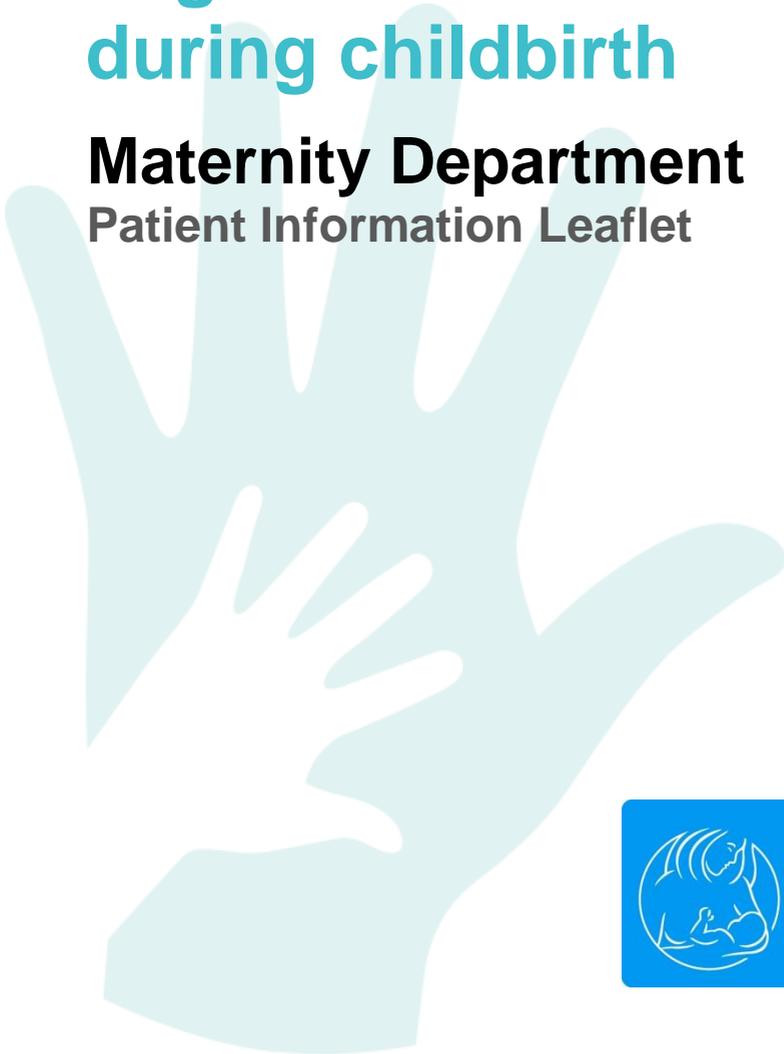


# When a third or fourth degree tear occurs during childbirth

## Maternity Department

Patient Information Leaflet



## Introduction

This leaflet is for women who are pregnant or who have given birth. It gives information on third or fourth degree tears of the vaginal tissues, what these are, how they happen and how they are treated.

## What is a third or fourth degree tear?

A tear is as it sounds – it is a type of injury to the vaginal tissues and muscles that happens during delivery. We classify them depending on which tissues are affected.

- A tear that affects the muscle controlling the function of the back passage that happens during childbirth is called a **third degree tear**.
- If this injury extends to the lining of the lower end of the bowel near the back passage, it is called a **fourth degree tear**.

## Is it like an episiotomy?

No. An episiotomy is a planned cut your midwife or doctor may give you to help with delivery of your baby. It does not involve the muscles controlling the back passage. It is possible, though not common, to have a further tear separate from an episiotomy.

## How do I get this type of tear?

It is not possible to predict who will have a third degree tear. However, although they are not common, they are a recognised complication of vaginal deliveries. You may be at an increased risk if:

- It is your first baby
- You have an assisted delivery, for example, a forceps delivery
- Your baby is bigger than expected for you or you have a large baby (over 8lb 13oz or 4 kg)
- There was difficulty with delivery of your baby's shoulders
- If your baby was in a slightly more difficult position for delivery, for example, looking upwards

## Can you tell if I have this type of tear?

Yes. Your midwife or doctor will examine you carefully after your baby is born. They will check your vagina and back passage. This will help us determine what type of tear you have and how best to repair or stitch it.

## Will it hurt?

We will give you pain relief to stop it hurting when we are repairing your tear. Our aim is to repair the tear as quickly as possible to reduce the risk of bleeding.

- If you had an epidural during your labour, this can be topped up.
- If not, you can have a spinal anaesthetic (local anaesthetic injection in your back, just like an epidural) so you do not feel any pain.
- The doctor will then repair the tear in theatre.
- You will not need to have the stitches removed as they dissolve with time.

## What happens after?

- Your midwife will give you pain relief tablets when required, as you may be sore.
- You may also have a urinary catheter inserted for between six to 24 hours. We will take it out after this.
- We will give you a five day course of antibiotic tablets to prevent any infections in the stitches.
- We will also give you some medication to take at home to keep your bowel motions soft. This is to avoid getting constipated as this could cause pressure on the stitches.

## What can I do to help?

- Where possible, a member of the therapy team will see you on the postnatal ward before you go home to give you advice and to teach you pelvic floor exercises. However, if you are unable to be seen, you can find information and advice on pelvic floor exercises in the 'Advice and exercise after childbirth' leaflet. We will give you this leaflet when you leave hospital.

It is important to do these exercises correctly as they help the damaged muscles to work better.

- It is important to keep the area clean and dry. You should have regular baths or showers, especially if you have opened your bowels.
- Use a jug or bottle to pour warm water on the area when you use the toilet. The water dilutes your urine and may help relieve any burning sensations.
- Change your sanitary pad every time you use the toilet. Make sure you wash your hands both before and after you do so.
- Do not sit in a salt water bath or apply any creams or talc to the area.
- Pat yourself dry from front to back to avoid introducing germs from your back passage into the vaginal area.
- Try not to sit for long periods of time. It may help if you sit on an even surface (a cushion) and do not use a rubber ring.
- Drink at least two to three litres of water every day.
- Eat a balanced diet. This should include fruit, vegetables, cereals, wholemeal bread and pasta. This will encourage your bowels to be opened regularly and help prevent you from becoming constipated.

## How will I be followed up?

A member of the therapy team will try to contact you by phone six to eight weeks after you give birth. During this phone call, the therapist will discuss your symptoms with you, give you advice and offer you the opportunity to come in for a full assessment and treatment.

We will also send you an appointment for a 12 week postnatal check to see your consultant at the hospital. The consultant will ask you questions and examine you; firstly to check the stitches have healed properly and secondly to check the function of your pelvic floor muscles.

It is important not to be embarrassed and to tell us if you have any problems. These might include incontinence which may be:

- leakage of urine from the bladder
- leakage of wind or stools from the back passage

This is an uncommon problem but we need to know about it. It may be necessary for you to have some more tests to check if the muscle in the back passage is healed and functioning properly.

During this appointment, the consultant will discuss any concerns you may have about future pregnancies or deliveries.

If you do not receive an appointment, contact your consultant's secretary.

## Can I find out more?

You can find out more from the following weblinks:

### **BabyCenter**

[http://www.babycenter.com/0\\_perineal-tears\\_1451354.bc](http://www.babycenter.com/0_perineal-tears_1451354.bc)

### **Royal College of Obstetricians & Gynaecologists**

<https://www.rcog.org.uk/en/patients/patient-leaflets/?q=tears&subject=Pregnancy+and+birth&orderby=title/>

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Community midwives on 01384 456111 ext. 3358 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/maternity/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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