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hospital's communications department on 01935  
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# Coping with perineal trauma

Women's Health, Maternity Unit &  
Therapy

[www.yeovilhospital.nhs.uk](http://www.yeovilhospital.nhs.uk)

## What is a perineal tear?

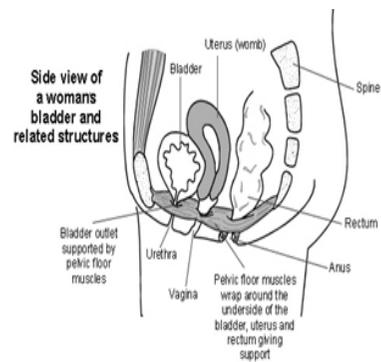
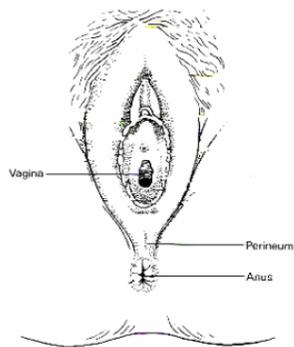
It can result from trauma during childbirth. There can be bruising, swelling, superficial grazes, minor lacerations or tears or episiotomies.

Some tears and all episiotomies require suturing. The sutures used are dissolvable and will disappear gradually over a period of a few weeks.

Tears can be classified as:

- **First Degree**  
Superficial tear extending through the vaginal tissue and/or perineal skin
- **Second Degree**  
Extending into the perineal muscles
- **Third Degree**  
Involving the external anal sphincter
- **Fourth Degree**  
Involving the anal sphincter and anal tissue (rectum – the lowermost part of the bowel)

If you have had a third or fourth degree tear, you will have a 6-8 week follow-up appointment with the physiotherapist.



- If you have had an episiotomy or tear, you should be completely healed by 4-6 weeks after the birth of your baby. If you have any worries about resuming your sex life you can speak to your GP/Midwife

### Correct defecation position:

- Use a low stool in the toilet to place your feet on when opening your bowels
- Let the abdomen fall into your hands
- Bulge your lower tummy forward
- Let your waist widen
- Practice while sitting on a firm chair
- If your tummy goes in, relax and start again
- Try holding a soft clean pad firmly against the perineum/ stitches whilst opening your bowels



### How to do a pelvic floor contraction:

- Imagine you are trying to stop yourself from passing wind and at the same time trying to stop your flow of urine
- Draw up inside your vagina as if holding a tampon in place
- You should feel a “squeeze and lift”, closing and drawing up the front and back passages

### Hold and keep breathing!

- Hold as long as you can, then slowly lower your hold
- Start with doing the exercises little and often during the day. Try and make it part of your daily routine
- Once you are happy with the basic pelvic floor exercise, you can build up the strength and endurance of the muscles
- Try and hold the “squeeze and lift” for up to 10 seconds and repeat this up to 10 times
- Try and squeeze and lift more quickly and let go. This will help your muscles to react quickly when you laugh or sneeze
- **BE** patient – it will be easier the more you practice. If you are not improving ask for help
- **REMEMBER** to do your pelvic floor exercises regularly for life

### Third and fourth degree tears

Up to 3 in every 100 (3%) of vaginal deliveries can result in a third or fourth degree tear.

Up to half (50%) of women with third or fourth degree perineal tears during childbirth suffer from gaseous or faecal incontinence (leakage of solid/liquid stools or gas) and in the first few days after birth, may have trouble urinating and having bowel movements.

You may find that you need to rush to the toilet (faecal urgency) and that you may leak both liquid and solid stools (known as faecal incontinence). This condition may also present in women without obvious anal sphincter tears during labour and delivery (occult injury).

The majority of women with faecal incontinence symptoms following a third or fourth degree tear will experience resolution of their symptoms within the first six months following delivery.

Women with persistent symptoms (more than 6 months) of altered faecal continence may suffer deterioration of symptoms with a further vaginal delivery. This can be discussed with doctors during any subsequent pregnancy.

### Further reading/information

- Third and fourth degree perineal tears following vaginal delivery and management – Greentop guidelines at [www.rcog.org.uk](http://www.rcog.org.uk)
- Pregnancy and childbirth at [www.babycenter.com](http://www.babycenter.com)
- Episiotomy and tears at [www.patient.co.uk](http://www.patient.co.uk)

### After care and coping with a painful perineum

- A perineal tear is an open wound and therefore it is very important to wash your hands before and after changing your pad or going to the toilet
- If you are very uncomfortable please don't hesitate to ask for pain relief. Pain relief taken at regular intervals is more effective
- Rest frequently – elevation of the perineum (by lying) will help reduce swelling. Try not to sit for long periods of time
- **Consult** your midwife or doctor if you are not finding relief or if you have increased pain or swelling. Call if you have any fever, which can be a sign of infection
- Begin pelvic floor muscle exercises within 24 hours to increase blood flow and reduce swelling
- Apply ice wrapped in a wet flannel/towel to affected area for 5-10 minutes and repeat 3-4 times a day for the first 2-3 days. Always use a new ice pack each time
- You can start taking warm soaks in the bath soon after delivery to keep the area clean and help with pain relief
- CHANGE your sanitary pads frequently for comfort and to avoid infection. Firm fitting underpants that hold the sanitary pad in place without movement will prevent rubbing on the wound. **NEVER** use tampons for post-partum blood loss
- Wear loose fitting clothes to expose the wound to air to aid healing
- A bottle or jug of warm water poured over the perineum during urination can help to dilute urine and reduce stinging
- **AVOID** constipation by drinking plenty of water and eating a high fibre diet