



Bladder and Bowel Community

Fact Sheet: Episiotomy and Tears during Childbirth

During childbirth, the vagina stretches to enable the baby to be born. The entrance to the vagina and the perineum (the skin between the vagina and the anus) are very elastic and stretch to allow the baby's head to emerge, or whatever part of the baby is arriving first.

What's the difference between an episiotomy and a tear?

An episiotomy is a surgical cut made through the muscular area between the vagina and the anus (also called perineum). It is made by a doctor or midwife in order to make the opening wider, and possibly to prevent a more serious tear.

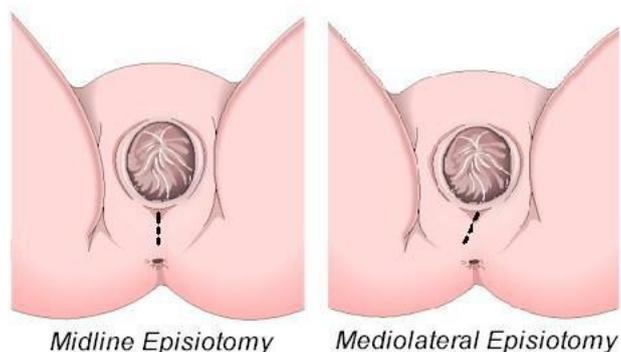
In England, episiotomies aren't carried out routinely. Around one-in-seven deliveries involves an episiotomy.

A tear happens when the baby stretches the vagina during birth to the point at which the skin of the perineum strains and then tears. Most women will tear to some extent during childbirth.

Types of episiotomy

The two most common types of episiotomy are:

- Midline – a cut from the vagina directly towards the anus.
- Mediolateral – a cut from the vagina at an angle off to one side of the anus. In the UK, this is more common than the midline.



When might I need an episiotomy?

NICE (the National Institute for Health and Clinical Excellence) states that 'a routine episiotomy should not be carried out during spontaneous vaginal birth'. Instead, an episiotomy should only be considered necessary for you or your baby if:

- The baby appears to be in foetal distress (this means the baby has a significantly increased or decreased heart rate, and there is a real risk to the baby's life or well-being if he or she is not born quickly).

- There is a clinical need for an assisted birth, which means the use of forceps or ventouse. Forceps will be gently applied one at a time to each side of your baby's head. The midwife will gently pull with the forceps while you push during a contraction to help your baby out. The ventouse (vacuum extractor), has a cup attached to a suction device, which fits on top and towards the back of your baby's head. When you push with your next contraction the midwife will pull on the cup to help your baby out.
- Breech birth, which means the baby is not being born head first.
- You're having a very long labour and are exhausted.
- You have a large baby.
- You have a serious health condition and you need a speedy labour and birth to keep you safe.

How an episiotomy is performed

An episiotomy is usually a simple operation. Local anaesthetic is used to numb the area around the 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.

Whenever possible, the doctor or midwife will make a small, diagonal cut from the back of the vagina and directed down and out to one side. Following the birth of your baby, the cut is stitched together using dissolvable stitches.

Types of tear

Most women, up to nine in ten (90%), tear to some extent during childbirth. Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage). Tears are described in 'degrees' which indicate their size and effect. They may be:

- First degree tears – This involves the skin of the perineum and the back of the vagina. These tears are often so small they don't need stitching, and in fact they heal better naturally.
- Second degree tears – This is when the skin and back of the vagina plus the muscles of the perineum are torn. These tears need to be stitched closed.
- For some women with a tear, up to nine in 100 (9%), the tear may be more extensive. This may be:
 - Third-degree tears (see figure 2) - This involves the skin, back of the vagina, muscles of the perineum and extends partially or completely through the anal sphincter. Stitches are needed to close these tears.
 - Fourth-degree tears - This is the same as the third degree tear, but extends into the rectum. Stitches are needed to close these tears.



Figure 2

Occasionally a tear may occur at the top of the vagina. This is known as a periurethral laceration. These tears are often quite small and require only a few stitches, if any.

Can a third- or fourth-degree tear be predicted?

It is not possible to predict or prevent these types of tears. There are some factors that may indicate when a third- or fourth-degree tear is more likely. This is when:

- One of your baby's shoulders becomes stuck behind your pubic bone
- The second stage of labour is longer than expected (the time from when the cervix is fully dilated to birth)
- This is your first vaginal birth
- You have a large baby (over 8 pounds 13 ounces or 4 kg)
- Labour needs to be started (induced)
- You have an assisted birth (forceps or ventouse)

What happens after birth?

If your obstetrician or midwife suspects a third- or fourth-degree tear, or if you had an episiotomy, you will have a detailed examination of your perineum and anus. The obstetrician will confirm the extent of the tear and provide you with information about surgery and treatment.

You will need an anaesthetic. This may be via local anaesthetic, or by topping up an already present epidural or administering spinal anaesthesia. Occasionally a general anaesthetic may be recommended. The obstetrician will then stitch the damaged anal sphincter and the tear in an operating theatre.

Possible incontinence problems

You may experience faecal incontinence. This may be temporary and symptoms could improve within the first 6 weeks. If symptoms persist you may need further investigation and or treatment. Any concerns should be discussed with your GP or at your review appointment with the Consultant.

Recovery

It can take up to a month for your tear or cut to heal and for your stitches to dissolve (small tears with no stitches usually heal faster than this). In the meantime you may continue to feel some mild to moderate pain. Ask your midwife or GP about pain relief. You can use the following painkillers:

Paracetamol – this is safe to use, even if you are breastfeeding.

Ibuprofen – this is safe to use in breastfeeding as long as your baby was not premature (born before 37 weeks of pregnancy), was not a low birth weight and has no medical condition.

Note: Aspirin is NOT recommended if you are breastfeeding, because it can be passed to your baby via your breast milk.

You may find bathing in warm water and/or using a Valley cushion (a specially designed inflatable cushion to make sitting down much more comfortable) can help.

If you find you're still uncomfortable after a few weeks, speak with your midwife, health visitor or GP.

What can I do to help my recovery?

You might want to try the following suggestions during the healing period:

- Keep the area clean. Have a bath or a shower at least once a day and change your sanitary pads regularly. Always wash your hands both before and after to reduce the risk of infection.
- After going to the toilet, pour warm water over your vaginal area to rinse it. Pouring warm water over the outer area of your vagina as you pee may also help to ease the discomfort. You may find that squatting over the toilet, rather than sitting on it, reduces the stinging sensation when passing urine. Although urinating can be painful, it can be less painful if you pee in the bath (just before getting out), or in a warm shower.
- Drink at least 2–3 litres of water every day and eat a healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta). This will ensure that your bowels open regularly and prevent you from becoming constipated. If you find passing stools particularly painful, taking a short course of bulk-forming laxatives may help. This type of medication is usually used to treat constipation and makes stools softer and easier to pass.
- A folded sanitary pad pressed against the vagina whilst straining / having a bowel movement can give a feeling of support -makes it less painful and also reduces the pressure on the stitches/tear.
- After passing a stool be sure to wipe front to back, away from your vagina, to make sure your stitches remain clean.
- Place an ice-pack or ice-cubes, wrapped in a towel or cloth, onto the affected area, to relieve the pain
- Do pelvic floor muscle exercises as soon as you can after birth. This will increase the circulation of blood to the area and aid the healing process. You should be offered physiotherapy advice about pelvic floor exercises to do after surgery

Recovery from a fourth degree tear

Some 4% of women who deliver vaginally end up with a 4th degree tear. This can cause considerable pain for some time and may lead to anal incontinence. Do speak to your midwife, health visitor or GP to get help, and possibly a referral for further medical or surgical advice.

If you continue to have problems after a tear or an episiotomy, you will probably be offered a course of antibiotics to reduce the risk of infection.

What are the long-term effects of a third- or fourth degree tear?

Most women make a good recovery, particularly if the tear is recognised and repaired at the time. During recovery, some women may have:

- Pain or soreness in the perineum
- Fears and apprehension about having sex – many women worry about this even if they have not had a third- or fourth-degree tear
- A feeling that they need to rush to the toilet to open their bowels urgently
- Fear about future pregnancy and birth.
- Very rarely, you may have a fistula (hole) between your anus and vagina after the tear has healed. This can be repaired by further surgery.

Contact your midwife or general practitioner if:

- your stitches become more painful or smell offensive – these may be signs of an infection
- you cannot control your bowels or wind
- you feel a need to rush to the toilet to open your bowels
- You have any other worries or concerns.

Your follow-up appointment

You may be offered a follow-up appointment at the hospital 6–12 weeks after you have given birth to check that your stitches have healed properly. You will be asked questions specifically about your urine and bowel functions. If there are any complications, you may be referred to a specialist.

This appointment offers you the opportunity to discuss any concerns that you may have, such as sexual intercourse.

Sex after a tear or episiotomy

You may be nervous about resuming your sex life after you have had a cut or a tear. In fact, studies have found that nine out of 10 women who had an episiotomy reported that resuming sex was painful, but this did improve after time.

Share your anxieties with your partner. If you are still experiencing pain during intercourse, or at any other time, after the area appears to have healed then do talk with your GP or health visitor.

Can I have a vaginal birth in the future?

This depends on a number of factors. Your obstetrician will discuss these with you at your follow-up appointment or early in your next pregnancy. If you continue to experience symptoms from the third- or fourth-degree tear, you may want to consider a caesarean delivery.

If your tear has healed completely and you do not have any symptoms, then you should be able to have a vaginal birth.

Could anything have been done to prevent a tear?

A third- or fourth-degree tear cannot be prevented in most situations because it cannot be anticipated. Research has shown that, although an episiotomy makes more space for the baby to be born, it does not prevent a third- or fourth-degree tear from occurring.

Massage of the perineum in pregnancy

Massaging the perineum in the last weeks of pregnancy has been shown to reduce the likelihood of tearing during birth, and of needing stitches or an episiotomy. You can do it alone, or your partner can do it with or for you. Here's how to do it:

Get comfortable, lying against some pillows on the bed, with your legs bent at the knees so you or your partner can reach your perineum.

Massage oil (vegetable based) into the skin of the perineum.

Then place your fingers around 5cm (2 inches) inside your vagina and press downwards towards the anus; move to each side in a U-shaped stretching movement. This may give a tingling/burning sensation.

Hold the stretch for 30-60 seconds then release.

Further information

If you are experiencing problems following childbirth you should always speak to your midwife or GP.

You may wish to seek advice from your local continence clinic. The continence clinics are run by the NHS and you don't always need to be referred to a clinic by your GP, as some clinics will allow you to book an appointment yourself. To find your nearest continence clinic please visit the Specialist Services section of our website or call our office on 01926 357220.

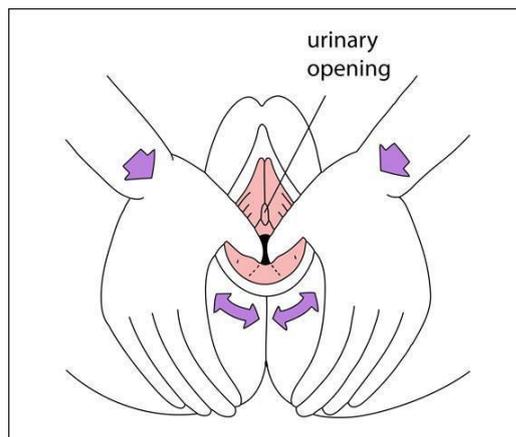
Sources and acknowledgements

This fact sheet has been produced with the help from the following sources.

Royal College of Obstetricians and Gynaecologists –

[A third or fourth degree tear during childbirth – Information for you leaflet NCT website](#) Images sourced from Wounds International

This factsheet was originally provided and distributed by the Bladder & Bowel Foundation Charity through until July 2016. Whilst every attempt to keep it current and accurate is being made any input will be welcomed by the Community.



The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email help@bladderandbowel.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

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