



You can use a mirror to assist you to start with to help you see what you are doing.

Use a natural unscented oil i.e. olive oil, sunflower oil or unscented KY jelly (you can use cooking olive oil or sunflower oil).

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you have a large baby (over 4 kg or 8 pounds and 13 ounces)

you have had a third or fourth degree tear before

Research has shown that a number of techniques can help to reduce the risk of big tears. **You can consent to all or none of these methods.** These techniques include:

1. The midwife can use her hands to support your perineum in a specific way. She will place one hand on either side of your perineum and will gently press against your perineum pulling the tissue towards the center to support and stop this area of tissue overstretching during delivery. **This does not cause any** pain and is clinically proven to reduce your risk of big tears.
2. The midwife will encourage you to breathe slowly and control the urge to push. This can be challenging however it is very beneficial in helping to reduce the risk of big tears. Preparing with breathing techniques during pregnancy will help.
3. Using a warm compress to relax the perineum during the second stage of labour (the pushing stage). You can bring a washcloth or sanitary towel with you to use as a

They need to be repaired by a senior doctor in theatre with anaesthetic. You will be given a detailed plan for follow up afterwards including an appointment at the hospital 6-12 weeks after you have given birth to check that your stitches have healed properly. You will be asked questions specifically about your urine and bowel functions. If there are any complications, you may be referred to a specialist.

### **<ck 'UfY'hYUfg'ghjHW YX3'**

Tears and episiotomies (a surgical cut) are repaired with stitches (sutures) that hold the edges of the wound together so healing can take place. The stitches will be put in by a midwife or doctor and anaesthetic will be used; if you have an epidural that is working well or local anaesthetic to numb the area along with Entonox (gas and air) if needed.

The material used for stitches will dissolve gradually so that in most cases you will not require your stitches to be removed. If required, you will be given pain relieving, anti-inflammatory medicine during your stay and to take home. This medicine will not prevent you from breastfeeding your baby.

### **5fY'h YfY'UbmldcggjV'Y'Wta d`jWUhcbg3**

Frequently, women experience pain in their perineum and vagina as well as discomfort passing urine.

It is important to drink plenty of water so that your urine is less concentrated. Some women find it helps to pass urine during a bath or shower. Pat the area dry afterwards. Remember to wash your hands before and after touching your perineum.

You can take pain relief such as paracetamol. You may have pain relief prescribed on a regular basis for the first few days. While you are in hospital your midwife will be able to give stronger pain relief if you need it.

## Keep your stitches clean and dry

**Always wash your hands** before and after using the toilet, changing your sanitary pad or touching your stitches. This will reduce the risk of infection. This is especially important if you have a sore throat or chest infection, or are in close contact with someone who has.

It is important that **your Midwife checks your stitches** at each postnatal visit to ensure it is healing and no infection is present.

Keep the area clean. Have a bath, shower or use a bidet at least once a day and change your sanitary pads regularly, at least three times during the day. There is no need to add anything to your bath to promote healing. Use mild unscented soap,

## Perineal tears

It is very unlikely that a perineal tear will prevent a subsequent vaginal birth. If your tear has healed completely and if you do not have any symptoms from the tear, then you should be able to have a vaginal birth. Your Midwife or Obstetrician will discuss this with you at your follow-up appointment or early in your next pregnancy.

### Further information

[www.rcog.org.uk/en/blog/perineal-tearing-is-a-national-issue-we-must-address](http://www.rcog.org.uk/en/blog/perineal-tearing-is-a-national-issue-we-must-address)

[www.rcog.org.uk/en/patients/patient-leaflets/third--or-fourth-degree-tear-during-childbirth](http://www.rcog.org.uk/en/patients/patient-leaflets/third--or-fourth-degree-tear-during-childbirth)

[www.cochrane.org/CD005123/PREG\\_antenatal-perineal-massage-forreducing-perineal-trauma](http://www.cochrane.org/CD005123/PREG_antenatal-perineal-massage-forreducing-perineal-trauma)

[www.cochrane.org/CD006672/PREG\\_perineal-techniques-during-second-stage-labour-reducing-perineal-trauma](http://www.cochrane.org/CD006672/PREG_perineal-techniques-during-second-stage-labour-reducing-perineal-trauma)

### PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers queries and provides support. For more information, please contact PALS on 01271 322577 or visit [www.pals.nhs.uk](http://www.pals.nhs.uk)

### Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

Comments forms are on all wards or online at [www.careopinion.org.uk](http://www.careopinion.org.uk).

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