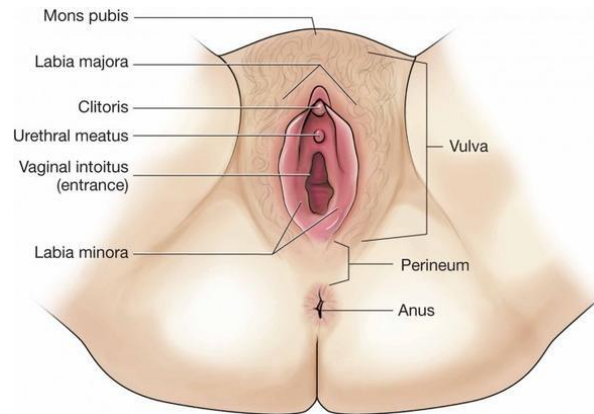
## Information for Patients

# Caring for my perineum during pregnancy, childbirth and the postnatal period

<b>Contents</b>	<b>Page</b>
What is my perineum? .....	2
What is perineal trauma? .....	2
What are the types of tears during childbirth? .....	2
What is an episiotomy? .....	3
What can I expect after a tear? .....	3
Can I have a vaginal birth in the future if I have had a 3 <sup>rd</sup> /4 <sup>th</sup> degree tear? .....	4
What can help me recover? .....	4
When can I have sex? .....	5
Pelvic Floor Exercises .....	5
When should I seek medical advice after I go home? .....	6
Can anything be done during my pregnancy to prevent a tear? .....	7
When can I start perineal massage and how often will I need to do it? .....	7
Could anything have been done to prevent a tear during the birth of my baby? ..	9
References .....	9

## What is my perineum?

Your perineum is the area of tissue between your vagina and anus (back passage). It connects with your pelvic floor muscles and helps to support your pelvic organs.



## What is perineal trauma?

During childbirth, your perineum stretches to make room for your baby. As your baby is being born your perineum can sometimes tear.

Tearing to the perineum or to the labia (the folds of skin around the vagina) are very common, particularly with a first vaginal birth. In most cases this will be straightforward and will heal very well.

In a small number of women the tear will be more complicated, and will involve the muscle of the anal sphincter (the muscle that controls the passage of faeces) or the anal canal (the area just inside the anal sphincter).

## What are the types of tears during childbirth?

The doctor or midwife will assess the type of tear you have sustained. This will include a detailed examination of your vagina and anus.

There are various degrees of perineal trauma:

- **1st degree tears** are small, skin deep tears on the vaginal wall, which can heal naturally.
- **2nd degree tears** are deeper tears affecting the vaginal muscles as well as the perineal skin, requiring stitches.
- **3rd degree tears** involve the skin, muscles and anal sphincter.
- **4th degree tears** are where the perineum has torn all the way through to the rectum (back passage).

## What is an episiotomy?

An episiotomy is where the midwife or doctor makes a cut on the perineum at the time of the birth of your baby. This helps the vaginal opening to become wider, allowing more space to help deliver your baby.

An episiotomy is usually a simple procedure. Local anaesthetic is used to numb the area around your vagina so you will not feel any pain. If you've already had an epidural, the dose can be 'topped up' before the cut is made.

An episiotomy is only made with your consent, and when the midwife or doctor feels that it would be helpful. It is more likely that you will need an episiotomy if your baby needs to be born using forceps or suction, and in these circumstances it helps to prevent a 3<sup>rd</sup> or 4<sup>th</sup> degree tear.

## What can I expect after a tear?

Although some small tears can be left to heal naturally, most tears will need to be sutured (stitched) and this will be done by your midwife or doctor soon after your baby has been born. You will be given an injection of local anaesthetic (pain relief) before the stitches. Alternatively, if you have had an epidural during your labour, this will provide you with pain relief.

After having any tear or an episiotomy, it is normal to feel some pain or soreness around the tear or cut for two to three weeks after giving birth, particularly when walking or sitting. Passing urine can also cause stinging.

The stitches used are dissolvable and the tear or cut should heal within a few weeks, although this can take longer for some women. The stitches can irritate as healing takes place but this is normal. You may notice some stitch material fall out and this is normal.

3<sup>rd</sup> or 4<sup>th</sup> degree tears are also known as OASIs - obstetric anal sphincter injuries. This type of tear will have affected some of the muscles around the anus. This will occur in approximately 3 in every 100 women having a vaginal birth.

If a 3<sup>rd</sup> or 4<sup>th</sup> degree tear is suspected or confirmed, this will usually be repaired in the operating theatre. Your doctor will talk to you about this and you will be asked for consent.

You will need an epidural or a spinal anaesthetic, although occasionally a general anaesthetic may be necessary.

You may need a drip in your arm to give you fluids until you feel able to eat and drink. You are likely to need a catheter (tube) in your bladder to drain your urine. This is usually kept in until you are able to walk to the toilet.

After the operation you will be given:

- Pain-relieving medications such as paracetamol and ibuprofen.

- A course of antibiotics to reduce the risk of infection.
- Laxatives to make it easier and more comfortable to open your bowels.

**None** of the treatments offered will prevent you from breastfeeding.

To start with, some women feel that they pass wind more easily or need to rush to the toilet to open their bowels. Most women make a good recovery; typically 7 in 10 women will have no symptoms a year after birth.

## Can I have a vaginal birth in the future if I have had a 3rd/4th Degree Tear?

You will be seen in the Warrell Unit Perineal Trauma Clinic. This will be a minimum of 12 weeks after giving birth. At this visit, you will be offered tests of the function of the muscles around your back passage to see how these muscles have been affected by birth. You will see a gynaecologist, who will offer you an individualised opinion about how you might wish to deliver any future babies. Most women are able to have another vaginal birth.

## What can help me recover?

Looking after a newborn baby and recovering from an operation for a perineal tear can be hard. Support from family and friends can help.

- **Bladder and Bowel**

It is important to empty your bladder and bowels regularly. Any problems with passing urine, constipation, or incontinence of urine or faeces should be reported to a health care professional and investigated and treated accordingly.

- **Hygiene**

Shower or bath at least once a day and change your sanitary pads frequently (every 2-4 hours).

Ensure you wash your hands before and after going to the toilet, to prevent any spread of infection to your perineal wound.

You should clean your perineum with lukewarm water each time you use the toilet. You can use a jug to pour water over your perineum while you sit on the toilet. Some women prefer to use the shower attachment or a bidet. Dry the area carefully using an ordinary towel or dry flannel.

Keep a special towel for this area and change it daily. You could use a disposable cloth or a sanitary towel to dry yourself instead.

Bathe in clean water - avoid adding soap, salt or disinfectants to the water.

Loose clothing should be worn and tight trousers avoided until the perineum is fully healed.

- **Pain Relief**

If required, paracetamol or ibuprofen should be taken regularly (following the manufacturer's dosage instructions). In some cases stronger medication may be required, but medicines containing codeine should be minimised as they increase the risk of constipation.

Avoid standing or sitting in one position for long periods as this will exert pressure on your perineum and may increase pain and slow the blood circulation which is an essential component of the healing process.

A sanitary pad dampened with clean water can be applied to the perineum for short periods to reduce swelling.

Whilst resting, occasional exposure of your perineum to the circulating air by removal of underwear and sanitary towels could be of some benefit.

- **Wound Healing**

Get plenty of rest and eat a healthy, varied diet to aid healing.

Maintain a high fluid intake – at least 2-3 litres daily, and eat a balanced diet (to include fruit vegetables, cereals and wholemeal foods). This will ensure that your bowels open regularly and will prevent you from becoming constipated. **Do not delay** if you have an urge to empty your bowel.

## **When can I have sex?**

In the weeks after having a vaginal birth, many women feel sore, whether they have had a tear or not. If you have had a tear, sex can be uncomfortable for longer. You are advised to wait to have sex until the bleeding has stopped and the tear has healed. This may take several weeks. After that you can have sex when you feel ready to do so.

A small number of women have difficulty having sex and continue to find it painful. Talk to your doctor if this is the case so that you can get the help and support you need.

It is possible to conceive a few weeks after your baby is born, even before you have a period. You may wish to talk with your GP about contraception or visit your local family planning clinic to discuss this.

## **Pelvic Floor Exercises**

Strengthening the muscles around the vagina and anus by doing pelvic floor exercises can help healing. It is important to do pelvic floor exercises as soon as you can after childbirth. If you had a urinary catheter, wait until it has been removed and you are passing urine normally.

## How to do pelvic floor exercises

**Tighten the muscles** around your back passage (as if trying to stop yourself passing wind) and draw them up and forwards.

At the same time tighten the muscles around your front passage (as if trying to stop passing water).

You should feel a 'lift' and 'squeeze' inside.

**Squeeze and lift** as hard as you can and hold for a count of 10 seconds. Build up slowly if your muscles feel weak. Repeat up to 10 times.

**Tighten and Lift** your pelvic floor as quickly as you can, then relax. Do this up to 10 times.

**Aim to perform these** 3 times over the course of the day every day. Each set takes about 2 and half minutes.

**Try and squeeze and lift** your pelvic floor muscles each time you pick anything up heavy including your baby and before you cough or sneeze.

## When should I seek medical advice after I go home?

You should contact your midwife or general practitioner if:

- Your stitches become more painful or smelly – this may be a sign of an infection.
- Your stitches appear to have 'come undone'.
- You cannot control your bowels or flatus (passing wind).

Talk to your GP or community midwife if you have any other worries or concerns. There is a dedicated clinic at Saint Mary's for women having problems with stitches/tears soon after childbirth; your midwife can refer you to this.

If you have had a **1<sup>st</sup>** or **2<sup>nd</sup>** degree tear or an **episiotomy**, follow up appointments are **not normally arranged**. However if you are experiencing problems with your stitches please discuss this with your midwife.

If you have been discharged by your community midwife and your baby is not yet 6 weeks old, contact Triage on (0161) 276 6567 (open 24 hours a day, 7 days a week).

After your baby is 6 weeks old please contact your GP with any concerns you may have.

If you have had a **3rd** or **4th degree tear**, an appointment will be made for you in a specialist clinic (Warrell Unit Perineal Trauma Clinic), where you will be seen by a gynaecologist with a special interest in perineal trauma following childbirth.

This will usually be at a minimum of **12 weeks and may be longer** following childbirth. This interval allows sufficient time for the inflammation of childbirth (which may itself cause pain and/or need to rush to the toilet to open bowels) to subside and healing to take place.

At the clinic you will be asked questions specifically about your urine and bowel function. In addition, an internal ultrasound scan will be undertaken to assess both the repair and the muscle tone of your anal sphincter.

## Can anything be done during my pregnancy to prevent a tear during the birth of my baby?

Research shows that perineal massage can be of benefit in reducing perineal tears that need stitching at the time of the birth of your baby.

Perineal massage helps to gradually soften and stretch the vagina and perineum in preparation for birth.

## When can I start perineal massage and how often will I need to do it for it to benefit me?

You can start perineal massage from 34-35 weeks pregnant up until delivery. You can perform perineal massage as often as you wish, but most women will benefit from daily or at least alternate day massage for approximately 5 minutes.

**Do not perform perineal massage if your waters have broken, or you have genital herpes, genital warts, candida (thrush) or other genital infections.**

### Perineal Massage

Find a comfortable place to do the exercises yourself or where you and your partner won't be disturbed.

A good time to do perineal massage is after a bath when the blood vessels in the perineum are dilated and hence softer and more comfortable to touch.

Trim your fingernails to prevent scratching your perineal and vaginal tissues and wash your hands.

Sit propped up with pillows as support, for example on the sofa or the bed or laid in the bath with one leg up on the side of the bath.

Use unscented oils, eg: olive oil, sweet almond oil or other organic, vegetable based oils, or KY jelly which is water based.

If you are doing the massage alone, you may need a mirror to see where you are putting your fingers. Lubricate your thumbs and place them **2-3cm** inside your vagina.

Press the thumbs downward in the direction of the anus so that you feel a stretch of the muscles surrounding your vagina and vaginal tissues.

Once you have this downward pressure use your thumbs to sweep from side to side in a rhythmic U shape movement.

Concentrate on relaxing your muscles - this is a good time to practice slow deep breathing techniques.

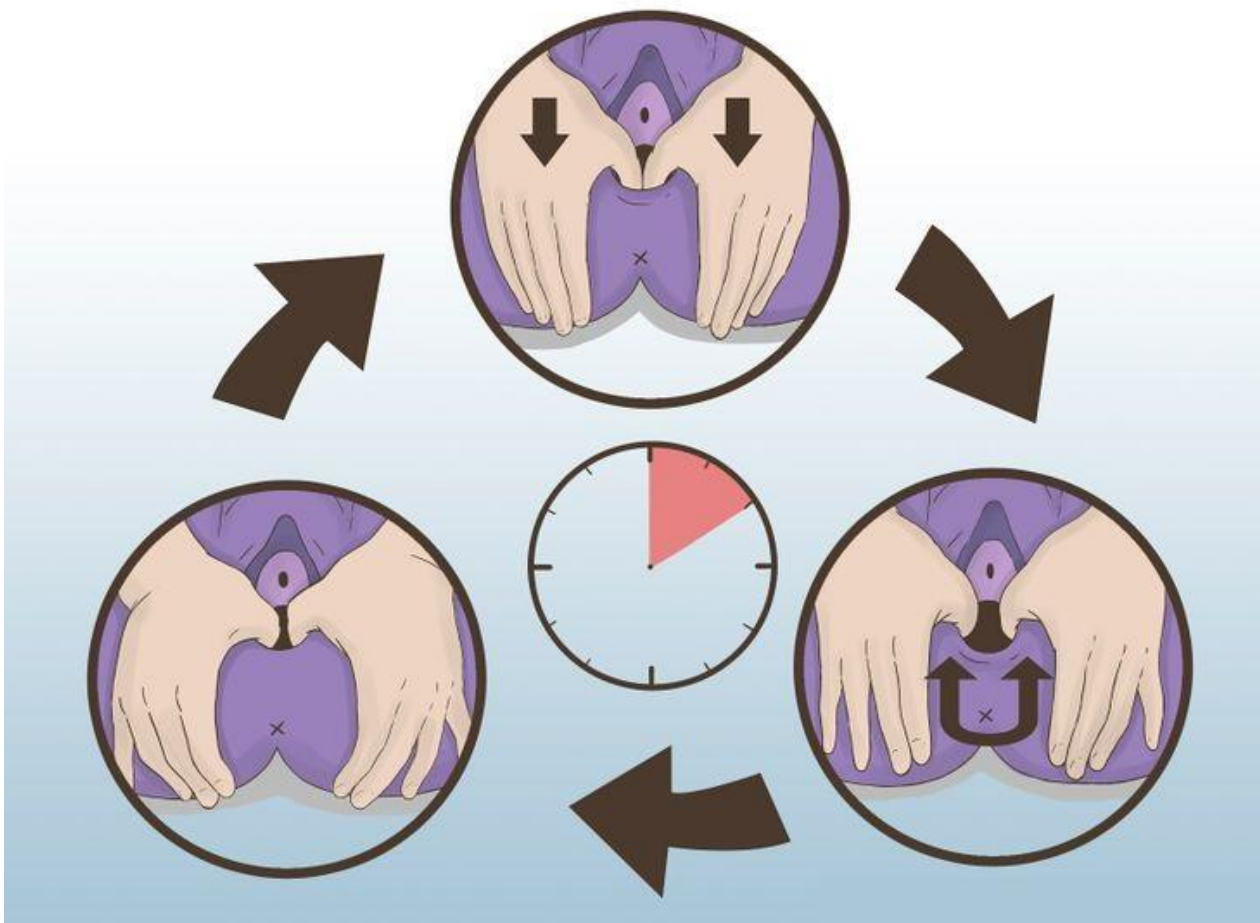
You can also massage the perineal skin between the thumbs and forefingers.

As you or your partner perform the massage, apply steady pressure downwards towards your back passage until you feel a tingling sensation.

This will help you become familiar with the sensation that you will experience when the widest part of the head begins to stretch you.

This massage should not be painful so stop if you feel any pain.

If your partner performs the massage they should use their index finger instead of thumbs.





## Can anything have been done to prevent a tear during the birth of my baby?

Applying a warm compress to your perineum while you are pushing does appear to reduce the chance of a 3<sup>rd</sup> or 4<sup>th</sup> degree tear.

Your midwife or obstetrician may protect your perineum by placing one hand gently on the baby's head and the midwife's other hand will hold a warm compress to your perineum. This will assist your baby to have a slow gentle birth and allow your perineum to stretch in order to help prevent a 3<sup>rd</sup> or 4<sup>th</sup> degree tear.

This can be discussed with you and your birth partner and form part of your birth plan.

It is unclear whether an episiotomy will prevent a 3<sup>rd</sup> or 4<sup>th</sup> degree tear from occurring during a normal vaginal birth. An episiotomy will only be performed if necessary, and with your consent.

If you have an assisted birth (ventouse or forceps), you are more likely to have an episiotomy as it may reduce the chance of a third or fourth degree tear occurring.

## Further information

We have produced a short video for women who have experienced a third or fourth degree tear, which will provide you with further information. You can either click or copy and paste the link below into your browser, or if you have a smartphone you can scan the QR code to view the video on your mobile phone.

<https://www.youtube.com/watch?v=CW4b-8HrBk0>



## References

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