

# Childbirth and perineal care

Maternity hospitals across Australia and the world have worked together to reduce the numbers of women experiencing perineal harm during the birth of their baby. This collaboration has shown that when a bundle of care elements are used, fewer women experience perineal trauma/tears.

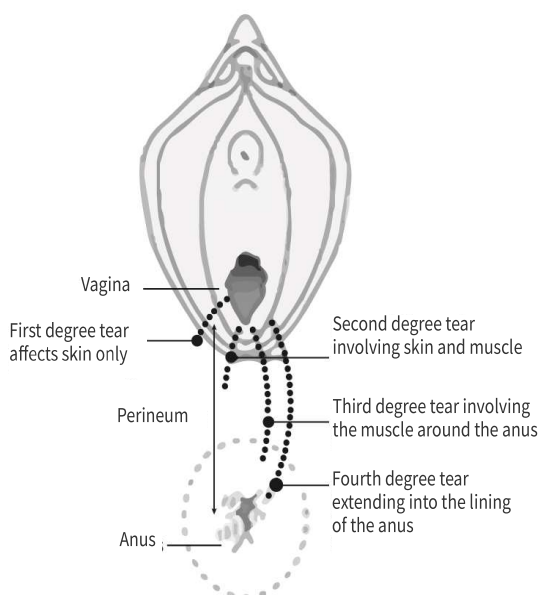
## What are perineal tears?

Perineal tears affect the skin and muscles of the perineum, between the vagina and anus.

First and second degree tears are quite common and usually heal without difficulty. These tears may need stitches and follow up is with the local doctor.

## What are third and fourth degree tears?

- Third degree tears go through the muscles that control the anus (back passage).
- Fourth degree tears extend into the lining of the anus or rectum.
- both third and fourth degree tears will require repair in an operating theatre.



## Could this happen to me?

Approximately 4 out of every 100 women having a vaginal birth experience a third or fourth degree tear.



Your chance of a third or fourth degree tear is increased if:

- this is your first baby
- you are of Southeast Asian background
- you have previously had a third or fourth degree perineal tear
- your baby weighs more than 4kg (9lb) or is in a position with their back against your back (posterior)
- your baby's shoulders become stuck during birth
- you require forceps or other instruments to assist your birth.

For some women a third or fourth degree tear can result in a loss of bowel control. Lasting effects can be minimised with accurate diagnosis and appropriate management and follow up.

**Please speak to your midwife or obstetrician if you have questions about this information**

**Outlined below are the care elements in the Perineal Protection Bundle® which when implemented together have been demonstrated to reduce rates of third and fourth degree perineal tears\*.**

## What does this mean for my care?

The following care elements have been demonstrated to reduce third and fourth degree perineal tears and should be offered to all women having vaginal births:

- Application of a warm washcloth (compress) to your perineum when your baby's head is crowning. This helps the muscles in your perineum stretch naturally
- Encouraging you to move during your labour. During the second stage of labour (when the baby's head moves down and becomes visible) adopt birthing positions that will help baby to be born slowly (e.g. on hands and knees)
- Helping you to have a slow, controlled birth through breathing techniques, and without directed pushing
- Using hands to gently support your perineum during the birth of your baby's head and shoulders.

**You may decline any care element if you choose**

## For births that require instrumental assistance

Sometimes instruments, such as forceps or a vacuum (ventouse) are used to assist with baby's birth. 14 out of every 100 women have an assisted birth at Townsville University Hospital.

Forceps and ventouse are instruments that enable the doctor to gently pull, in time with contractions, to help with your baby's birth.

There are many reasons for needing an assisted birth such as:

- your baby's heart rate suggests he or she may no longer be coping with the labour process
- your baby is not moving through the birth canal despite pushing
- you are unable to push during birth (sometimes for medical reasons).

Which instrument is used depends on how the birth is progressing and the position your baby is in. If this is

your first birth and you are having an assisted birth, an episiotomy is recommended. An episiotomy is a small cut which is made in the perineum to widen the vaginal opening.

An episiotomy can help to reduce third and fourth degree perineal tears. Informed consent will be obtained and pain relief provided before an episiotomy is performed. Local anaesthetic is given to numb the area unless an epidural is being used.

## How will I know if I have a third or fourth degree perineal tear?

After the birth, the perineal and anal area are examined to check for perineal tearing. To ensure a tear is not missed a rectal examination is recommended.

This examination can detect internal rectal tears, and ensures you are offered appropriate treatment and follow up. We will ask for your consent before this examination, and you can withdraw your consent at any time.

## What happens if I get a third or fourth degree tear?

The tear will need to be repaired, usually in an operating theatre. The baby will be looked after by your partner or support person. Assistance will be available if needed.

You will be offered pain relief as required and given information on what can be done to help the tear heal.

An appointment will be made to see a specialist health professional after you discharge home. You will be referred to an experienced women's health physiotherapist for follow up.

**If an interpreter is required please call the Telephone Interpreter Service on 131 450.**

\*Information on the WHA National Collaborative is available at <https://women.wcha.asn.au/collaborative>



This patient information brochure supports National Safety and Quality Health Service Standard 2 - Partnering with Consumers

*This information sheet has been adapted from the Women's Healthcare Australasia's Reducing Third and Fourth Degree Perineal Tears fact sheet.*

