

Childbirth and perineal care

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

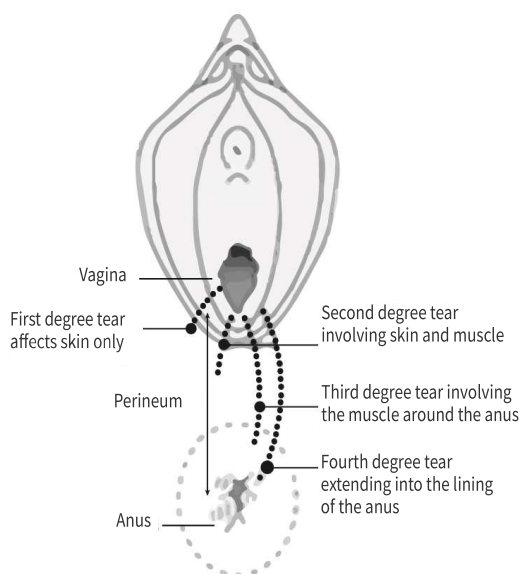
What are perineal tears?

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 midwife or 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 require repair in an operating theatre



Could this happen to me?

Approximately 2-3 out of every 100 women having a vaginal birth in Queensland are diagnosed with a third or fourth degree tear.



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

- First baby
- Southeast Asian background
- Previous third or fourth degree perineal tear
- Baby weighs more than 4kg (9lb) or is born in a posterior position (back against back)
- Baby's shoulders become stuck during birth
- Forceps or vacuum is required to assist birth.

For some women a third or fourth degree tear can result in ongoing pain and incontinence. 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 may reduce the rates of third and fourth degree perineal tears*.

What does this mean for birthing 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 the perineum when the baby's head is crowning. This helps the muscles in the perineum stretch naturally
- Encouraging movement during labour. During the second stage of labour (when the baby's head moves down and becomes visible) adopting birthing positions that will help baby to be born slowly (e.g. on hands and knees)
- Encouraging to have a slow, controlled birth through breathing techniques, and without directed pushing
- Using hands to gently support the perineum during the birth of the baby's head and shoulders.

You may decline any care element if you choose

For births that require instrumental assistance

Sometimes forceps or a vacuum (ventouse) are used to assist with baby's birth. Approximately 11 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 baby's birth.

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

- Baby's heart rate suggests he or she may no longer be coping with the labour process
- Baby is not moving through the birth canal despite pushing.

The instrument used depends on how the birth is progressing and the position the baby is in. Having an assisted birth increases the risk of a third or fourth degree tear. Following an assessment, an episiotomy may be recommended at the time. 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 local anaesthetic provided before an episiotomy is performed.

How is a third or fourth degree perineal tear diagnosed?

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. Informed consent for examinations are required and can be withdrawn at any time.

What happens if a third or fourth degree tear is diagnosed?

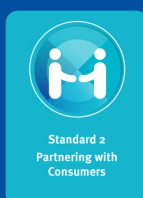
The tear will need to be repaired, usually in an operating theatre. The baby will be looked after by the partner or support person and assistance will be available if needed.

Pain relief is offered as required and information on what can be done to help the tear heal.

An appointment will be made to see a specialist health professional after discharge home. A referral will be made 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 information sheet has been adapted from the Women's Healthcare Australasia's Reducing Third and Fourth Degree Perineal Tears fact sheet.

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