

Third and fourth degree tears

This information sheet aims to answer some commonly asked questions about 3rd and 4th degree perineal tears. Informed consent and woman centred care are integral to health care in Queensland. Decisions about your care are always up to you.

IMPORTANT: This is general information only. Ask your doctor, midwife or nurse about your own situation.

What is the perineum?

The perineum is the area of your body between your birth canal (vagina) and anus (rectum or back passage). It is also called the perineal area.

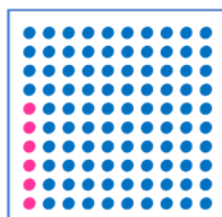
During childbirth, tears to the perineum can occur. These are classified from 1 to 4 (least to most severe) according to where the tear happens and how deep it is.

When is it more likely?

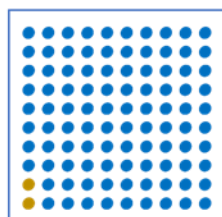
3rd and 4th degree tears are more common in women:

- having their first baby or first vaginal birth
- of Southeast Asian ethnicity
- who are greater than 35 years of age
- giving birth to a baby weighing more than 4 kg
- who have their birth assisted with forceps or a vacuum
- where the baby's shoulders become stuck during birth
- who have had a previous 3rd or 4th degree tear

Women who had a 3rd or 4th degree tear



First vaginal birth
6 out of 100 women



Had vaginal birth before
2 out of 100 women

Can the chance be reduced?

Sometimes no reason can be found for why a 3rd or 4th degree tear happened. Often nothing could have been done differently to prevent it.

Putting a warm compress (or pad) on your perineum during labour can reduce your chance of it happening.

Although the evidence is not really clear, massage of the perineum during labour may also reduce the risk of a 3rd or 4th degree tear.

Some women don't want or like these things during labour. Talk with your healthcare provider during your pregnancy and early in your labour. It is always up to you to decide.

As your baby gets very close to being born, your healthcare provider will coach you when to breathe and when to push. This helps to ease your baby out gently and can decrease the chance of your perineum tearing.

There isn't enough evidence (for perineal injury) to know if:

- one position is better than another during labour (e.g. standing, side lying)
- labouring or birthing in water makes a difference
- a particular style of pushing or breathing during the 2nd stage of labour makes a difference

How is a 3rd or 4th degree tear repaired?

A 3rd or 4th degree tear is usually repaired with stitches in an operating room. You will usually have an epidural/spinal block (or sometimes a general anaesthetic) to prevent pain during the procedure.

In the operating room the doctor has access to all the equipment, lighting and support staff they need to repair the tear and get the best outcome for you.

Your healthcare provider will talk with you about these options and why repair in an operating room might be recommended.

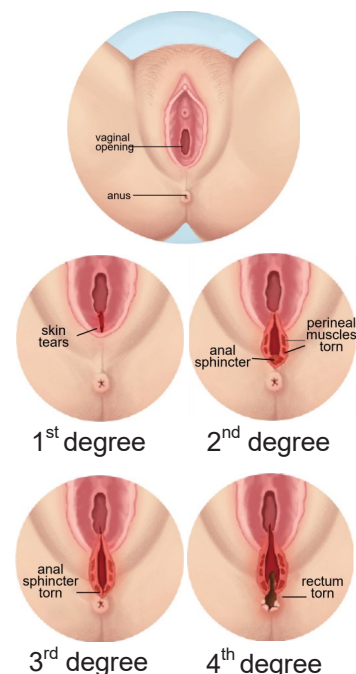
How long does it take to recover?

The time it takes to heal is different for each woman. Your stitches will dissolve, and the tear will usually heal within a few weeks. Most women will be symptom free by one year after birth.



Types of tears

| | |
|------------------------|---|
| 1 st degree | Shallow tear to the perineal skin |
| 2 nd degree | Tear to the skin and muscles of perineum |
| 3 rd degree | Injury to skin, perineal muscles and the ring-shaped muscle that surrounds the anus (the anal sphincter). |
| 4 th degree | Injury to the skin, perineal muscles and extends through anal sphincter and into the anus |
| Episiotomy | A cut made with scissors to the perineal area to enlarge the vagina during childbirth. |



Longer term problems/finding help

Some women find it difficult to cope physically or emotionally after a 3rd or 4th degree tear. A few women have persistent symptoms (e.g. difficulty with bladder (urine) and/or bowel (poo) control).

Discussing your symptoms and feelings with your healthcare provider can help.

Ask about further support from someone who specialises in these kinds of issues. Different healthcare professionals can help with different things.

Next birth after a 3rd or 4th degree tear?

Talk with your healthcare provider about whether a caesarean birth or a vaginal birth for your next birth is right for you.

There is no right or wrong decision. What is right for one woman may not be right for another.

Talking about the following things may be helpful:

- The chance of another 3rd or 4th degree tear
- How you feel about the birth that you had the tear
- What happened last time and what you would like to happen next time
- The symptoms you experienced or are still experiencing after that birth



General Practitioner (GP)

- Talk about how things are going and your feelings
- Can help arrange extra services if you need them



Continence Advisor

- A registered nurse with special training to help with bladder, bowel or pelvic floor problems



Women's Health Physio

- Can help with pelvic floor exercises, safe exercising, problems with sexual activity, pain and care of scar



Perinatal Mental Health Clinician

- Specialises in emotional wellbeing during pregnancy and after birth



Obstetrician

- Review 6–12 weeks after your birth
- Sometimes further tests and referral are suggested



Uro-gynaecologist or Colorectal Surgeon

- A specialist doctor for problems with bladder, bowel or pelvic floor muscles

Scan the QR code below for:

- a list of support and information contacts
- the QCG parent information sheet Your perineum and having a baby

