

Third and Fourth Degree Perineal tears

Clinical Care Standard

The *Third and Fourth Degree Perineal Tears Clinical Care Standard* lists seven statements that describe the care that you should receive to reduce your risk of a third or fourth degree perineal tear, and to optimise your physical and psychological recovery if a third or fourth degree perineal tear occurs.



What is a perineal tear?

The perineum includes the skin, muscles and other tissues between the vagina and anus. During a vaginal birth, the perineum stretches and may tear.

Perineal tears are common and most of them heal well, but some are more serious than others. Deep perineal tears that involve the muscles and sphincter that control the anus (third degree tears), or the lining of the anus (fourth degree tears), need surgical repair.

About 3% of all Australian women who have a vaginal birth, and 5% of women having their first vaginal birth, will experience a third or fourth degree perineal tear. This type of injury may be associated with short- and long-term complications for women and can affect their physical, psychological and sexual wellbeing. With appropriate treatment and support, most women who sustain a third or fourth degree perineal tear recover well, although some will need specialised care and support to optimise their recovery.

1 Information, shared decision making and informed consent



What the standard says

During the antenatal period, a woman is informed about the risk of a third or fourth degree perineal tear. Throughout pregnancy, labour and birth she is supported to make decisions and provide informed consent for the care she receives.

What this means for you

Throughout pregnancy, you will receive information that will help you to make informed decisions about your care during pregnancy, labour and birth.

Birth is a natural process and many women give birth without medical intervention. However, your healthcare team should help you understand the possible risks and complications that sometimes occur, even if the risk is low.

Most women who give birth vaginally do not have severe damage to their perineum or anus. Around 3% have a third or fourth degree perineal tear.

It is not possible to prevent all third and fourth degree perineal tears, but there are ways to reduce their likelihood. Discussing the potential benefits and harms of different options, and your own preferences, with your healthcare team can help you understand and make decisions about your care.

If you are planning a vaginal birth, you and member of your healthcare team should discuss:

- Relevant individual risk factors and your birth history, including a previous third or fourth degree perineal tear
- The care you might be offered during labour and birth, including the use of induction of labour, epidural for pain relief, forceps or vacuum, or a caesarean section
- What you or your healthcare team can do to reduce your risk
- How a perineal tear is identified
- The treatment and likely outcomes if a third or fourth degree perineal tear is identified.

A record of this discussion will be kept in your healthcare record. During labour and birth you will be supported to make decisions and to provide informed consent for the care that is offered to you.

2 Reducing risk during pregnancy, labour and birth



What the standard says

A woman choosing a vaginal birth is offered evidence-based care to reduce her risk of a third or fourth degree perineal tear.

What this means for you

There are ways to reduce the likelihood of a third or fourth degree perineal tear. You will have the opportunity to talk to your healthcare team about these options.

During pregnancy:

- Perineal self-massage (or with help from your partner) after 34 weeks of pregnancy can help protect your perineum and reduce the risk of third and fourth degree perineal tears

- Pelvic floor muscle training may help prepare you for labour and birth and reduce the possibility of a third or fourth degree perineal tear.

During a vaginal birth:

- Applying warm compresses to the perineum during the second stage of labour can significantly reduce the risk of a third or fourth degree perineal tear
- Slowing the rate at which the baby's head and shoulders emerge, with the help of your birth attendants, may help prevent perineal injuries
- Perineal massage performed by your healthcare professional during the second stage of labour may reduce the risk of third and fourth degree perineal tears. However some women may not feel comfortable with this option and it is not recommended for everyone.

If there is a clinical need, a member of your healthcare team may suggest an episiotomy, where a cut is made in the vaginal opening to help make more space. After the birth, the cut will be repaired with stitches. If you consent to an episiotomy, the cut should be made at the correct angle to reduce the risk of a perineal tear.

Discussing these options with your healthcare team during pregnancy can prepare you to make informed decisions during labour and birth. You will always be asked for your preferences and consent for the care offered to you.

3 Instrumental vaginal birth



What the standard says

When intervention is indicated in a vaginal birth, the choice of intervention is based on the clinical situation, the benefits and risks of each option and discussion with the woman.

What this means for you

If your doctor or midwife is concerned about your health or the health of your baby during labour, they may suggest active assistance using either forceps or vacuum to help you have a vaginal birth.

Most instrumental births occur without complications, but there is a small chance of serious risk to you or your baby. These risks need to be balanced against the risk of 'waiting' or using a different intervention.

Both forceps and vacuum increase the risk of a third or fourth degree perineal tear, especially for women having their first vaginal birth. The risk is higher with forceps than with vacuum. However, each woman's situation is different and a number of factors will be considered before an instrument is recommended for you. If forceps or vacuum are used, you may be offered an episiotomy to lower the chance of having a third or fourth degree perineal tear.

In very few situations, an alternative to using forceps or vacuum may be an unplanned caesarean section, where you have an operation and the baby is born via a cut through the abdomen and uterus.

A member of your healthcare team will discuss your situation with you, including the possible benefits and risks to you and your baby, for each available option. You may wish to discuss these options during pregnancy, in case you are offered forceps or vacuum during labour.

This care will be only be provided with consent from you, or your legal representative or guardian.

4 Identifying third and fourth degree perineal tears



What the standard says

After a vaginal birth, a woman is offered examination by an appropriately trained clinician to exclude the possibility of a third or fourth degree perineal tear. A tear is classified using the Royal College of Obstetricians and Gynaecologists classification and is documented in the woman's healthcare record.

What this means for you

If a perineal tear occurs, it is important that it is assessed and treated promptly. Accurate identification of a third or fourth degree perineal tear will help ensure that you receive the correct treatment.

Soon after your baby is born, your doctor or midwife may recommend an examination to check for perineal tears. This examination will be offered and carried out in a respectful manner. You have the right to refuse, or to ask your doctor or midwife to stop at any time.

Some perineal injuries may be difficult to see, especially if there is swelling in the area. Your doctor or midwife will offer to examine the area in and around your vagina and anus. If you consent, the doctor or midwife will place a finger inside your rectum and carefully feel for any damaged tissues. If a third or fourth degree perineal tear is thought to have occurred, a second member of your healthcare team may be present during examination to confirm the diagnosis. You will be offered (or you can request) pain relief for this examination.

Third and fourth degree perineal tears are repaired surgically. If you have this type of injury, you may need to be transferred to a hospital for repair.

Occasionally, a perineal tear may not be detected during examination, so, if you have symptoms that you are concerned about following birth, speak to your healthcare professional.

5 Repairing third and fourth degree perineal tears



What the standard says

When a woman has a third or fourth degree perineal tear, it is promptly repaired by an appropriately trained and experienced clinician, in a suitable environment.

What this means for you

If you have a third or fourth degree perineal tear, your doctor will discuss with you the nature of your injury, the method of repair, any risks involved and the need for follow-up care.

Third and fourth degree perineal tears require surgical repair. The doctor carrying out the repair needs access to appropriate equipment, lighting and support staff, to achieve the best outcome for you. Usually, the repair will take place in an operating theatre.

Only doctors who are trained to do this type of surgery, such as an obstetrician, a GP obstetrician or a colorectal surgeon, should carry out the repair.

You will need a local or general anaesthetic for the repair. A urinary catheter may be needed for a short time after surgery to remove urine while you are recovering, and is usually inserted before the repair. A rectal examination will be conducted with your consent at the end of surgery to check the repair.

If possible, the health service organisation will try to arrange for your baby and support person to stay with you during surgery, if that is your wish.

6 Postoperative care



What the standard says

After repair of a third or fourth degree perineal tear, a woman receives postoperative care that includes the opportunity for debriefing, physiotherapy and psychosocial support.

What this means for you

After surgery, you may have medicines to help manage pain and constipation, and to prevent infection. A urinary catheter may be used for a short period to drain urine out of your body, because it will be hard for you to urinate normally.

While in hospital, you will have an opportunity to discuss your birth experience with a member of your healthcare team. They will discuss the repair, how to look after your injury at home, what to expect while recovering, how to manage breastfeeding if medicines are required, what symptoms to look out for, who to contact if you have any concerns and any follow-up care required.

You may also see a healthcare professional with expertise in this area, such as a physiotherapist with experience in pelvic floor health, who will support your recovery.

If you feel unsettled or distressed, you may like to meet with a psychologist who can provide emotional support, or a social worker who may be able to arrange help with your daily activities at home.

If you leave hospital before having these appointments, arrangements will be made for you to obtain this care soon afterwards. Before leaving hospital, ask if any follow-up appointments have been scheduled for you.

7 Follow-up care post-discharge



What the standard says

A woman with a third or fourth degree perineal tear receives individualised continuity of care and appropriate follow-up and referral to optimise her ongoing physical, emotional, psychological and sexual health.

What this means for you

After leaving hospital, you should receive follow-up care to promote your physical and emotional recovery and to provide advice for future pregnancies. Arrangements for this care should begin while you are in hospital.

In the weeks after your baby is born, you should be offered a follow-up appointment with an experienced member of your healthcare team who is familiar with your history. They will check that your injury is healing and discuss any other problems you are experiencing. They can help you if you have concerns about pain, incontinence, sexual activities, exercise, or relationship difficulties because of your injury. You may also feel sad or tearful for a period after this type of injury.

To support your recovery, a number of specialist services may be offered, such as:

- Clinics that specialise in treating women with third and fourth degree perineal tears
- Specialist doctors like obstetricians or colorectal surgeons
- Healthcare professionals with experience in pelvic floor health, such as a physiotherapist
- Psychological services.

Your GP or other primary care provider can provide follow-up care and refer you to other services if required. Information about your care and the recommended follow-up should be provided to them in a discharge summary from the hospital.

It is important to talk to your support person or partner, as they may also need help to understand how to support you while you recover and to look after their own health and wellbeing. You may choose for both of you to go to your appointments.

It is also recommended that you talk to a healthcare professional about your future plans for another pregnancy.

More resources

The *Third and Fourth Degree Perineal Tears Clinical Care Standard*, and other information for women can be downloaded from safetyandquality.gov.au/perineal-tears.

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.