

# Perineal Tears

Perineal Support During Childbirth - Information and Discussion Guide

Brought To You By the Australasian Birth Trauma Association

## About ThinkNatal™

THINKNATAL™ is a series of educational resources aimed at providing support and information on a variety of topics that are often excluded or underrepresented in existing antenatal education. This is in collaboration with consumers and a range of clinicians involved in maternity care, such as midwives, obstetricians, pelvic health physiotherapists and mental health clinicians.

## What is a Perineal Tear?

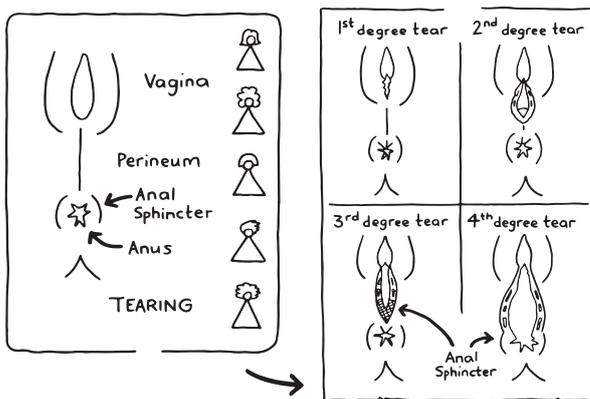
A perineal tear is a laceration of the skin, muscles and other soft tissues that separate the vaginal opening and the anus (back passage). Tears are usually graded by 'degrees' and you may hear the terms first, second, third or fourth degree tear. Each tear is described below, including usual treatments.<sup>1</sup>

## First and second degree tears

First degree tears are small and skin-deep and can heal without sutures. Second degree tears are deeper and affect the muscles of the perineum, usually requiring stitches. An episiotomy is a cut made by a doctor or midwife to make the vaginal opening larger in order to deliver the baby. It is repaired with stitches after the birth.<sup>2</sup>

## Third or fourth degree perineal tears/Obstetric Anal Sphincter Injuries (OASI)

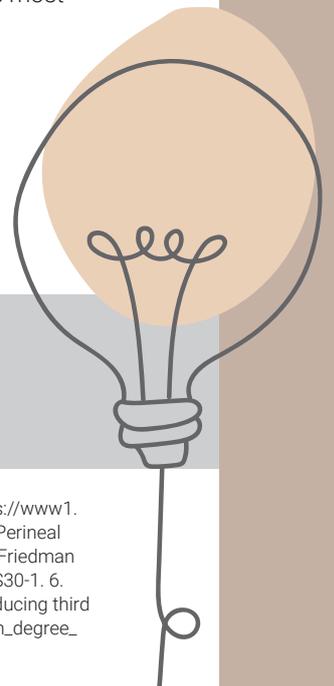
A third degree tear extends downwards from the vagina through the deeper muscles to the anal sphincter (the part that keeps the anal canal closed). If the tear extends further into the lining of the anus or rectum it is known as a fourth degree tear.<sup>3</sup> Approximately 4 out of every 100 women having a vaginal birth experience a third or fourth degree tear.



Injury to the anal sphincter during birth is thought to be the most important risk factor for anal incontinence – the inability to control bowel movements, causing stool to leak unexpectedly from back passage.<sup>4</sup> Sometimes, OASI occurs even in otherwise normal, easy deliveries, but it is most common after a forceps delivery.<sup>5</sup>

Receiving an accurate diagnosis and prompt and appropriate management are the best ways to minimise the lasting effects of third and fourth degree tear.<sup>6</sup>

This information contained in this document is intended to support informed decision making and provide you with the confidence to speak to your health care provider about how they can be supported so as to reduce the risk of a significant tear occurring. This information is not designed to replace that of your health care provider but instead guide you to seeking advice and support relevant to your wants and needs. You should be involved in discussions about all aspects of care that are available to you throughout pregnancy, labour and birth. Please speak to your midwife or obstetrician if you have questions about this information.



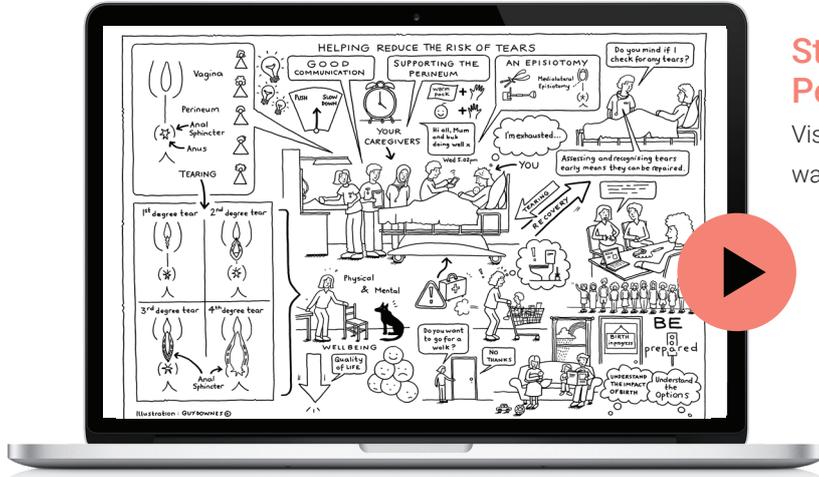
References: 1. Perineal Tears – a review, Volume 47, Issue 1–2, January–February 2018, by Ryan Goh, Daryl Goh, and Hasthika Ellepola, < <https://www1.racgp.org.au/ajgp/authors/ryan-goh>>, accessed 8/2/2020. 2. RCOG, Green-Top Guideline No 29, The Management of Third-and Fourth-Degree Perineal Tears (2015). 3. Bartolo DC, Paterson HM. Anal incontinence. Best Practice & Research Clinical Gastroenterology. 2009 Aug 1;23(4):505-15. 5. Friedman T, Eslick G, Dietz H. Instrumental delivery and the risk of obstetrical anal sphincter injury (OASI): a meta-analysis. Int Urogynecol J 2016;27(S1):S30-1. 6. National Institute of Clinical Excellence. Intrapartum care for healthy women and babies, clinical guideline CG190. 7. Information for women reducing third and fourth degree perineal tears; Available at [https://women.wcha.asn.au/sites/default/files/information\\_for\\_women\\_reducing\\_third\\_and\\_fourth\\_degree\\_perineal\\_tears\\_28.08.2019.pdf](https://women.wcha.asn.au/sites/default/files/information_for_women_reducing_third_and_fourth_degree_perineal_tears_28.08.2019.pdf). Accessed 6th July 2020.

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ThinkNatal™  
ANTENATAL EDUCATION & SUPPORT



## Stop the Tear, Perineal Care Video

Visit our website or our YouTube Channel to watch our latest resource.

### Your chance of a third or fourth degree tear is increased if:<sup>7</sup>

- 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.

### Questions to ask your health care provider:

- What strategies can we put in place to reduce the likeliness of me sustaining a significant tear?
- Does your hospital have a policy in place to reduce incidences of 3/4th degree tears?
- If so, how will this influence my care?
- Are we able to look at the possible risks for me as an individual?

You may also wish to find out whether your hospital offers the Perineal Protection Bundle®

You should be involved in discussions about all aspects of care that are available to you throughout pregnancy, labour and birth. Please speak to your health care provider if you have questions about this information. If you have experienced a perineal tear you can visit [birthtrauma.org.au](http://birthtrauma.org.au) for further information and support options.

To find our THINKNATAL™ resources visit [birthtrauma.org.au/thinknatal](http://birthtrauma.org.au/thinknatal)

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