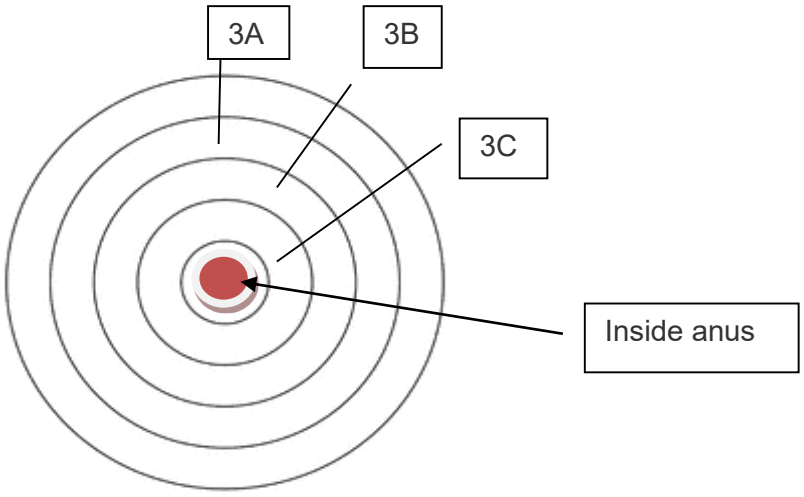
Information for mothers who have had a previous third degree tear

Congratulations on becoming pregnant again. We are aware that you sustained a third degree tear of the muscles around your anal sphincter at a previous delivery so are providing you with this information for your current pregnancy. If you have any questions, please ask your midwife or doctor.

Introduction

This type of tear is relatively common, complicating about one birth in every 30 (3%), and is most likely to happen if your second stage of labour had been very quick, if your baby weighed over 4kg, if he or she is born facing upwards (face to pubes) and especially if you needed help with forceps or a ventouse. Most tears of this type are classified as 3A or 3B. The anal sphincter is made up of concentric rings of muscle fibres which encircle the anus, and if a few outermost fibres are torn this is '3A', if up to half are torn this is '3B', if more than half is torn '3C' and if it tears right into the anus, a 4th degree tear is diagnosed. This is very rare.



Most tears of this type are recognised at the time of birth, and are repaired successfully, with no long-term problems. A few mothers have long term issues, probably no more than 1 in 100, which need advice from a colorectal surgeon. This handful of women will be advised to consider a planned Caesarean birth, particularly if they needed additional corrective surgery at a later date.

The chance of a third degree tear occurring at the next, or subsequent births, is about 1 in 15, which means that 93% of women will not have this type of tear at their next birth. There

is no evidence that an episiotomy reduces the chance of a tear occurring.

We do not believe that most women need to have their antenatal check-ups in a hospital clinic as a matter of routine because of this previous birth complication, although you should, of course, see your midwife or GP for check-ups as outlined in your records.

When the time comes to have your baby, there is no reason why you could not consider a home birth or the Midwifery Led Unit (Rushey) as places of birth if you wish, and all has gone well. You may want to have your baby on Delivery Suite, especially if you are sure that you would like an epidural, although only one mother in 20 has an epidural for her second or subsequent labour.

There are a few things that your midwife can support you with during your birth to try to reduce the chances of another significant tear. These include:

- Being in a left lateral (lying on left side) or kneeling position rather than semi-recumbent or squatting position.
- Having a warm compress gently held against your perineum as the baby is being born to help the skin to stretch, when possible, if your labour and delivery is very rapid there may not be time to apply this.
- Having a qualified midwife to deliver your baby as opposed to having a trainee conducting the delivery, i.e student midwife
- Trying to avoid a rapid birth by having good communication with the midwife caring for you and having her fingers gently resting on the top of the baby's head as it is born to try to slow down the birth. Panting or breathing when your baby's head is delivering, rather than pushing at this stage is advisable.

Please talk to your midwife about these.

If you are in the 7% of mothers who get a third degree tear, you will be transferred to theatre for this to be repaired under a regional anaesthetic (either epidural or spinal), regardless of where you give birth. This is to ensure we can repair you properly and comfortably.

Ask your midwife or doctor if your birth partner and baby can go into theatre with you while suturing is taking place.

For more detailed information see
https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-29.pdf

This document can be made available in other languages and formats upon request.

Author: J Siddall FRCOG, Consultant Obstetrician June 2016: on behalf of consultants at Royal Berkshire Hospital
Reviewed: June 2018, September 2020
Approved: Maternity Information Group & Patient Information Manager, December 2020
Review due: December 2022