

## Third and fourth degree tears during childbirth



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

Most women, up to nine in ten (90%), tear to some extent during childbirth.

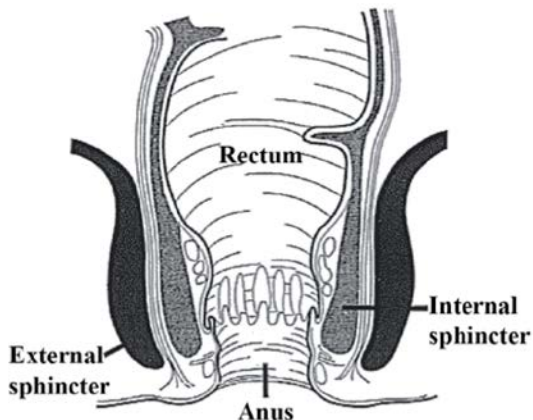
Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage).

They may be:

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

For some women with a tear, up to three in 100 (3%), the tear may be more extensive and these may be:

- **Third-degree tear** extending downwards from the vaginal wall and perineum into the anal sphincter, the muscle that controls the anus. Third degree tears are recorded as a 3a or 3b if they involve the external sphincter or 3c if they involve the external and internal sphincter. It depends on the depth of the tear.
- **Fourth-degree tear** extends to the anal canal and into the rectum.



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

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An episiotomy is a cut made by a doctor or midwife through the vaginal wall and perineum to make more space to deliver the baby. A tear happens as the baby stretches the vagina during birth.

## Can a third or fourth degree tear be predicted?

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It is not possible to predict or prevent these types of tears. There are some factors that may indicate when a third or fourth degree tear is more likely.

This is when:

- This is your first vaginal birth
- You have a large baby (over 8lb 13oz or 4kg)
- Labour needs to be started (induced)
- The second stage of labour is longer than expected (the time from when the cervix is fully dilated to birth)
- You have an assisted birth (forceps or ventouse)
- One of your baby's shoulders becomes stuck behind your pubic bone (shoulder dystocia).

## Could anything have been done to prevent it?

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In most situations a third or fourth degree tear cannot be prevented, because it cannot be anticipated. Research has shown that, although an episiotomy makes more space for the baby to be born, it does not prevent a third or fourth degree tear from occurring.

## What happens after the birth?

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If your obstetrician or midwife suspects a third or fourth degree tear, you will have had a detailed exam of the perineum and anus so that an appropriate repair can be conducted under regional anaesthetic. At the time of your surgery the obstetrician will then suture (stitch) the damaged anal sphincter and the tear. A catheter may be required following the procedure. This can be removed less than 12 hours later.

## What treatment will I be offered after surgery?








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- **Antibiotics** You will be advised to take a five day course of antibiotics to reduce the risk of infection because the stitches are very close to the anus.
- **Pain relieving drugs** You will be offered pain-relieving drugs such as paracetamol, ibuprofen or diclofenac to relieve any pain.
- **Laxatives** You will be advised to take laxatives to make it easier and more comfortable to open your bowels. You should adjust your dose of laxatives to ensure that you pass a type 3-4 stool, as shown on the Bristol Stool Chart (please see opposite page). This will help you avoid developing constipation or diarrhoea.

A catheter (tube) will be inserted into your bladder to collect urine until the effect of your epidural or spinal anaesthetic wears off, your bladder sensation has returned and you feel able to walk to the toilet.

Once you have opened your bowels and your stitches have been checked to see that they are healing properly, you should be able to go home. None of the treatments offered will prevent you from breastfeeding.

# Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

## What can I do to speed up healing of the tear?

- Keep the area clean. Have a bath or shower at least once a day and change your sanitary pad regularly. Make sure to wash your hands both before and after you do so, this will reduce the risk of infection.

- Drink two to three litres of fluid every day and eat a healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta). This will ensure that your bowels open regularly and prevent you from becoming constipated.
- Do pelvic floor muscle exercises as soon as you can feel your pelvic floor following your birth. The sensation may take a few weeks to return. Exercising will increase the circulation of blood to the area and aid the healing process. Your midwife will provide advice about pelvic floor exercises and give you a leaflet to take home.


## What are the long-term effects of a third or fourth degree tear?

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Most women make a good recovery particularly if the tear is recognised and repaired at the time of delivery. During recovery, some women may have:

- Pain or soreness in the perineum
- A feeling that they need to rush to the toilet to open their bowels urgently. This should gradually reduce within the first few weeks
- Fear and apprehension about having sex – many women worry about this even if they have not had a third or fourth degree tear
- Fear about future pregnancy and birth.

Speak to your midwife or GP if:

- Your stitches become more painful or smell offensive – these may be signs of an infection
  - You cannot control your bowels or flatus (passing wind)
  - You feel a need to rush to the toilet to open your bowels or you become constipated
  - You have any other worries or concerns.
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## Your follow-up appointment

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You will be sent a follow-up appointment to see an obstetric doctor six to eight weeks after you have given birth.

At this appointment you will:

- Be asked questions specifically about your bladder and bowel function
- Examined to check that your perineum has healed and your pelvic floor muscles are functioning correctly
- Given advice and treatment to resolve any problems that are found
- Given an explanation about the tear that has occurred and how it has been repaired
- Offered the opportunity to discuss any concerns that you may have in connection with your delivery, resuming sexual activity or exercise
- Be referred for further treatment if there are any complications e.g. for physiotherapy
- Advised on action to take if you become pregnant in the future.

## Can I have a vaginal birth in the future?

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Most women are able to have a vaginal birth for their next delivery. If your tear has healed completely and you do not have any bowel control symptoms, then you should be able to have a vaginal birth. If you continue to experience symptoms from the third or fourth degree tear, you may want to consider a caesarean delivery. Your obstetrician will discuss the options with you early in your next pregnancy.

## Contact details

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If you have any questions please contact the Physiotherapy Department 01225 824293.

## Acknowledgements

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This information is based on advice from the Royal College of Obstetricians and Gynaecologists (RCOG).