

**RUH**

## Patient information: Postnatal care of your stitches



**This leaflet provides you with useful information on how to care for any stitches you may have following the birth of your baby**



## Postnatal care of your stitches

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Most women (up to 85%), tear to some extent during childbirth.

### What are the types of tears during childbirth?

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Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage). They may be:

- First degree tears – small, skin-deep tears which heal naturally
- Second degree tears – deeper tears affecting the muscle of the perineum as well as the skin. These usually require stitches.

Of those women who tear, up to 9% will experience a more extensive tear. This may be:

- A third degree tear extending downwards from the vaginal wall and perineum to the anal sphincter, the muscle that controls the anus.
- A fourth degree tear extending to the anal canal as well as the rectum (further into the anus) (RCOG, 2008).

### What is the difference between an episiotomy and a tear?

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An episiotomy is an intentional cut made through the vaginal wall and perineum to make more space to deliver the baby. A tear can also happen naturally as the baby stretches the vagina during birth.

## Healing

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Healing will vary from person to person. The stitches may take up to three weeks to dissolve. The stitches do not need to be removed; however, if you are feeling uncomfortable, the midwife will check them for you. In some cases tension in the stitches can be relieved by removing knots or some external stitch material.

It is important for the midwife to look at the stitched area (in surroundings you feel offer you enough privacy) to check that healing is happening and that no infection is present. If you would rather not have your stitches checked then please ensure you ask the midwife what you should be aware of and check them yourself.

Doing regular pelvic floor exercises helps the healing process by stimulating the blood supply and strengthening the muscles. If you are unsure of how to do these exercises ask the midwife. You may have the opportunity to see the obstetric physiotherapist.

If you have labial tears the midwife may advise you how to ensure the labia are not adhering together. Ask your midwife for further information about this.

## Pain relief

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The midwife or your GP can advise you on simple pain killers you can take to help discomfort and that are safe to take if you are breast feeding.

## Daily hygiene

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Healing will be helped by keeping the area clean with daily baths or showers, and frequent changes of sanitary towels (do not use tampons).

Salt baths are not necessary, as the amount of salt that would be required to be effective is significantly more than a mug-full.

Do not use creams, talcum powder or any scented products in the hygiene process unless you have discussed the specific product with your midwife.

## Opening your bowels

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Avoid constipation by eating a high fibre diet and drink plenty of fluid, especially water. When opening your bowels you may find that it makes it more comfortable if you support the front of the back passage, using a clean maternity pad or wad of toilet tissue. If you are having difficulty opening your bowels tell your midwife who will advise you about correcting the problem.

## Resuming sexual relations

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This will vary from woman to woman depending on the healing process and when you feel comfortable enough to be able to consider trying. It may be helpful to use a non-perfumed lubricant jelly. If intercourse continues to be painful or if you feel 'things aren't right' since you had your baby please see your GP.

Please speak to your midwife, obstetric physiotherapist or GP if you have any concerns or questions about the above information.

The picture below can be used by midwife to show you where your tears / episiotomy are.





