

Second degree perineal tear during childbirth

This leaflet includes:

- Information on how to look after your health, with a particular focus on how to take care of your perineum
- Advice on how your perineum may feel
- How you can help this area to heal and reduce the risk of infection
- Advice on ways to look after your health after having a baby
- Information about the healthcare professionals who will provide your care

Please use this space to write any questions you may wish to ask your midwife/health visitor or GP about your postnatal recovery.

Where is my perineum?

Your perineum is between the opening to your vagina and your anus (or back passage) and forms part of your pelvic floor. The pelvic floor consists mainly of muscles which support the pelvic organs. It lets you control your bladder and bowels and experience sexual feelings.

Postnatal care of your perineum

When they have just given birth, many women experience:

- Tiredness
- Backache
- Some pain and discomfort in the perineum
- Other health problems

How should my perineum/pelvic floor feel when I have given birth?

During a vaginal delivery, your pelvic muscles and perineum gradually stretch to allow your baby to be born. Immediately following the birth of your baby your pelvic floor will start to return to normal. Pelvic floor exercises will help with this.

During the delivery, you may have had a tear in the skin or muscles of your perineum. The type of tear women experience will vary. Alternatively, you may have needed a cut (an **episiotomy**) to be made in your perineum to assist your baby to be born. If you are unsure if you have had a tear or cut to your perineum, you should ask your midwife.

If you have had a tear or episiotomy, usually you will have had stitches to help it to heal. This is usually a 'continuous stitch'; this means one long stitch. This method results in less pain during the first few days after giving birth when compared to having individual stitches. The material used to stitch your perineum is absorbable, which means your stitches will not have to be removed. The only time stitches are removed is if your midwife or doctor think they are causing a problem, such as increasing pain.

Within 10 -14 days of having your baby, the stitches should feel more comfortable. They should have dissolved completely within the first six weeks of giving birth.

It may help you to touch your perineum so that you know where the tear or episiotomy is (please ensure that you wash your hands before and afterwards). You may also find it helpful to use a mirror to look at your perineum. This will help you to know if you are healing properly as you can compare how your perineum feels and looks in the days and weeks after the birth.

Pain relief

Many women who had a vaginal birth will experience some perineal pain or discomfort. However, there are several ways in which pain or discomfort can be reduced:

- For the first 24 - 48 hours after your baby's birth, your perineum may feel swollen when you touch it. You may also feel some stinging when you pass water. It is important to ask your midwife for regular pain relief whilst you are in hospital to help reduce the amount of pain or discomfort you are experiencing.
- Paracetamol is the most common form of pain relief offered for perineal pain or discomfort.
- If you find paracetamol is not helping your pain or discomfort, please tell your midwife as you may need stronger pain relief.
- When you go home, you can continue to take paracetamol to relieve any pain you have, making sure you follow the instructions and do not take more tablets than advised on the packet.
- Gentle pelvic floor contractions can also improve the circulation, decrease the swelling and reduce pain.

As well as taking tablets, there are other ways to relieve your pain or discomfort, although these may only offer temporary relief:

- Cooling pads (such as a maternity gel pad) or crushed ice placed between pieces of gauze may provide some relief. Please ask your midwife for instructions about using these.
- Bathing may also provide relief but it is not necessary to add anything to the water as this will not speed healing.
- Various cushions have been specifically developed for women with perineal pain. You may find these helpful to sit on. They can be hired through the National Childbirth Trust or from the manufacturers. Further information is available from the NCT website: www.nct.org.uk

In hospital and once you are at home, your midwife should ask you each time she sees you about how you are feeling physically and emotionally (NICE Postnatal Guideline 2006).

How can I look after my perineum?

- Use maternity sanitary pads, which are thicker and softer than normal pads used for blood loss during your period. Change them at regular intervals during the day particularly during the first few days after the birth when they may be more heavily soiled.
- You should also wear clean cotton underwear that feels comfortable.
- It is essential that you bath or shower regularly to keep your perineum clean.
- Wash your hands well whenever you change your pads.

- Make sure you have a good diet with plenty of fluids , fruit and vegetables (especially those rich in vitamin C). This will not only help with healing but will be good for your general health and may prevent you from developing **constipation**.
- Drink plenty of fluids to prevent bladder problems such as urine (water) infections.
- It is important not to strain too much when opening your bowels, especially for the first time after you have had your baby. You may feel better if you support your perineum just in front of your rectum (back passage) with some clean tissue or a sanitary pad. Sometimes you can become constipated. It may help to place your feet on a stool or an upside down washing-up bowl so your knees are higher than your hips. This position helps to open the back passage, allowing you to open your bowels more easily. Take your time and try not to strain.

Exercises for your pelvic floor muscles

Performing pelvic floor muscle exercises can help to reduce the symptoms of urinary leakage that can occur after childbirth, especially when exercising, sneezing, coughing or laughing. Gentle pelvic floor muscle exercises can also reduce soreness in your perineum in the first few days after delivery.

How do I do pelvic floor muscle exercises?

- It is important to sit, lie or stand in a comfortable position.
- Tighten up your back passage as though you are trying to stop passing wind. Then tighten the muscles that you would use to stop yourself from passing urine. Do these two contractions together and you should be exercising your pelvic floor muscles. Do not practise when you are passing urine.

When you have learnt the exercises, you can do them sitting, lying or standing. Try to do these exercises slowly and fast:

Slow exercises

- Gradually tighten the muscles and hold while you count to 10
- At first you may only be able to hold for a short time

Fast exercises

- Tighten and relax the muscles quickly
- Build up by doing 10 slow exercises and 10 fast exercises four times a day

Ask for help if you are not sure that you are using the right muscles. Your GP can refer you to a specialised women's health physiotherapist. They have lots of skill in making pelvic floor muscles stronger.

When should I contact my midwife or GP about my perineum?

Once you are home, if you are worried and find that paracetamol does not help your perineal pain or discomfort, contact your midwife or GP. You should be offered stronger pain relief which may require a prescription from your GP. Please make your GP aware if you are breastfeeding.

If your perineal pain becomes more uncomfortable and/or persists, or if you think your vaginal loss does not smell very nice or you feel unwell, it is **very important** to inform your midwife or GP as soon **as soon as you can**, because you may be developing an infection. Your midwife or GP should examine your perineum. You may find this embarrassing but it is important that they ensure that you do not have excessive bruising (referred to as a **haematoma or a wound**

infection). These conditions do not happen very often, but it is important that they are detected and treated quickly.

If an infection in your perineum is suspected, your midwife or GP may wish to take a swab from the area where you were stitched and you may require a course of antibiotics.

If you have developed a haematoma, you will probably have to be referred to hospital for further investigation. Your midwife, health visitor or GP should advise you about when and how often they will need to visit to ensure you are feeling better (these visits should be planned with you).

If you are still experiencing perineal pain after six weeks, you should discuss this with your GP. Physiotherapy may be indicated if a tight scar is the cause. You may experience some discomfort when first resuming sexual intercourse but the discomfort should not persist (see the paragraph below about resuming sexual intercourse).

What about resuming sexual intercourse?

Before resuming intercourse, you should decide on and use a method of contraception as it is possible to get pregnant very soon after giving birth.

You may be worried by the thought of having sexual intercourse after you have given birth, particularly if you have experienced perineal pain. You should only resume intercourse when it feels right for you. It is not uncommon for intercourse to feel uncomfortable at first, but this should not continue. You may resume intercourse when you feel the stitches have healed and any bleeding has stopped. Your perineum may still be slightly uncomfortable around the scar line, but it is unlikely you will do any harm when intercourse is resumed. Start gently and continue if comfortable. Vaginal dryness can be a problem and the use of a water-soluble lubricating gel may help. If you are concerned that your perineum does not feel right, it is important to contact your GP to discuss your concerns. If you experience a decrease in normal sensation when you have intercourse, try the pelvic floor exercises.

It is possible that postnatal perineal massage could help you feel less discomfort when you resume sexual intercourse. Your midwife can advise you about the technique and frequency of doing this. This may help to gently stretch any scar tissue.

If you have any continuing concerns about resuming intercourse, the method of contraception to use, or continuing discomfort during intercourse, it is important to discuss this with either your midwife, health visitor or GP.

Other health problems you might experience after giving birth

We know that many women experience some health problems after birth. These include:

- Perineal pain
- Backache
- Headaches
- Feeling low or anxious in mood
- Leakage of urine when coughing, laughing or sneezing
- Leakage of faeces or wind

It is very important to tell your midwife or any other health professional about any health problems you experience as they can advise you on what to do. The National Institute for Health and Clinical Experience (NICE) have published information for women who have recently given birth which you may find helpful. You can get the information on postnatal care from the NICE website (www.nice.org.uk) or from your midwife, health visitor or GP.

Which healthcare professionals will I see and when will I see them?

In hospital your main care provider will be a **midwife**. You may also see a **maternity healthcare assistant**. Your midwife will be able to discuss pain relief options while you are on the postnatal ward. The midwife and the maternity healthcare assistant will provide support and help.

Once home, you should receive a number of planned visits from the midwife who will continue to visit you until around 10 to 14 days following the birth. They may visit longer if you need them. The midwife will also provide you with information about the blood spot test which is undertaken on babies at between five to eight days of age.

You may also be contacted by your **health visitor**, at around 10 to 14 days, who will advise you about your ongoing health needs.

You will be advised to make an appointment with your **GP** six to eight weeks after birth for your postnatal check-up. At any time during this period, you should contact your midwife, health visitor or GP if you need advice on your recovery. If they cannot help you directly (for example, it is not their area of expertise), they should refer you to an appropriate health professional.

References

The information presented in this leaflet has been adapted from Bick et al 2002, Routine Postnatal Care of Healthy Women and Babies (NICE 2006), 'Fit for Motherhood' produced by the Association of Chartered Physiotherapists in Women's Health and the postnatal leaflet developed for University of North Staffordshire.

Contact details

St Mary's Maternity Unit
Poole Hospital NHS Foundation Trust
Longfleet Road
Poole BH15 2JB

Tel: 01202 665511

Postnatal Ward:
Royal Bournemouth Hospital:

Tel: 01202 442519

Tel: 01202 444685

Women's Health Physiotherapy Department: Tel: 01202 442506

(An answerphone is in operation out of hours.)

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

The Health Information Centre
Poole Hospital NHS Foundation Trust
Longfleet Road
Poole
Dorset
BH15 2JB
Telephone: 01202 448003

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We can supply this information in larger print, on audiotape, or have it translated for you. Please call the Patient Advice and Liaison Service (PALS) on 01202 448499 or the Health Information Centre on 01202 448003 for further advice.