



# Tears and stitches

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**This leaflet gives you information on the different types of perineal tears and the impact they have. It offers advice on aftercare, how to spot infections and what to expect if you give birth again. If you have any questions please speak to your midwife or doctor.**

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## What are perineal tears?

Perineal (the area between the vagina and anus (back passage) tears are common after giving birth. About 85% of those who have vaginal birth will experience some degree of tear or may require an episiotomy (a cut to the perineum) that will need stitches.

Stitches can cause discomfort in the perineum for a while after birth but generally there are no long-term effects. The vaginal wall and the perineum have a good blood supply and tears tend to heal quickly but will depend on the degree of the perineal tear, how it is repaired and on your general health.

## What do the different degrees of perineal tears mean?

There are different types of tear which include the following categories. The most common types of tears are first and second degree tears.

- First degree tear is minor and may involve the skin and/or present as a graze inside your vagina or anywhere on your labia.
- Second degree tear is deeper, involving the skin and underlying muscle structure. These tears usually extend towards your anus.

The least common types of tears are as follows:

- Third degree tear is more severe and involves skin, muscle and also damage to the rectal muscle (anal sphincter).
- Fourth degree tear is the same as a third degree tear but also includes the internal lining of the rectum (i.e., inside your anus)

For women giving birth vaginally about 1 in 30 (3.5%) will experience these types of tears\*.

## Is a tear the same as an episiotomy?

An episiotomy is a cut in the area between the vagina and anus (perineum) during childbirth. An episiotomy makes the opening of the vagina a bit wider, allowing the baby to come through it more easily. They are common when you have had an assisted or instrumental birth (which can include forceps, kiwi or ventouse) or if there were concerns about your baby's heart rate and the birth needed to happen quickly. The cut will always be as minimal as possible, however sometimes the cut can tear further during the birth of your baby.

## **Aftercare for ALL TYPES of perineal tears or episiotomies**

The material that is used for your stitches (Vicryl Rapide) dissolves over time after a week or so. This means that it is unlikely that your stitches will have to be removed by a midwife or doctor. First and second degree perineal tears usually heal very rapidly – usually within two weeks. It is important to keep the area clean and reduce the risk of infection. We advise following these steps to help:

- Wash your hands before and after using the toilet or changing maternity pads
- Change maternity pad every 2-4 hours and NEVER use tampons to absorb blood loss after birth
- Regularly shower or after 24 hrs you can have a shallow bath (4 inches) - just plain water no soap, bubble bath or body wash, you can try 5 drops of lavender oil, or sea salt in the bath water, but just enough water to cover your perineum
- Starting pelvic floor exercises as soon as possible after the birth, as this will increase the blood circulation to the area. Speak to your midwife who will help you understand the correct technique. You should continue to do these exercises long term. More information can be found here: [https://www.royalberkshire.nhs.uk/media/xzxnwypi/physio-exercises-following-oasi\\_apr23.pdf](https://www.royalberkshire.nhs.uk/media/xzxnwypi/physio-exercises-following-oasi_apr23.pdf)
- Drink 2-3 litres of water every day and eat a healthy balanced diet (including fruit, vegetables, cereals, wholemeal bread and pasta). This will ensure you are opening your bowels (pooing) regularly and will help to keep your poo soft. If you are concerned about constipation speak to your GP who can prescribe stool softeners or laxatives to help.
- If you smoke, stopping smoking will help as this affects how the wound heals.

**Additional aftercare for those with a third or fourth degree tear can be found further through this leaflet.**

## **Going to the toilet with stitches**

Discomfort from your stitches, a stinging sensation, or even some numbness, can make you feel nervous about going to the toilet to urinate (wee). Sometimes, it is easier to pass urine whilst having a bath or shower or by pouring warm water over your perineum while going to the toilet. Both these help as they dilute the urine so that it does not sting.

You may not need to open your bowels (poo) for a few days after the birth but it is important not to let yourself become constipated. You may be worried that your stitches will break, or the wound will reopen again when passing stools; be reassured this is very unlikely to happen.

When passing a stool (poo), it may be useful to place a clean maternity pad at the site of the cut or tear to enable you to press gently on your stitches to relieve the pressure.

Always wipe your bottom from front to back. If you have a bidet at home, you could use it to wash yourself, a sports bottle filled with fresh water, or a small watering can work as well.

Initially, you may experience some lack of control with passing wind or stool (poo). You should continue with the exercises the physiotherapist has given you and this should improve.

## **Pain management and ways to make yourself more comfortable**

- You can try applying cool gel pads to the area from time to time for the first 12 to 24 hours. Do not put ice directly on your skin but wrap crushed ice in a clean cloth, leave in place for 20 minutes and repeat every three hours.
- Application of witch hazel (available over the counter from chemists) to the wound may help relieve pain.
- You can hire or buy special 'valley cushions' to ease pressure on your stitches while sitting.
- Make sure you are getting plenty of rest and avoid standing and sitting for long periods.
- Oral painkillers, such as paracetamol 1g up to 4 times daily, can also help, together with an anti-inflammatory drug such as ibuprofen, which can be taken every six hours. If you are unable to take anti-inflammatory drugs, Dihydrocodeine, which is available by prescription only, may help. **Dihydrocodeine is NOT advised if you have had a third or fourth degree tear as it can cause constipation.** Lactalose will be offered to help with constipation whilst you are in hospital and you can buy Senna tablets over the counter if it persists after you are discharged.

## **How do I know if there is a problem or an infection?**

Your midwife will ask to check your stitches before going home and in your follow up appointment once you return home. This may help to identify signs of infections early before complications set in. It is common to experience pain and discomfort after birth. As the days go by, this should improve. However, it is important to seek medical help from your midwife or GP if you notice any of the following:

- New swelling and throbbing pain.
- The stitches break down and you see a gaping wound in the perineum.
- Worsening incontinence of stool (poo) faeces, i.e., you cannot control your back passage/sudden urgency to open bowels
- A fever
- A smell or discharge which is unusual for you
- Discharge or pus coming from the wound

It is rare for the stitches to simply come undone. However, occasionally an infection or pressure on the stitches from bleeding underneath can cause the stitches to breakdown, leaving an open or gaping wound. This is called perineal wound dehiscence, or breakdown. If there is a suspected infection you will have a swab taken from the wound and will most likely be given antibiotics. You may be advised to sit in a bath partially filled with water to which sea salt is added, until the wound is clean. Re-stitching (if necessary) will be done only when there is no sign of infection. If the injury is particularly complex the repair will be dealt with by the colorectal surgeons.

## **Having sex after stitches**

This is dependent on how you feel. There is no 'normal' time to resume sexual intercourse, should you choose to at all. Your GP will discuss this, and contraception with you, at the 6-week postnatal check. Please talk to your midwife if you want contraception advice before your postnatal check.

You may feel tenderness the first few times you have sexual intercourse following birth using a water soluble lubricant can help. If you continue to suffer with pain during intercourse, please seek advice from your GP.

## What happens if you have another baby?

If you previously have had a first or second degree tear, your care in your next birth will be the same as if it is your first baby. You will not routinely be offered an episiotomy, unless a doctor has advised it is necessary. Having stitches the first time does not mean that you will need them again.

If you have had a third or fourth degree tear you will have an opportunity to talk to your midwife and obstetrician during your next pregnancy to plan the birth that is suitable for you depending upon how your tear has healed. Just because you experienced a third or fourth degree tear, on this birth does not mean that it will necessarily happen again. Studies show there is between a 7 to 10 in 100 chance of having a similar tear in your next vaginal birth.

If you have continuing weakness or need further surgery, another vaginal birth could damage the muscles further, in which case, you may be offered an elective Caesarean birth.

## Third and fourth degree tears

### Aftercare advice

In addition to the advice offered above we suggest you try to lie down with your legs together during the first 24-hours. You will have had a catheter inserted into your bladder (fine tube and collecting bag) to prevent the build-up of urine. The catheter will remain in place for a few hours until your anaesthetic has worn off and you are mobile again. Once you are able to move around, stay mobile and do not sit still for long periods. If you have any problems after the catheter has been removed please make sure you report it to the healthcare professional looking after you (whether this is in hospital or after you have been discharged).

- **Laxatives:** You will be started on laxatives, e.g., Lactulose. Continue taking these for 10 days. This is to prevent constipation and soften your stools (poo) to make opening your bowels easier.
- **Antibiotics:** You will also be given antibiotics – be sure to complete the course of antibiotics, even if you are feeling better.

Before going home, you will be examined, by a midwife, to see how the healing is progressing (both in your front (vaginal) and back (anal) passages). They will also ask if you are able to control your bladder and bowel movements. If you lost a significant amount of blood during your birth we may also test your iron levels. If all is well you will be discharged from our care.

You will also see a physiotherapist **either before you go home, or as an outpatient appointment** so they can discuss your aftercare specific to your needs.

You will have an appointment with a physiotherapist **after 6 weeks** to check the strength of your anal sphincter muscles and help you strengthen the muscles.

You will have an appointment **after 12 weeks** in the postnatal clinic to discuss any concerns, your recovery and care for any future pregnancies and births, if applicable.

## Referral to colorectal surgeons

You may be asked to see a rectal surgeon if you are experiencing any problems after the birth, you may be offered tests like the endoanal ultrasound (an investigation of the anal canal using an ultrasound probe) and anal manometry (a scan test which measures the pressures of the anal sphincter muscles, the sensation in the rectum, and the neural reflexes that are needed for normal bowel movements), which will check the tone of the muscles in your back passage. A subsequent surgical repair may be recommended, depending on the findings of the tests.

## References

1. Royal College of Obstetricians and Gynaecologists – Third and fourth degree tears Green-top 29, 2015 <https://www.rcog.org.uk/for-the-public/perineal-tears-and-episiotomies-in-childbirth/perineal-wound-breakdown/>
2. [https://www.rcog.org.uk/media/m2e14y0h/antenatal-information-for-women-v5-aug-2023\\_final.pdf](https://www.rcog.org.uk/media/m2e14y0h/antenatal-information-for-women-v5-aug-2023_final.pdf)
3. <https://www.rcog.org.uk/media/qgyfresz/pi-care-of-third-and-fourth-degree-tears-oasi.pdf>

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

A Weavers (Consultant midwife), December 2006

Reviewed: February 2024

Next review due: February 2026

## Our Maternity Strategy and Vision

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here

