

Third and fourth degree perineal tears

This information sheet aims to answer some commonly asked questions about third and fourth degree perineal tears.

IMPORTANT: This is general information only. Ask your doctor or midwife about what care is right for you.

What is a 3rd or 4th degree perineal tear?

The perineum is the area between the vagina and anus. During childbirth the perineum can tear. These tears are classified from 1st degree to 4th degree according to severity and location of the tear.

- **1st degree tear** is a shallow tear to the skin only
- **2nd degree tear** is a tear to the skin and the underlying muscles are torn
- **3rd degree tear** is a tear through the perineal muscles, and the ring-shaped muscle that surrounds the anus (called the anal sphincter)
- **4th degree tear** goes through the anal sphincter all the way to the anal canal

An **episiotomy** is a cut to the skin and muscle layers of the perineum made with scissors

When is a 3rd or 4th degree tear more likely?

They are more common in women:

- Having their first baby or first vaginal birth
- Who are of Asian ethnicity
- Giving birth to a baby greater than 4 kg
- Who have their birth assisted with forceps or a vacuum
- Who have a midline episiotomy
- Where the baby's shoulders become stuck during birth

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

A 3rd or 4th degree tear is usually repaired in an operating theatre. You will usually have an epidural/spinal block (or less commonly a general anaesthetic) to prevent you feeling any pain during the repair. Your health care provider will talk with you about these options.

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 usually heals within a few weeks. Most women have no symptoms a year after birth.

You may like to read the QCG parent information Perineal tears for information about reducing the pain of a tear after birth, and ways to help your body heal.

Where can you get help?

After a 3rd or 4th degree perineal tear, some women find it difficult to cope both physically and emotionally. Some women have persistent problems with bladder and bowel control. You may want to discuss your feelings and symptoms with your care provider or get help from someone who specialises in this kind of injury. To assist your recovery, several health professionals may be involved in your care:

- **Your GP:** talk with your doctor about how things are going at your 6 week check-up. Your GP can help arrange any extra help you need
- **An obstetrician:** you will be referred to an obstetrician or a specialised clinic for a check-up 6–12 weeks after your birth
- **A physiotherapist:** can help you with pelvic floor exercises and safe exercising, problems with sexual activity, pain and care of the scar. Gentle pelvic floor exercises may help healing, improve circulation and decrease swelling and pain
- **A continence nurse advisor** (a registered nurse with extensive training in continence care): they can help if you have trouble with your bladder, bowel or pelvic floor
- **A gynaecologist, uro-gynaecologist or colorectal surgeon:** you may be referred to one of these if you are experiencing difficulty in controlling flatus (wind) or bowel motions
- **A dietician:** you may want assistance in creating a diet that will maximise healing and reduce constipation

What is the chance of having a 3rd or 4th degree tear next baby?

Your chance of having a repeat 3rd or 4th degree tear with your next baby is around 4% to 8%. Most women will have a normal vaginal birth after a 3rd or 4th degree tear.

Your risk of a 3rd or 4th degree tear occurring again is increased if:

- You have had a 4th degree tear previously
- Instruments (vacuum and forceps) are required to assist with the birth
- Your baby weighs more than 4kg

Having a planned episiotomy (a cut made in the perineum) in future births does not seem to reduce the chances of another tear.

After a 3rd or 4th degree tear, how should you birth your next baby?

Talk with your health care provider about whether a caesarean section or a vaginal birth is right for you. There is no right or wrong option. What is right for one woman may not be the best choice for another. Discuss your own circumstances, history and preferences with your health care provider.

An elective caesarean section may be right for you if:

- Your sex life is currently affected by your previous tear
- You feel distressed about your previous birth and about the idea of another vaginal birth
- You have had a 4th degree tear previously
- You currently have difficulty controlling wind or bowel motions
- An ultrasound of your back passage shows a gap in the muscle around your anus
- A test of the squeeze pressure of your back passage is low

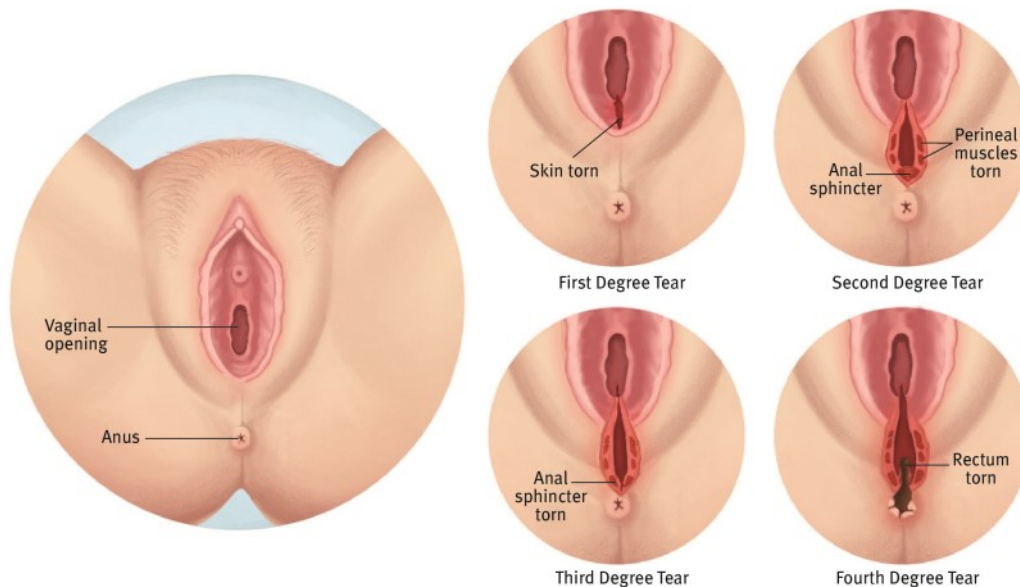


Figure 1: Types of perineal tears

Support & Information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public.

Bladder and bowel problems (1800 330 066) is the website to assist with the prevention and management of bladder and bowel problems www.bladderbowel.gov.au

Pregnancy, Birth & Baby Helpline (1800 882 436 - free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care www.health.gov.au/pregnancyhelpline

Continence Foundation of Australia (1800 33 00 66) is the website to assist with the management of bladder and bowel continence problems www.continence.org.au

Women's Health Queensland (1800 017 676) is the website for Women's Health Queensland Wide, a health service where nurses and midwives can answer questions from women about their health www.womhealth.org.au

Lifeline (13 11 14) offers a telephone crisis support service to anyone www.lifeline.org.au