

*Third and Fourth
Degree Tears
During Childbirth*

Information for Patients

What types of tears are there?

During childbirth tears can occur in the perineum, the area between the opening to the vagina and the back passage (the anus).

- First degree tears are small and in the skin only
- Second degree tears are deeper and can affect the muscles of the perineum

The tear can also reach further downwards from the vagina towards the back passage.

- Third degree tears involve damage to the muscle around the back passage, which is called the anal sphincter
- Fourth degree tears are deeper and pass into the back passage (the rectum).

How common is this?

Estimates vary but third and fourth degree tears occur in just under 4% of women.

What caused the tear?

In a lot of cases it is not possible to say why a tear occurred, however some things are associated with a higher risk:

- If it is your first delivery
- If the baby is in an unusual position
- If it is a very quick birth
- If forceps are used to help with delivery
- If the birth weight is over 4kg

Although we know what can increase the risk of a tear, there is nothing we can do to prevent them occurring.

What problems can occur?

The majority of women who have third or fourth degree make a good recovery, without any long-term problems. Sometimes they can experience leakage of faeces or uncontrolled passage of wind, but this is rare and usually occurs within the first day or two after delivery.

More common problems that you may experience during recover include:

- Pain and soreness in the vagina and perineum
- Some slight bleeding
- Apprehension about having sexual intercourse again
- Fears about stitches breaking

How long does recovery take?

The timescale for recovery is around 12 weeks.

What happens next?

You will be given antibiotics, laxatives and pain killers to take home. You will also be sent an appointment for follow-up in the OASIS clinic in 6-12 weeks time. In the meantime, there are several things you can do to help the healing process.

- You will have been given a course of laxatives to go home with, it is important that you take these to avoid becoming constipated. This is because excessive straining can put pressure on your stitches.
- In addition to this you should also drink 2-3 litres of water a day and try to eat lots of healthy fresh fruit and vegetables.

- It is important to keep the area clean to reduce the risk of infection. Regular baths or showers and changing sanitary towels every 2 or 3 hours helps with hygiene.
- Pelvic floor exercises will improve the tone and strength of the muscles and can help healing. You will be given advice and a separate leaflet on how to perform these exercises.

Will my stitches need to be taken out?

The stitches that have been used to repair the perineum are a dissolvable type, and so will not need to be removed.

How long should I wait before having sexual intercourse?

There are no specific guidelines on how long you should wait following a third or fourth degree tear. Generally it is ok to resume sexual intercourse when you feel ready, although some women prefer to wait until they have had their follow-up appointment at 6-12 weeks.

Will I be able to have a vaginal delivery next time?

The majority of women have no long term problems following their tear and can have a vaginal birth in future pregnancies. If you do suffer on-going symptoms, you may be offered a caesarean delivery if you become pregnant again.

Birmingham Women's Hospital have a specialist team who will discuss your next delivery with you and formalise an individualised birth plan which reflects your choices.

What if I have problems?

If you have problems with:

- Increasing pain in your perineum
- Uncontrollable leakage of faeces or wind
- Your stitches becoming painful or smelling offensive

Or if you have any other worries or concerns, you should contact your midwife or GP for advice.

Contact Details:

Sara Webb, Specialist Perineal Midwife
Telephone 0121 627 2756

Reference:

Royal College of Obstetricians and Gynaecologists (March 2007)
Clinical Green-top guideline No. 29.

