Perineal care

Physiotherapy self-referral QR code

Pelvic Health - NHS Healthier Together

If you have questions or concerns about this birth or a previous birth, you can get support by scanning the QR code.

To read this leaflet in a different language, please visit our website: **www.uhd.nhs.uk/visit/patient-information-leaflets** and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499** or email **uhd.patientexperienceteam@nhs.net**.

The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth, Dorset, BH7 7DW

Author: **Adele Whatley** Date: **October 2026** Version: **One**
Review date: **October 2029** Ref: **091/26**

t: 01202 303626 w: www.uhd.nhs.uk
: @UHDTrust : @uhd_nhs

Some of our hospital services are moving.
Visit **www.uhd.nhs.uk/future** to find out more.

NHS
University Hospitals Dorset
NHS Foundation Trust

Perineal care

Your guide to perineal care before, during and after delivery

Patient information

t: 01202 665511 w: www.uhd.nhs.uk
: @UHDTrust : @uhd_nhs

Some of our hospital services are moving.
Visit **www.uhd.nhs.uk/future** to find out more.

Perineal care

Perineal tears are common during vaginal birth. Most people recover well with the right care and support. Help is available if you have any questions or worries.

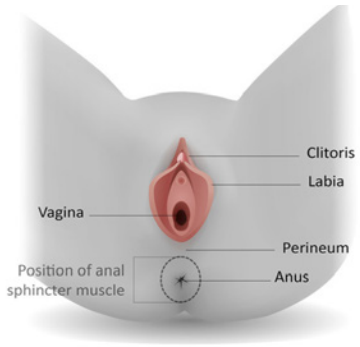
This leaflet explains what happens before, during and after birth. It tells you about perineal tears, how they are treated and what to expect while you recover.

What is the perineum?

The perineum is the area of muscle between your vagina and anus (bottom). During birth, this area stretches to help your baby be born. About 85 in every 100 people who have a vaginal birth will have a tear.

Types of tears

There are different types of tear. Some only affect the vagina. Others also affect the muscles of the perineum or the labia.



Some tears are deeper. They affect the muscles around the anus. These are called **obstetric anal sphincter injuries (OASI)**.

There are two types of OASI:

- third-degree tears
- fourth-degree tears

Recovery after a perineal tear

Everyone heals in a different way. Your tear and birth experience will be different from someone else's.

Your pain should start to get better during the first week after birth. If your pain is not improving, speak to your community midwife.

By your postnatal check with your GP, most people find that their pain is better or has gone away.

Your vagina and perineum may look or feel different after birth. If you are worried, speak to your GP. They can refer you for more help if needed.

You can have vaginal sex again when you feel ready. It is usually best to wait until your stitches have healed.

If you do not want to become pregnant again, use contraception. You can become pregnant soon after birth, even if you are breastfeeding.

Vaginal dryness is common after birth. A simple, unperfumed vaginal lubricant may help. You can use it every day if needed or during sex.

Perineal care

Wash your hands first. Use a small amount of lubricant, such as unscented sunflower oil, olive oil or a water-based lubricant like KY Jelly. Place one or both thumbs just inside the back of your vagina.

Press gently towards the back wall of the vagina. Keep gentle pressure while moving your thumbs outwards and upwards in a U shape.

Massage the muscles inside the vagina, not the skin on the outside.

During birth, your perineum stretches as your baby is born. This can cause a burning feeling. Perineal massage helps you become used to this feeling before labour. This may help you stay calm and feel more in control.

2. Warm compresses

A warm, wet pad placed on the perineum as your baby is being born can lower the chance of a deeper tear.

Your midwife will offer this during the pushing stage of labour. They will remove the pad every few minutes to check how your perineum is stretching.

Your midwife will explain what will happen. It is your choice whether to have a warm compress. You can ask your midwife to stop at any time.

Warm compresses cannot be used during a water birth.

When to ask for help

Contact your midwife if you have:

- pain that is getting worse
- bleeding or swelling around your perineal wound
- discharge from the wound that smells unpleasant

Your midwife may arrange for you to see your GP or go to hospital. Some people need antibiotics to treat an infection in their wound after birth.

If you have any concerns during the first 28 days after giving birth, contact the Maternity Advice Line on **0300 369 0388**.

After 28 days, contact your GP if you are worried about how your tear is healing.

Pelvic floor exercises

After giving birth, it is important to make your pelvic floor muscles stronger. Strong pelvic floor muscles can help stop urine leaking.

You can start these exercises about 1 week after giving birth, if you feel ready. You can do them sitting or lying down.

First, tighten the muscles around your bottom, like you are trying to stop passing wind. Then tighten the muscles around your bladder, like you are trying to stop passing urine.

Slow squeezes

- Tighten the muscles and hold for up to 8 seconds
- If you can only hold for a few seconds at first, that is OK.
- Try to hold for longer as your muscles get stronger.

Quick squeezes

When you are comfortable with slow squeezes:

- Tighten and relax the muscles quickly.
- Try to do 8 squeezes in a row.
- Your muscles may get tired after a few squeezes at first.

Try to do:

- 8 slow squeezes
- 8 quick squeezes

Do these exercises 2 to 3 times each day.

It may be easier to start these exercises sitting or lying down because your muscles can feel weak after birth. As your muscles get stronger, you may find it easier to do them standing up.

You can find videos and information on Healthier Together Dorset. If you need more help, you can refer yourself to pelvic floor physiotherapy until your baby is 1 year old. After this, your GP can refer you.

A third-degree tear affects one or both muscles around the anus. A fourth-degree tear also affects the lining of the rectum or anus.

These muscles help you control wind and bowel movements. About 3 in every 100 people who have a vaginal birth have this type of tear. The chance is slightly higher if you are having your first baby.

Can I lower my chance of tearing?

There is no sure way to stop a tear during birth. The steps below may lower the chance of a deeper tear.

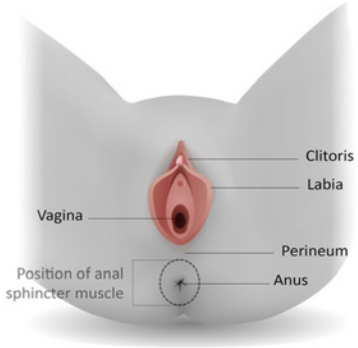
1. Perineal massage

Perineal massage gently stretches the muscles of the perineum. This helps prepare your body for birth.

You can start from 34 weeks of pregnancy. Aim to do it for 2 to 3 minutes every other day.

Do not do perineal massage if you have:

- vaginal herpes
- thrush
- another vaginal infection



A good time to do the massage is after a bath or shower, when you feel relaxed.

You should feel a gentle stretch or slight burning feeling. It should not hurt. If it hurts, stop. Your midwife may be able to show you a different way.

Your chance of this type of tear is higher if:

- this is your first baby
- your baby is thought to be large
- your body mass index (BMI) is over 30 (you are overweight or obese)
- you need an assisted vaginal birth
- you have a long pushing stage
- your baby's shoulders are hard to deliver

If you have a third- or fourth-degree tear, you will need an operation. This is done in theatre. You will have pain relief before the tear is repaired.

About 6 to 8 in every 10 people with this type of tear recover well. They do not have long-term problems.

Before you go home, you will have:

- antibiotics for 7 days
- medicine to soften your stools for 2 weeks

These medicines are safe if you are breastfeeding.
You will have more check-ups after you go home. These include:

- seeing a physiotherapist to check your pelvic floor muscles. They will give more help if you need it.
- an ultrasound scan to check the muscles around your anus. You may get a text asking you to call **0300 019 2161** to book your scan. This is usually when your baby is about 4 months old.
- a clinic check-up when your baby is about 6 months old.

At your clinic check-up, we will ask how you are getting on. We will talk about your scan results. We may also check the area. This helps us plan any future care. We will also talk about future pregnancies and births.

Looking after your perineum after birth

It is normal to have pain and discomfort in your perineum after birth. If you have stitches, they will start to disappear after about 10 days. You may feel a knot. This should go away with time.

To help in the first few days:

- Start pelvic floor exercises when you feel ready and your bladder is working well.
- Take paracetamol and ibuprofen if you can. Both are safe while breastfeeding.
- Use cooling gel pads on your perineum. They may help with swelling.
- You may have a gentle laxative to soften your stools. About 10 days after birth, you can usually start to take less, unless you have problems with healing or constipation.

Keeping your perineum clean after birth

Your perineum is the area between your vagina and anus. After giving birth, this area can be hard to keep clean. Keeping it clean and dry helps lower the risk of infection and helps it heal.

You can help by:

- Using maternity pads instead of regular sanitary towels. Change your pad often.
- Washing your hands before and after changing your pad or going to the toilet.
- Wearing loose cotton underwear.
- Eating a healthy, balanced diet and drinking plenty of fluids. Eat foods high in fibre, such as fruit and vegetables.
- Washing the area with plain water. Do not use soap, as it can make your skin sore.
- Gently patting the area dry with a clean towel after washing.

3. Hands-on birth

Research shows that a hands-on birth can lower the chance of a deeper tear.

Your midwife or doctor places one hand on your perineum and the other on your baby's head. This helps your baby's head come out slowly. It gives your muscles more time to stretch and may lower the chance of a deeper tear.

If you do not want a hands-on birth, tell your midwife when you arrive. This technique cannot be used during a water birth.

4. Episiotomy

About 1 in every 4 vaginal births at University Hospitals Dorset involve an episiotomy. This is a cut made in the perineum, between the vagina and anus.

Your healthcare professional will ask for your permission before an episiotomy. It will not be done unless you agree. The area is numbed first. A small cut is then made in the perineal muscle.

An episiotomy may be recommended to:

1. Help your baby be born more quickly if needed.
2. Lower the chance of a deeper tear if your tissues are not stretching enough.

If you have a third- or fourth-degree tear (OASI)