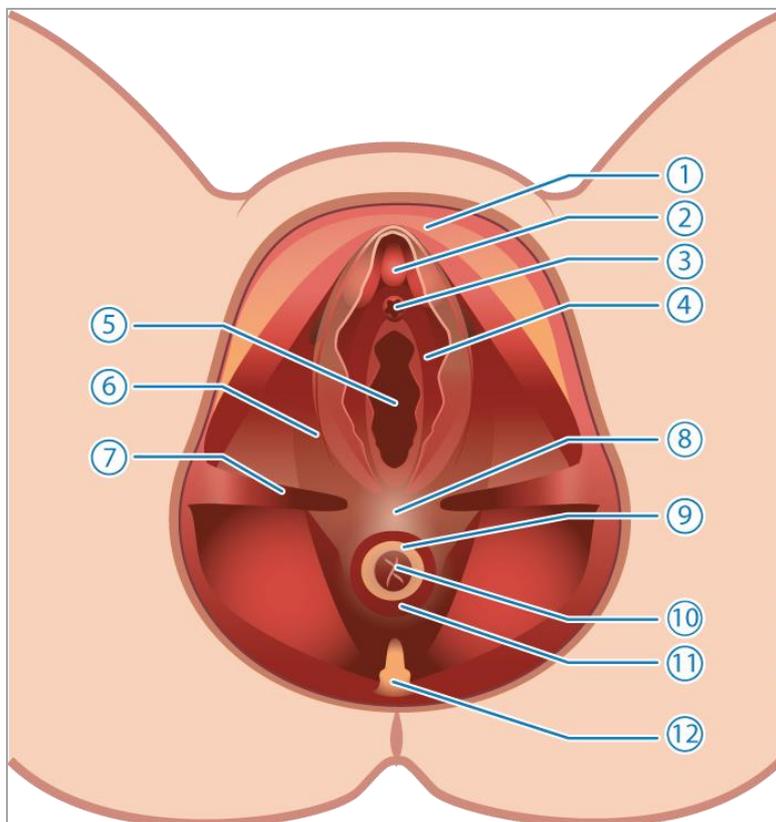


Tears and episiotomy

Most women have a tear in the vagina after delivery. Small, skin-deep tears are known as first-degree tears and usually heal naturally. Tears that are deeper and affect the muscle of the perineum are known as second-degree tears. These usually require stitches. An episiotomy is a cut made by a doctor or midwife through the vaginal wall and perineum to make more space to deliver the baby. Most tears heal well but it can take several weeks before you are back to normal.

About 3 in 100 women have a tear of the anal muscles, anal sphincter rupture. There are two sphincter muscles, one inner and one outer sphincter that prevent gas or faeces to escape. The muscles can be partially or completely torn.

All tears have been mended and the healing has begun. All stitches will dissolve.



1. Pubic bone
2. Clitoris
3. Urethra
4. M. bulbokavernosus
5. Vagina
6. M. puborectalis
7. M. transversus perinei
8. Perineal body
9. Internal sphincter
10. Anus
11. External sphincter
12. Tailbone

- At delivery you had a tear in the vagina and/or the perineum
- At delivery you had an episiotomy
- At delivery you had a tear of the anal sphincter

(Ask your midwife to mark on the drawing where your tear is)

Pain and pain relief

Looking after a new born baby and recovering from an operation for a perineal tear can be tough. Support from family and friends can help.

It is normal to feel pain after delivery but it should be less day by day.

Painkillers, paracetamol in combination with ibuprofen in full dosage is recommended. These medicines are OK to use while breastfeeding. Good pain relief makes it easier to move around which is good for healing. Initially, it may be difficult to sit because of swelling and pain around the perineum.

Move around, lie down and don't sit if it is uncomfortable. Sitting on one buttock is better than to sit on a "donut cushion" that can cause swelling and pain. If urinating stings you can shower gently with lukewarm water.

Lying down as you breast-feed/feed your baby is good for relaxation and to avoid pain. The pain and discomfort should let up with each day and after a couple of months most women are healed.

Wound-care

Change your sanitary pad every few hours or as soon as it feels wet. Shower the genital area when needed but not so often that the skin gets sore. Soap is not needed.

Do not rub the perineum but pat it dry. Air the wound as much as you can. If the stitches are sore, use a mild wound-cleaning solution from the pharmacy. If the stitches bother you after two weeks or more, they may need to be removed at the clinic.

Bowel function

After a delivery, the bowel function may change both due to the delivery and the readjustment in life style.

Initially, controlling gas can be difficult. The function is restored within weeks and can improve up to one year after delivery.

The most common cause of gas incontinence is incomplete rectal emptying. Gas is produced by stools left in the rectum. For better emptying: make care to use the urge to defecate- visit the bathroom at once and take your time there. Move around and drink plenty of water, which helps the bowel move better. If stool is impacted in the rectum, you may be helped by pressing against the perineum and vaginal wall to ease emptying. Strong straining seldom helps and can cause pain. Use a foot stool under the feet to raise the knees above hip-level and to breathe out while straining. It is important to treat constipation, ask for medication at the maternity ward or at the pharmacy. Avoid medications that cause flatulence.

After anal sphincter rupture, avoiding constipation is very important for healing. Paraffine emulsion is used to make stools soft and easier to pass. Use 15 ml bidaily for two weeks and then once daily for another week if needed. Take less and less every day and keep eating food that keeps the bowel moving.

Expected healing

Your recovery should progress steadily. After some months, most discomfort should be gone. During the first year, function improves even more.

Physical activity

Being up and about is good for healing as long as it is not too painful. Rest by lying down instead of sitting during the first weeks to reduce pain and feeling of heaviness.

High- impact training, jumping, running and heavy lifting should be postponed until you regain your strength in the pelvic muscles and it feels OK. Start gradually. If you feel uncomfortable, take it easier and keep up with pelvic floor exercises. If you still feel sore or weak at the post-natal check-up, you can ask to see a physiotherapist to get help. It can take several months to regain full strength.

Sex

In the weeks after having a vaginal birth, many women feel sore whether they have had a tear or not. If you have had a tear, sex can be uncomfortable for longer. You should postpone penetrating sex that involves the healing area until the bleeding has stopped and the tear feels completely healed. This may take several weeks- months.

As long as you are breastfeeding, the vagina can feel dry and tender. There are creams to help with this, ask in your pharmacy. A small number of women have difficulty having sex and continue to find it painful. Talk to your midwife if this is the case so that you can get the help and support you need.

Pelvic floor exercises

- As soon as the pain permits, start by activating the pelvic floor muscles gently. Contract for 2 seconds and rest for 2 seconds. Repeat 10 times, 3 times a day.
- After 4 weeks, you can start building the strength. Contract the muscles as hard as you can. Hold tight for 6-8 seconds and relax as long. Repeat 10 times, 3 times a day.
- After 4 weeks up until 6 months: Continue to build strength and after every set add a moderate contraction that you hold as long as you can, 15- 60 seconds. Breathe as you do this.
- After 3 months of daily training you should feel a lot stronger. If you can't find your muscle function or if the training does not give any effect, contact your midwife.

When should I contact the hospital or 1177?

- If you feel worse instead of better as time passes, if the discharge starts smelling bad, you get a fever or feel ill - it may be an infection that needs treatment.
- If your bowel movement is so painful that it feels difficult.
- If the stitches disturb you after 2 weeks.
- If you cannot control your bowels.
- If you feel very sad or troubled by the events at delivery.

Follow up

It is important to go to the follow-up visit at the maternity care center after 6-8 weeks. You will be examined to ensure that the healing is going well.

Bristningsregistret, the registry of tears at delivery

Bristningsregistret is an important tool for the hospital to keep track of how you are doing after delivery and to improve care. You will get surveys at the delivery ward, after 2 months and after 1 year. Please reply to the survey even if you are quite healed. If you have problems and write about them in the survey your midwife or doctor will be notified.

There are questions about complications. It can be difficult to know what is regarded normal discomfort after delivery and tears and what is in fact a complication. In the registry this is how it is defined: if you have problems that need prescription drugs or care at the clinic, it is regarded a *mild* complication. If you need additional surgery or your quality of life is severely affected, it is regarded a *severe* complication.

Bristningsregistret is in Swedish. Please ask a friend or family to help you with the translation or use a translation service.

Future deliveries

Most women go on to have a straightforward birth after a third- or fourth-degree tear. However, there is an increased risk of this happening again in a future pregnancy. Between 5 and 7 in 100 women who have had a third- or fourth-degree tear will have a similar tear in a future pregnancy. You may have a vaginal delivery if you have recovered well and do not have any symptoms. If you continue to experience symptoms from the third- or fourth-degree tear, you may consider a planned caesarean section. You will be able to discuss your options for future births at your follow-up appointment or early in your next pregnancy. Your individual circumstances and preferences will be considered. When you discuss your choices, ask: What are my options? What are the pros and cons of each option? How do I get support to help me make a decision that is right for me?

Where to turn for help

- If you have urgent problems after delivery, call the hospital or 1177, the nurse can guide you to the right care-giver.
- If you have discomfort during the first months after delivery, call your midwife.
- If you have questions regarding your delivery, contact the maternity ward in the hospital.
- If you have need for counselling, call 1177 to get directed to the right care-giver.

Please contact saker.forlossning@lof.se for comments on this document