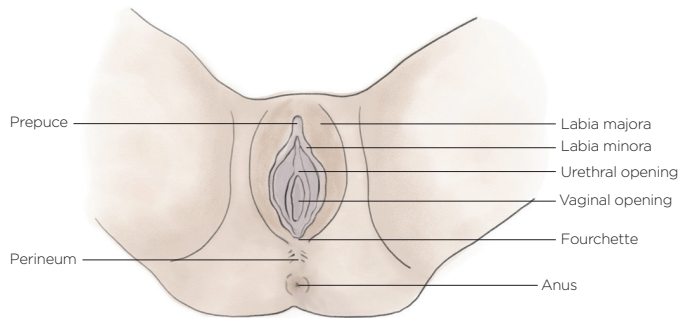


Information about your perineum

Many women feel concerned before they give birth about tearing



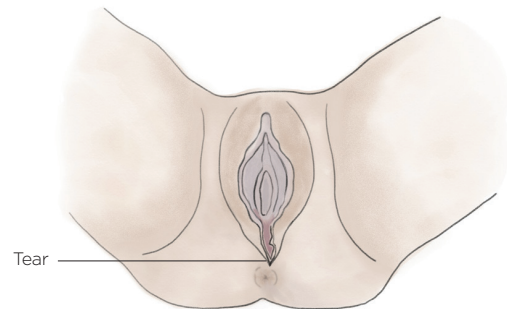
How common are perineal tears?

When giving birth for the first time the risk of tearing in the area around the vagina and perineum is roughly 80 per cent. The risk of a tear occurring if you are pregnant with your second or subsequent child is less than 50 per cent and tears tend to be less severe. The most frequent types of tears are superficial. Deeper tears into the anus or rectum are not common.

After the birth of your baby we will ask for your consent to examine your perineal and anal/rectal area to see if you have a tear.

The perineum

The perineum is the skin between the vagina and the anus which thins out and stretches over the baby's head (or buttocks) as the baby is born. Many women need stitches (sutures) to repair tears or intentional cuts (episiotomy) from birth. These tears are often unpredictable and unavoidable. The perineum and vagina are the areas where stitches are most frequently required. However, there may be other areas of the genitalia that also need repair.



Types of perineal tears

A perineal tear is when the skin and/or muscles in the perineum are injured during birth. There are different types of perineal tears classified by severity:

1st degree: small tear of the skin or vagina

2nd degree: tearing of the muscles surrounding the vagina

3rd degree: tearing of the muscles that control the anus

4th degree: tearing that extends into the lining of the anus

Episiotomy: a cut made with a scissor into the same muscles involved in a 2nd degree tear

Episiotomy and tear: a tear alongside an episiotomy

How to help reduce severity of perineal tears *before* labour

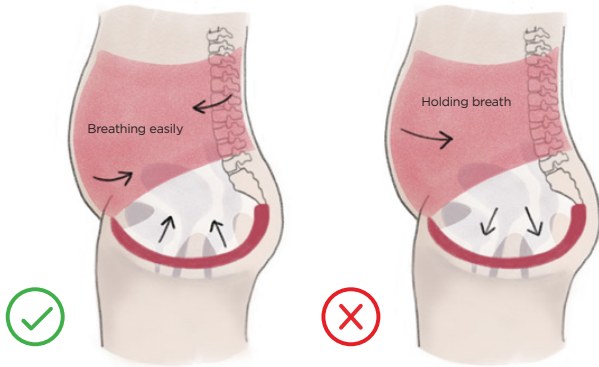
Perineal massage

Performing perineal massage at the end of your pregnancy can help reduce the chances of having severe tearing. You can begin perineal massage at about 35 weeks of your pregnancy. It is suggested perineal massage is performed once or twice a week. Your partner can also help with the massage.

For more information, please ask your midwife or doctor.

Pelvic floor exercises

Doing pelvic floor exercises during pregnancy helps pelvic floor muscles recover more quickly after birth. Pelvic floor exercise help reduce your risk of bladder and bowel control problems. The correct action is to lift your pelvic floor, draw in your abdomen, and do not change your breathing.



How to help reduce severity of perineal tears *during* labour

Positions and slow birth of baby's head

We know that adopting positions that control the birth of your baby's head may help reduce severity of tearing. The midwife will encourage you to have a slow birth of the baby's head through breathing, position changes and supporting the baby's head gently during crowning.



Warm compresses (warm packs) to perineum

Research has found that a warm cloth (compress/ pack) to your perineum as the baby's head emerges may help the muscles in your perineum stretch, improve comfort and reduce severity of tearing. Your midwife or doctor will ask your permission to use their hands to gently support your perineum during the birth of your baby's head.



Episiotomy

If this is your first birth and you require assistance with a vacuum (ventouse) or forceps, we will recommend an episiotomy to help reduce the likelihood of severe tearing. We may also recommend an episiotomy if there are signs that your baby is in distress and needs to be birthed more quickly. We will ask your permission before we perform an episiotomy and pain relief will usually be provided.



After the birth

Hygiene and comfort

Keep the perineal area clean and dry. Shower daily. Change pads every two to three hours. Avoid powders, creams and tampons for six weeks. Ice packs, rest and pain medication may also be used.

Stitches

The stitches (sutures) used to suture your perineal tear are dissolvable and do not need to be removed. The perineum needs at least two weeks to heal, but you may experience discomfort for up to six weeks.

Bowel habits

Avoid constipation. Drink at least 2 litres of fluid every day. Have a nutritious and fibre-rich diet. When using the toilet, sit with knees apart, lean forward, rest your elbows on your knees and do not strain.

Sexual activity

You can resume sexual activity whenever you feel comfortable, but it is often suggested to wait up to six weeks after birth.

Pelvic floor

Pelvic floor exercises after birth – within 24 to 48 hours after birth.

Exercise

Only gentle walking is recommended in the first few weeks following birth.

After your postnatal check-up at 6 weeks you can discuss with your health care provider about further exercise.

Once discharged from midwifery care please speak to your GP if you have any questions or concerns.