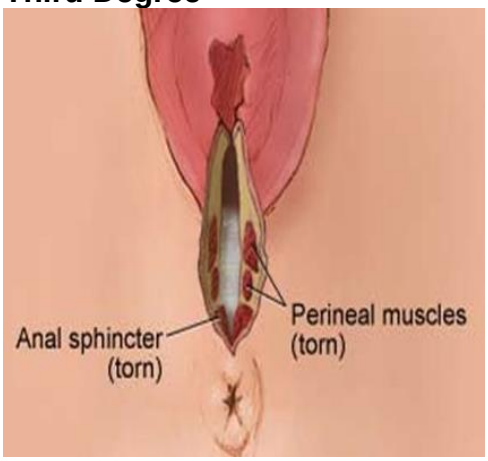
# Third and Fourth Degree Tear Information

The following information has been put together by the physiotherapy department to help you maximise the healing and recovery of your tear.

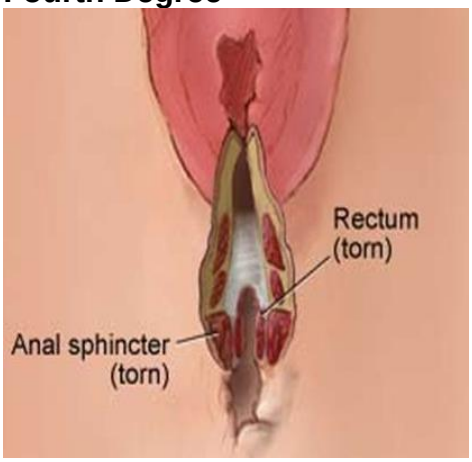
**What is a 3rd or 4th Degree Tear?**

During labour, the skin and muscles around your vagina stretch to allow your baby to be born. Many women sustain tears between your vagina and anus, particularly with their first vaginal birth. A 3rd or 4th degree tear extends from the vagina into the muscles of the anus. 3rd and 4th degree tears are classified by how much of the muscle is torn.

**Third Degree**




**Fourth Degree**




**Recovering from your Tear**

- **Pain Relief**

3rd and 4th degree tears can be uncomfortable, especially for the first few days. Please ask your midwives for regular pain relief.

- **Ice**

Ice can be useful to reduce both pain and swelling. It is most beneficial within the first 24-48 hours after giving birth.

One of the easiest ways to apply ice to your perineum is to use ice blocks inside a clean maternity pad (underneath the padding).

When applying ice, follow these instructions:

- Never put ice directly against your skin.
- Keep ice in place for no longer than 15 minutes at a time. Remove the ice block and discard it and then apply a clean dry pad. Repeat approximately every two hours.

Developed by Simone Paterson, Physiotherapist, 2012. Reviewed by Dr Siobhan Lee, December 2012.
Reviewed by Skye Scott, Physiotherapist, March 2023.

- The ice should feel cold and may make your skin feel numb, but **should not feel like it is burning**. If this occurs, remove the ice immediately.

- **Positioning**

You may be most comfortable in lying initially. Your midwife or one of the lactation consultants can assist you with feeding your baby whilst lying if required.
If you are uncomfortable sitting, try placing a folded towel under each of your thighs. You can unfold the towels as you become more comfortable. Avoid using "doughnut" cushions as these can push all the swelling into your perineum.

- **Perineal Hygiene**

It is very important to keep your stitches as clean and dry as possible.
Wash the perineal area with water after urinating or opening your bowels for the first week. A peri bottle can be used after urinating and shower after opening bowels. Make sure you change your maternity pads frequently.

**Protecting your Stitches**

During the next six weeks, scar tissue will form where your tear has been repaired. Your stitches need to be carefully protected whilst this is happening.

- **Perineal Support**

You will need to support your perineum when:
- You are opening your bowels
- You cough or sneeze

There are a few ways to support your perineum:
- Using your hand, provide upward support. You can use a clean pad or wrap your hand in toilet tissue to do this when opening your bowels.
- A more discreet method is to sit on the corner of your chair or bed.

Remember that upward pressure is very safe and protects your stitches. It is downward pressure that should be avoided.

- **Activity Restrictions**

Some activities put increased strain on the perineum and should be avoided for the first six weeks.
- Avoid heavy lifting- lift nothing heavier than your baby if possible
- Avoid high impact exercise
- Avoid constipation

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## Regaining good Bladder Function

Following pregnancy your bladder can have reduced sensation and tone, so it is important to void regularly and ensure you are emptying your bladder completely. It can take around 2 weeks for normal function to return. Some women also find that it takes a few moments before the flow starts, or that the flow is slower than normal. The following tips can help your bladder function return to normal:

- Drink water to thirst- try and have a glass of water each hour.
- Limit your caffeine intake.
- You should empty your bladder every 2-3 hours, whether you feel like you need to or not. During the night, void when your baby gets up to feed.
- You should be passing at least 200-300mls each time you pass urine and not over 700mls. If your passing a lot less than 200mls or more than 700mls, let your midwife or physiotherapist know.
- Sit well back on the toilet and relax your stomach to help your bladder empty. Some gentle support over your wound may make this more comfortable.

## Bowel Management

It is important for your bowel motions to be soft, but well formed. If they are too loose you may have an accident, if they are too hard your risk damaging your stitches.

### ▪ Avoiding Straining

Your position on the toilet can help prevent straining:

- Place your feet on a footstool so that your knees are higher than your hips.
- Lean forward and rest your elbows on your knees.
- Bulge your belly out.
- Support your stitches by pressing upwards on your perineum with a clean pad/toilet paper.
- A gentle “bearing down” is ok.

### ▪ Diet

Dietary fibre helps your stool to hold moisture, keeping it soft and allowing it to move through your system more easily.

Fibre rich foods include:

- Fresh fruit and vegetables
- Nuts and legumes
- Wholegrain breads/cereals

For fibre to work properly an adequate amount of fluid is required. If you don’t drink enough your stool may be drier and harder to pass. Aim to drink ~2.5L of water per day. A glass of hot water first thing in the morning can also be useful to get your bowels working.

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- **Fibre Supplements/Laxatives**

It is recommended that you take some form of stool softener for the first six weeks to help keep your stools soft and easy to pass. These come in different strengths; you may need to change the type or amount that you are taking to keep your stool soft but well formed.

**1.Mild** eg Metamucil, psyllium husks, Benefibre, Normafibre. These supplements do not contain a laxative. “Normafibre” is made from sterculia and tends to cause less bloating and wind than psyllium based supplements.

**2. Moderate** eg Normacol. Fibre supplement with a mild laxative.

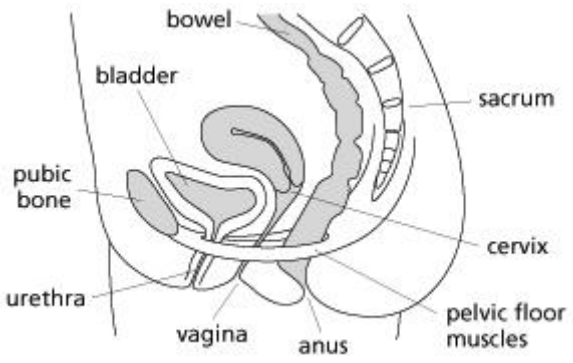
**3. Strong** eg Coloxyl. Laxative only. Avoid using the supplements that also contain senna as this can make the bowel lazy.

**The Pelvic Floor**

The pelvic floor is a sling of muscles that runs from the tailbone at the back to the pubic bone in the front.

A strong pelvic floor is important for:

- Stopping leakage of urine when you cough/sneeze/run etc
- Helping you hold on when you need to go to the toilet
- Supporting the organs in your pelvis to prevent organ prolapse




Pelvic floor exercises are particularly important after a 3rd or 4th degree tear. During the first few weeks the aim of these exercises is to increase circulation to the area, which will helps promote healing.

- Initially start in the lying position with your knees bent up and your feet flat.
- Imagine you a trying to stop the flow of urine or hold in wind.
- You should feel a SQUEEZE and LIFT around your vagina and/or back passage.
- Aim to gently squeeze and relax these muscles 10 times in a row.
- Repeat 3-4 times each day

If you have difficulty doing this- do not worry. It may take some practice in the early postnatal period to achieve a noticeable contraction of your pelvic floor muscles. Continue to practice in this way until you are confident you are achieving a good contraction.

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Once you are confident you are doing this, try to do 10 pelvic floor contractions each time you feed your baby.

Each contraction should be held for “x” seconds.
“x” is how old your baby is in weeks.

For example:

- When your baby is 0 weeks old do 10 contractions with the aim of stimulating circulation and muscle co-ordination.
- When your baby is 1 week old do 10 contractions holding each contraction for 1 second each.
- When your baby is 2 weeks old do 10 contractions holding each contraction for 2 seconds

And so on until your baby is 6 weeks old.

Following this time you should continue to do pelvic floor exercises 3-4 times a day alternating between short contract relax and longer 6-8second holds.

**Functional Bracing**

In addition tighten your pelvic floor when you cough, sneeze or laugh and when you are doing daily activities that require effort for example, lifting.

**Getting Back into Exercise**

Begin your return to exercise by walking. Slowly increase the amount of walking you do and start out on flat surfaces before adding in hills. Bear in mind that you may tire more easily than usual- listen to your body and don’t push yourself.

Low impact exercise can generally be commenced at 6 weeks. Post-natal pilates and yoga classes are popular and can usually be started at this time. It is important to have someone supervising your form when you return to pilates or yoga to ensure that you are using the right muscles for each exercise. Before you return to swimming you need to ensure that your wound has healed and your vaginal discharge has resolved. Check this with your doctor.

It is advisable to wait 3-4 months before returning to high impact exercise such as jogging, running and jumping activities. This is because your abdominal muscles and pelvic floor are weakened during pregnancy, and your joints have less support from your ligaments. This increases your risk of injury.

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## Resuming Intercourse

Many women are worried about having sex again after experiencing a 3rd or 4th degree tear. You can have sex again whenever it feels right for you and your partner, however it is recommended that you wait until your stitches have healed and bleeding has stopped.

Some things to consider:

- Breastfeeding affects your oestrogen levels and this can decrease your personal lubrication. Using a lubricant may make intercourse more comfortable for you.
- Positions: when resuming intercourse begin with positions that allow you to control the pressure, direction and depth of penetration.

## Follow up

You will have a medical review with the doctor in 6-8 weeks. You should also book in to see a women's health physiotherapist in 6 weeks and advise your physiotherapist that you sustained a 3rd or 4th degree perineal tear so that they can do the appropriate checks. The physiotherapist on the maternity ward will provide you with a list of local women's health physiotherapist.

## References


Australian Commission on Safety and Quality in Health Care – Recovery from a third and fourth degree perineal tear accessed online www.safetyandquality.gov.au/publications-and-resources/resource-library/recovering-third-or-fourth-degree-perineal-tear, March 2023.

"Perineal Tear third and fourth degree and Pelvic Floor Care", accessed online http://www.thewomens.org.au/Perinealtearthirdandfourthdegree, March 2023.



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