



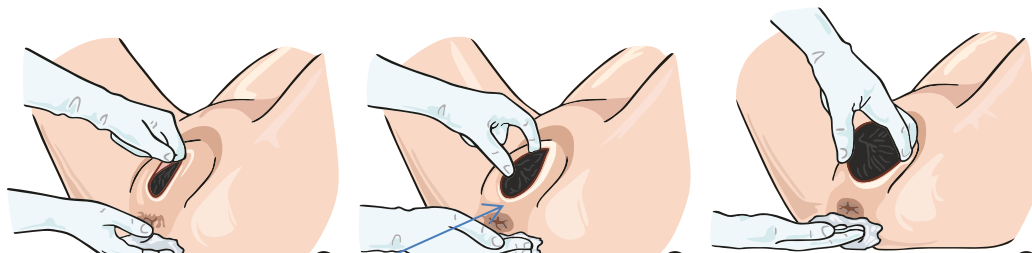
Mercy Health
Care first

Your important health information

Understanding perineal tears and episiotomy requirements during a vaginal birth

The perineum is the skin and muscles between your vaginal opening and the anus.

At the time of birth, the perineum will thin and stretch to allow your baby to be born (as shown below).



Stretching perineum

Most women having their first baby, and many women having 2nd or later babies, will have some form of perineal or vaginal tearing at this time.

Types of tears

A **perineal tear** affects the skin and muscles of the perineum and inside the vagina.

Midwives and doctors use a grading system to describe the types of tears according to the size of the tear and type of tissue involved.

First degree tears involve the perineal skin. They may or may not need stitches.

Second degree tears involve the perineal skin and perineal muscle. These tears require stitches.

Third and fourth degree tears involve tearing of the muscles or skin around the anus (bottom). They are the most severe degree of tears but are not very common. Approximately 4 out of every 100 women, having a vaginal birth, experience a third or fourth degree tear.

Third and fourth degree tears require stitches and this is usually done in an operating theatre by an experienced doctor. You will see a doctor and a physiotherapist before you go home to discuss the healing process and what follow up you may require.

Could I be at risk of a third or fourth degree tear?

Some factors contribute to these tears in birth. These include :

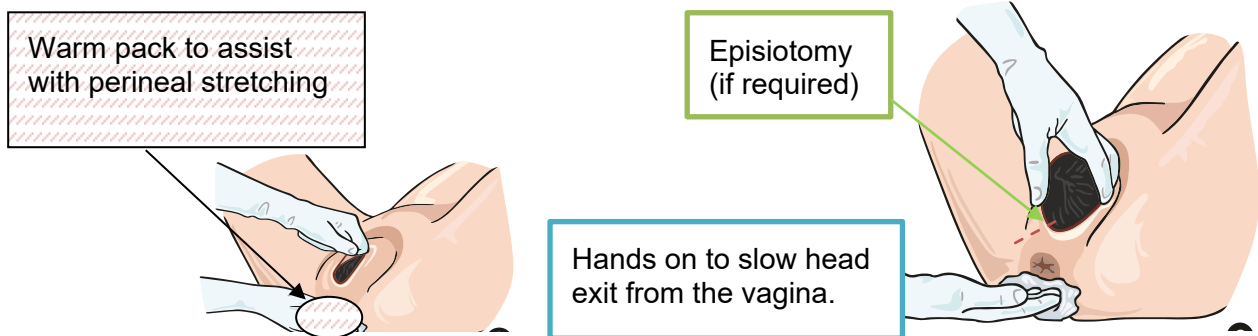
- instrumental births
- a previous third or fourth degree tear
- babies weighing over 4 kilograms

What does this information mean for me?

During your pregnancy and labour, the midwife or doctor may discuss the following options with you:

- perineal massage after 34 weeks of pregnancy
- breathing techniques to have a slow, controlled birth.

- a warm compress applied to your perineum when you start pushing and the baby's head starts to show
- with your consent, the midwife or doctor will gently support your perineum with their hands during the birth of your baby's head.



Some women may require an episiotomy. An **episiotomy** is a cut made to enlarge your vaginal opening to help your baby to be born and reduce the chance of a severe tear.

It is done when your perineum is very thin and you may need an injection of a local anaesthetic.

An episiotomy involves the same muscle and tissue as a second degree tear and always needs to be stitched. We will talk to you and gain your consent if an episiotomy is recommended.

What if I require an assisted vaginal birth?

An assisted vaginal birth means that a doctor uses specially designed instruments, such as a vacuum (ventouse) or forceps to help your baby to be born.

If this is your first vaginal birth and you are having an assisted birth, we will discuss and recommend an episiotomy with you.

How will I know if I have a tear?

After your baby is born, a doctor or a midwife will discuss an examination to check for any tears. This includes gaining your consent to perform an examination of your vaginal and anal area (digital rectal examination). If we find a tear, we will discuss if there is a need for stitches and what follow up care you may require.

Recovery from your tear or episiotomy

Healing time varies but usually the pain and swelling settles within a few days to a week. In hospital, you will be given ice packs and medicine to reduce swelling and any pain for a few days. Your stitches do not need to be removed as they dissolve over time. If pain increases after you leave the hospital, please see your GP or come to the Emergency Department.

Further Information

If you have any questions, at any time, please speak to your midwife or doctor.

Acknowledgements

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