

REDUCING THIRD AND FOURTH DEGREE PERINEAL TEARS

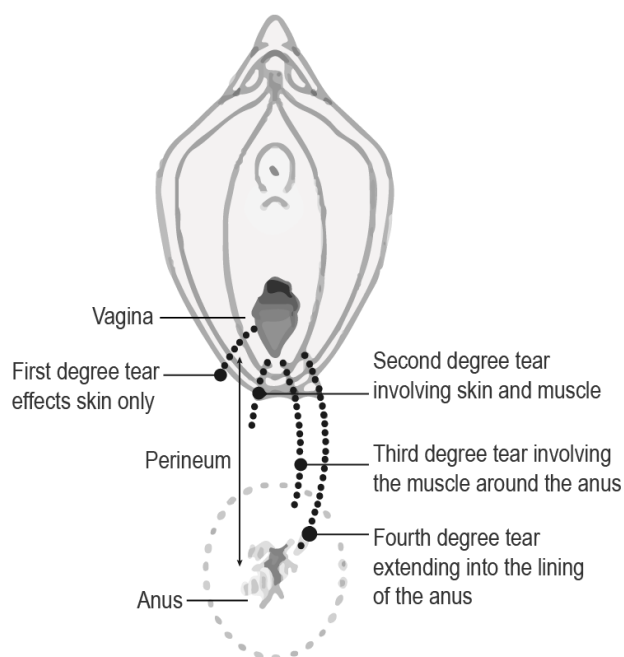


What are perineal tears?

- Perineal tears affect the skin and muscles of your perineum, between your vagina and anus.
- First and second degree tears are quite common and usually heal without difficulty.
- These tears may need stitches and follow up with your local doctor.

What are third and fourth degree tears?

- Third degree tears go through the muscles that control the anus (back passage).
- Fourth degree tears extend into the lining of the anus or rectum. Third and fourth degree tears usually require repair in an operating theatre.



Produced by Women's Healthcare Australasia with consumer input, in partnership with the NSW Clinical Excellence Commission

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Could this happen to me?

Approximately 4 out of every 100 women having a vaginal birth experience a third or fourth degree tear.



Your chance of a third or fourth degree tear is increased if:

- this is your first baby
- you are of Southeast Asian background
- you have previously had a third or fourth degree perineal tear
- your baby weighs more than 4kg (9lb) or is in a position with their back against your back (posterior)
- your baby's shoulders become stuck during birth
- you require forceps or other instruments to assist your birth.

For some women a third or fourth degree tear can result in a loss of bowel control. Lasting effects can be minimised with accurate diagnosis and appropriate management and follow up.

Please speak to your midwife or obstetrician if you have questions about this information.

Please ask the staff for an interpreter if you need help understanding or speaking in English. If you need to use an interpreter to contact us, please call the Translating and Interpreting Service (TIS National) on 131 450



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The care elements below have been demonstrated to reduce rates of third and fourth degree perineal tears.

What does this mean for my care?

The following care elements have been demonstrated to reduce third and fourth degree perineal tears and should be offered to all women having vaginal births:

- Application of a warm washcloth (compress) to your perineum when your baby's head is crowning. This helps the muscles in your perineum stretch naturally.
- Encouraging you to move during your labour and to adopt birthing positions, during the second stage of your labour (when your baby's head is emerging) that will help your baby to be born slowly and not in a rush (e. g. on hands and knees).
- Helping you to have a slow, controlled birth through breathing techniques, and without directed pushing.
- Using hands to gently support your perineum during the birth of your baby's head and shoulders.

You may decline any care element if you choose

For births that require instrumental assistance

- Sometimes instruments, such as forceps or a vacuum (ventouse) are needed to assist with the birth of your baby. Forceps and ventouse are instruments that enable your obstetrician to pull, in time with your contractions, to assist with the birth of your baby.
- Which instrument is used depends on how your birth is progressing and the position your baby is in. These instruments can help the mother and baby achieve a safe vaginal birth.

- If this is your first birth and you require assistance by forceps or ventouse we will recommend an episiotomy. An episiotomy is a cut made with scissors at the entrance to your vagina into the perineum.
- An episiotomy can help to reduce third and fourth degree perineal tears.
- We will ask for your permission and pain relief will be provided before we perform an episiotomy.

How will I know if I have a third or fourth degree perineal tear?

After the birth of your baby we will examine your perineal and anal area to see if you have a perineal tear. To ensure a tear is not missed we recommend a rectal examination for all women.

This examination can detect internal tears, and ensures we are able to offer appropriate treatment and follow up.

We will ask for your consent before we conduct this examination, and you can withdraw your consent for the examination at any time.

What happens if I get a third or fourth degree tear?

The tear will need to be repaired, usually in an operating theatre. Your baby will be looked after by your partner, a family member or a midwife. Support will be provided to them. You should be provided with pain relief and information on what you can do to help the tear heal.

An appointment will be made to see a health professional after you go home. Follow up with an experienced women's health physiotherapist is also recommended.

*Information on the WHA National Collaborative is available at <https://women.wcha.asn.au/collaborative>