

**Patient  
Information**

# Third and fourth degree tears following childbirth

## Introduction

This leaflet provides information about third and fourth degree tears following childbirth.

In the United Kingdom it is estimated that over 90% of women who have a vaginal delivery will experience some degree of perineal damage. The perineum is the area between the vagina and anus. Perineal tears are graded in severity from a first degree tear (a very minor tear) to a fourth degree tear (a major tear). The majority of women with a first or second degree tear can have it repaired by a midwife or doctor in most birth settings.

Tears that are more complex need to be repaired by an experienced doctor on the Delivery Suite at Gloucestershire Royal Hospital.

## What are third and fourth degree tears?

A tear that involves the muscle that controls the anus (the anal sphincter) is known as a third-degree tear. If the tear extends further into the lining of the anus or rectum it is known as a fourth degree tear.

## How common are third or fourth degree tears?

Overall, a third or fourth degree tear occurs in about 3 in 100 women having a vaginal birth. It is slightly more common with a first vaginal birth, occurring in 6 in 100 women, compared with 2 in 100 women who have had a vaginal birth previously.

## Who is at risk for third and fourth degree tears?

These types of tears usually occur unexpectedly during birth and most of the time it is not possible to predict when it will happen. However, you are more likely to have a third or fourth degree tear if:

- this is your first vaginal birth
- you are of South Asian origin

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- your second stage of labour (the time from when the cervix is fully dilated to birth) is longer than expected
- you required forceps or a ventouse, also known as vacuum-assisted vaginal delivery or Vacuum Extraction (VE), to help the delivery of your baby
- one of the baby's shoulders becomes stuck behind your pubic bone, delaying the birth of the baby's body, which is known as shoulder dystocia
- you have a large baby (over 4 kg)
- you have had a third or fourth degree tear before.

### What will happen if I have a third or fourth degree tear?

If a third or fourth degree tear is confirmed, it is strongly recommended that you have it repaired (stitched). This will usually be repaired in the operating theatre, to ensure good pain relief (usually a spinal anaesthetic) can be provided. Your doctor will talk to you about this and you will be asked to sign a consent form.

You will need an epidural or a spinal anaesthetic, although occasionally a general anaesthetic may be necessary. You may need a drip in your arm to give you fluids until you feel able to eat and drink. You are likely to need a catheter (tube) in your bladder to drain your urine. This is usually kept in until you are able to walk to the toilet.

Your tear will be repaired by an experienced doctor using stitches (sutures) which will dissolve. Some of the sutures can take more than 3 months to dissolve.

### What will happen after the repair?

You will be:

- offered pain-relieving medication such as paracetamol, ibuprofen or diclofenac (Voltarol®) to relieve any pain
- advised to take laxatives, this will make it easier and more comfortable to open your bowels
- seen by a physiotherapist who will advise you on doing pelvic floor exercises. Pelvic floor exercises are believed to help restore muscle tone, stimulate circulation of blood, and speed up the healing process.

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Yes. None of the treatments offered will prevent you from breastfeeding.

**What can I expect afterwards?**

After having any tear, it is normal to feel pain or soreness around the area for 2 to 3 weeks, particularly when walking or sitting. Passing urine can also cause stinging. Continue to take your pain relief when you go home.

All stitches are dissolvable and the tear should heal within a few weeks, although this can take longer. The stitches can irritate and become itchy as healing takes place but this is normal. You may notice some stitch material fall out, which is also normal.

**What are the complications of this type of tear?**

To start with, in spite of the tear being properly repaired, some women feel that they pass wind more easily or need to rush to the toilet to open their bowels. Most women make a good recovery, particularly if the tear is recognised and repaired at the time. Approximately 7 in 10 women will have no symptoms a year after birth. If you decide not to have your third or fourth degree tear repaired you would almost certainly have incontinence issues, possible infection and pain.

**What can help me recover?**

Personal hygiene is extremely important, keep the area of your stitches clean. Have a bath or a shower, at least once a day and change your sanitary pads regularly (wash your hands both before and after you do so). This will reduce the risk of infection.

You should drink at least 2 to 3 litres of water every day and eat a healthy balanced diet such as fruit, vegetables, cereals, wholemeal bread and pasta. This will ensure that your bowels open regularly and will prevent you from becoming constipated.

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Strengthening the muscles around the vagina and anus by doing pelvic floor exercises can help healing. It is important to do pelvic floor exercises as soon as you can after birth. You should be offered physiotherapy advice after surgery.

Looking after a new born baby and recovering from an operation for a third or fourth degree tear can be hard. Support from family and friends can help.

**When can I have sex?**

In the weeks after having a vaginal birth, many women feel sore, whether they've had a tear or not. If you have had a tear, sex can be uncomfortable for longer. You should wait to have sex until the bleeding has stopped and the tear has healed. This may take several weeks. After that you can have sex when you feel ready to do so.

A small number of women have difficulty having sex and continue to find it painful. Talk to your GP if this is the case so that you can get the help and support you need.

It is possible to conceive a few weeks after your baby is born, even before you have a period. You may wish to talk with your GP or midwife about contraception or visit your local family planning clinic.

**What follow up will I receive?**

You will be offered a follow-up appointment at the hospital in the Outpatients Department 6 to 12 weeks after you have had your baby to check that your stitches have healed properly. You will be asked questions about whether you have any problems controlling your bowels. You may be referred to a specialist if you do. You will also have the opportunity to discuss the birth and any concerns that you may have. The Physiotherapy Department will also contact you as a follow up.

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

Most women go on to have a straightforward birth after a third or fourth degree tear. However approximately 6 in 100 women who have had a third or fourth degree tear will have a similar tear in a future birth. Occasionally, women continue to experience on-going problems from the third or fourth degree tear.

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If this is the case you may wish to consider a planned caesarean section for a future birth. You will be able to discuss your options for future births at your follow-up appointment or early in your next pregnancy. Your individual circumstances and preferences will be taken into account.

**When should I seek medical advice after I go home?**

You should contact your midwife or GP if:

- your vagina become more painful or smelly – this may be a sign of an infection around the stitches
- you have a fever
- you cannot control your bowels or flatus (passing wind).

Talk to your GP if you have any other worries or concerns. You can also contact the physiotherapists directly for further support; see numbers listed at the end of this leaflet.

**Contact information**

For information following repair of a third or fourth degree tear please contact your GP or community midwife.

For further help with pelvic floor exercises please contact:

**Physiotherapist Team**

Cheltenham General Hospital  
Tel: 0300 422 2345

Gloucestershire Royal Hospital  
Tel: 0300 422 8303

Monday to Friday, 8:00am to 12:30pm

Outside of these hours there is an answerphone. Please leave a message and someone will call you back as soon as possible.

Email: [womenshealth.physio@glos.nhs.uk](mailto:womenshealth.physio@glos.nhs.uk)

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## **Further information**

### **Bladder and Bowel Foundation**

Website: [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

### **RCOG patient information**

Assisted vaginal birth (ventouse or forceps)

Website: [www.rcog.org.uk/en/patients/patient-leaflets/assisted-vaginal-birth-ventouse-or-forceps](http://www.rcog.org.uk/en/patients/patient-leaflets/assisted-vaginal-birth-ventouse-or-forceps)

### **Shoulder dystocia**

Website: [www.rcog.org.uk/en/patients/patient-leaflets/shoulder-dystocia](http://www.rcog.org.uk/en/patients/patient-leaflets/shoulder-dystocia)

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