Perineal care after childbirth
(tears and stitches)

Information for women and their families

Women’s Health Division
Sometimes during childbirth women can sustain a tear, which may require suturing (stitching). This leaflet will help you understand why such injuries occur, the different types of tear and how to help you recover fully following the birth of your baby.

**Where is the perineum?**
The perineum is the area of skin between the vagina and the anus.

**Why might I have a tear?**
When your baby is born, his or her head stretches the opening of the vagina. The skin inside and surrounding the vagina will stretch to allow for the baby to be born, however during this part of the birth it is common for women to sustain a tear to the skin and/or muscle. This can occur on the inside of the vagina (vaginal wall) or the perineum.

**What are the different types of tear?**
There are four different types of tears, which are classified depending upon the depth of the tear and which parts of the skin and/or muscle are affected. The most common tears are first and second degree tears.

A first-degree tear is a superficial tear to the skin or a graze inside the vagina. First-degree tears will sometimes heal without the need for stitches, however your midwife/doctor will discuss this with you at the time.

A second-degree tear is deeper affecting both the skin and the muscle. You will require stitches to prevent bleeding and help you heal properly.

Third and fourth degree tears are less common. A third degree tear involves skin, muscle and extends into the anus. A fourth degree tear includes damage to the above as well as to the rectum (back passage). Both these types of tear will require suturing by a senior doctor, under a spinal anaesthetic in the operating theatre which is on the labour ward.
If you have sustained a 3rd or 4th degree tear you will be seen in the post partum clinic at the hospital 6 – 10 weeks following the birth of your baby.

**What is an episiotomy?**
An episiotomy is a cut made to the perineum at the time of the birth. The midwife or doctor will talk to you before the procedure to gain your consent. You will be given a local anaesthetic before the episiotomy is performed.

Episiotomies are performed only if a baby is showing signs of distress as it can facilitate a faster birth. Episiotomies are more common in births where Ventouse (vacuum suction) or forceps are required.

**How is the wound repaired?**
After the baby is born your midwife or doctor caring for you will check to see if you have a tear. They are normally responsible for repairing the wound and this is done immediately following the birth. The repair usually takes place in the room where you gave birth, but on occasion it may be necessary to move you to another room or to theatre (for third or fourth degree tears). You will be assisted into a position that will help the midwife or doctor to see clearly and you will be given enough pain relief to make you comfortable throughout the procedure.

**How to look after the wound**
It is very important to maintain good hygiene. Change your sanitary pad regularly. When you go to the toilet take care to pat or wipe the area dry from the front to the back. Sometimes passing water can make the area sting. It is a good idea to take a jug of warm water with you to the bathroom to pour over the perineum whilst on the toilet. This dilutes the urine and makes it less likely to sting as well as keeping the area clean.

Try to avoid constipation as this can put strain on the wound area. Eating a diet high in fibre (salad, fruit and brown bread) and drinking plenty of water (a minimum of 8 glasses/day) will help. If you have a third or fourth degree tear you will be given laxatives to help with this.

**How do I know if I have an infection?**
It is normal to feel some pain and discomfort immediately and for some days following the birth of your baby, but as time goes by this will improve. If this does not happen, or if your wound starts to throb, you have a fever, or notice a bad smell from the wound or from your blood loss (lochia), you must seek medical help from your midwife or GP.
Can I prevent myself from tearing?
There is some evidence that massaging and gently stretching the perineum in the last six weeks or so before birth can reduce the likelihood of tearing. Speak to your antenatal midwife for advice on this.

When can I resume sexual intercourse?
There is no set or normal time to wait until you resume sexual relations; it will depend entirely on how you feel. Sex after birth may feel slightly uncomfortable or tender regardless of whether you had stitches or not. Using water-soluble lubricant may help. If you find that any discomfort does not ease over time, please speak with your GP.

Remember to consider using contraception before resuming sexual intercourse as you can become pregnant again very quickly after giving birth.

Are there any long-term implications?
Having stitches the first time does not mean that you will definitely need them again.

Women who have third or fourth degree tears will be seen in the post partum clinic in the hospital. This is to ensure that your tear has healed and to discuss any problems you may have, and to arrange any further investigations.

Contact details
Direct tel
020 7380 9400
Website
www.uclh.nhs.uk

Where can I get more information?
Please speak to your midwife or doctor. If you need a large print, audio or translated copy of this document, please contact us on 0845 155 5000 ext. 9719. We will try our best to meet your needs.