What is a perineal tear?
A perineal tear is when the skin and/or muscles in the perineum (area between the vagina and anus) are injured during birth. There are different types of perineal tears. Tears are classed as 1st, 2nd, 3rd or 4th degree tears. Tears can also affect the labia and clitoris but are unlikely to be stitched.

What is a 1st degree tear?
A 1st degree tear is a thin tear to the skin in and around the vagina. About half the women who have a 1st degree tear during labour or birth choose to let the tear recover on its own. The other half choose to have stitches (also known as sutures) to repair the tear.

What is a 2nd degree tear?
A 2nd degree tear involves the skin and muscles in and around the vagina and perineum, but does not affect the anal muscles. Most women who have a 2nd degree tear have stitches to repair it. A 2nd degree tear can take between two weeks and two months for the skin and muscles to recover.

What is a 3rd or 4th degree tear?
A 3rd or 4th degree perineal tear involves a separation of the skin and muscles from the vagina through to the anus. If the tear goes part of the way through the anal sphincter muscle it will be considered a 3rd degree tear. If the tear goes all the way through the anal sphincter muscle and through the anal epithelium it will be considered a fourth degree tear.
What is the anal sphincter and the anal epithelium?
The anal sphincter is a ring shaped muscle that controls the opening and closing of the anus. It helps you to hold in and release wind and bowel motions. The anal epithelium is the lining of the rectum, which is the area where faeces are stored before being passed through the anus. The anal epithelium helps to detect the need to do a bowel movement.

For more information, see the parent information sheet in this series called Caring for 3rd and 4th degree perineal tears after birth.

What can I do to reduce my chances of tearing?
To reduce the chance of having a perineal tear or an episiotomy you can:

- Do perineal massage during pregnancy
- Have a midwife hold a warm, wet washcloth (compress) on your perineum during labour
- Be guided by your own urge to push
- Avoid having an induction of labour

What is perineal massage?
Perineal massage is when a woman uses her fingers or thumbs, inserted into her vagina, to gently massage and stretch her perineum during pregnancy. Perineal massage is meant to help your perineum stretch more easily during birth. Ask your healthcare provider for more information about perineal massage.

What is an episiotomy?
An episiotomy is a cut made with scissors at the entrance to the vagina into the perineum skin and muscle. In an episiotomy the same skin and muscles as a 2nd degree tear are cut. Sometimes an episiotomy can tear further toward the anus. When this happens the tear maybe described as a 3rd or 4th degree tear.

When do I give my consent to have an episiotomy?
Your healthcare provider should discuss the episiotomy procedure with you, including the benefits and risks of doing an episiotomy, before your labour starts. They should still ask for your informed consent prior to doing the procedure.

The Having a baby in Queensland Survey asked all women birthing in Queensland in 2010 about having an episiotomy. It found that only 9% of women who had an episiotomy reported having made an informed decision to do so.

What happens if I have an episiotomy?
If you are going to have an episiotomy, it will be done shortly before the birth of your baby’s head.

A local anaesthetic is first injected into the skin near area to be cut. The injection may cause some stinging for a short time before the area becomes numb. If you already have an epidural, you will not be offered a local anaesthetic. In an emergency the cut may be done without any anaesthetic.

The cut is usually made with scissors and should be angled away from the anus to prevent any further injury.

This type of cut is called a mediolateral episiotomy. A mediolateral episiotomy is less likely to tear further when compared to a midline episiotomy (a cut in a straight line from the vagina towards the anus).

Do all women with a 1st or 2nd degree tear get stitches?
Not all women who have a 1st or 2nd degree tear get stitches. Studies have compared women who get stitches for a 1st or 2nd degree tear with women who don’t. The studies found that women in both groups had the same ratings of pain for up to 8 weeks after birth. Stitches seem to help recovery in the short term but recovery is similar after one year.

What happens if I have stitches for a 1st or 2nd degree tear?
If you need stitches, they will usually be done soon after you have your baby. You can ask for the repair to be delayed until you have had time with your baby or you can ask to keep your baby with you during the repair.

Your health care provider will discuss the procedure with you. They will give you a chance to ask any questions and ask for your consent to do the procedure.

If you have an epidural then you will not be offered a local anaesthetic as the area will already be numb. Otherwise, a local anaesthetic will be injected into the skin near the area that needs stitching.

Your health care provider will check the area is numb before they start stitching.

What happens after I have the tear repaired?
After the procedure is finished, your healthcare provider will explain:

- how long the tear will take to heal and when the stitches might start to dissolve
- how to manage any pain signs of infection and what to do if you notice them
- how to clean and care for the area
- whether you will need to use laxatives
- when your next appointment is to review the stitches
- whether there are any other health care providers that may be involved in your future care
When can I resume sexual activities after birth?

You can resume sexual activities whenever it feels right for you. Health care providers usually suggest waiting until at least 6 weeks after birth. However, their suggestions will vary depending on your birth and whether you had tears or an episiotomy after birth. Some women feel like sex earlier than six weeks but many women want to wait even longer than this.

How can I reduce the pain of the tear after birth?

The following are ways to reduce pain and swelling after having a baby:

- Lie down on your back or on your side regularly to help reduce swelling in your perineum
- Apply ice wrapped in a cloth to your perineum as often as required. It is recommended that you apply ice at least every 4 hours for a few days after birth to reduce the pain and swelling related to the tears. Try to keep the area dry while you apply the ice.
- If you need to cough, sneeze, blow your nose or empty your bowels, it might be helpful to support your perineal area with your hand to avoid it from stretching, which can be painful
- Keep the area clean by washing it with warm water twice a day and patting it dry. This may reduce the risk of infection
- Keep bowel motions soft by drinking at least 2 litres of fluid a day, eating fruits and vegetables often and taking laxatives
- Start gentle pelvic floor muscle exercises 2 to 3 days after you have your baby to help with recovery
- Take a urine alkaliser, like Ural®. A urine alkaliser is a drink, made up of a powder mixed with water. It can take the acidity out of your urine, making it less likely to sting when you use the toilet
- Take pain relief medication if this has been suggested to you by your health care provider
- Rest as much as possible

If you notice any changes or have any concerns you can contact your health care provider for advice and support.

If you have comments about the content of this parent information sheet please email guidelines@health.qld.gov.au

Comfort, support & information

13 HEALTH (13 432584) is a phone line that provides health information, referral and services to the public.
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.
Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone.
Bladderbowel.gov.au (1800 330 066) information to assist with the prevention and management of bladder and bowel problems