

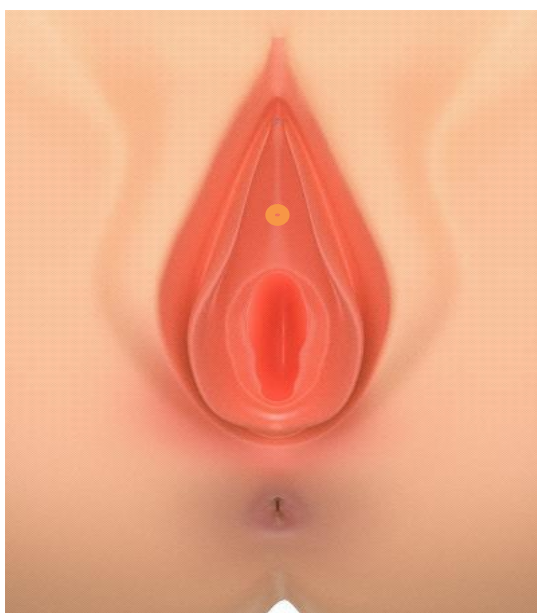
Your genital area after delivery

A pregnancy and delivery make it inevitable that muscles, nerves and connective tissue in the pelvic floor are affected. This is regardless of whether a tear has occurred or not. Recovery takes place during the full first year.

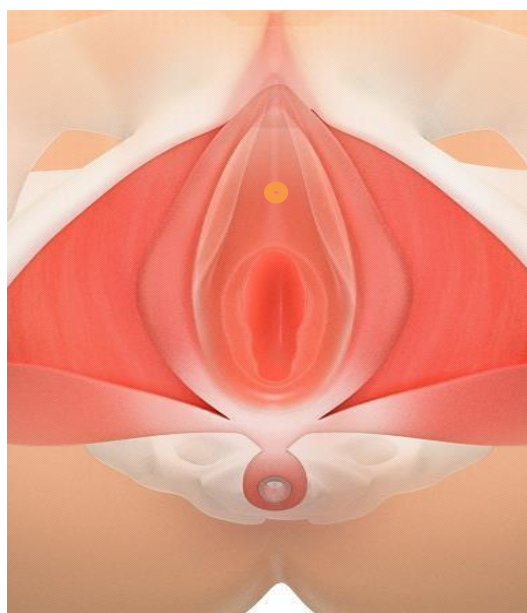
Most women have a tear during delivery. Tears are graded depending on the extent of the tear. Your midwife or obstetrician can describe your tear using the text and pictures below:

- First degree tear – a tear in skin and/or mucous membranes
- Second degree tear – a tear in the perineal muscles
- Third degree tear – a tear in the anal sphincter muscles (inner or outer)
- Fourth degree tear – a tear in the tissues between the vagina and the rectum
- Incision (episiotomy) – an incision was made during delivery
- No tear

Exterior vulva and vagina



Interior vulva and vagina



Pain and pain relief

It is normal to initially experience pain after a delivery, even if no tear has occurred. The pain should however decrease with time. It may be difficult to sit down due to swelling and pain in the perineum. The best remedy is to change between sitting, walking and lying down.

Try to lie down when breast-feeding/feeding to relieve discomfort and being able to relax better. Avoid using an inflatable ring cushion, as this may increase swelling and pain.

Effective pain relief may enhance recovery and does not affect your healing or the child when breast-feeding. Increasing pain or if the pain recurs may be signs of a complication.

Recommended pain relief:

- Paracetamol, for example Alvedon® 500 mg 2 tablets 4 times daily, in combination with
- Ibuprofen, for example Ipren®/Ibumetin® 400 mg 1 tablet 3 times daily.

Wound care

- Change the pad every few hours or more often if needed
- Rinse your genital area with water once or twice daily. Soap or cream is not necessary
- Air and dry the genital area whenever possible

Bowel function

It is common after delivery with not being able to keep urine, urging or incomplete urination. It is also common not being able to keep gases and you may experience strong bowel urging initially. This is often due to pain, stretched tissues or affected nerve function.

- It is important that you can empty the urinary bladder completely every 4 to 6 hours during daytime
- If you experience a burning sensation when you mictate, you can shower the genital area with luke-warm water
- Be attentive to signals of need of defecation – avoid keeping the stool for long but go to the toilet when needed
- If you have difficulties emptying the bowel, you may support the perineum with your hand during defecation. It is advisable to have your feet on a footstool
- Strive for stools of normal softness: drink 1 – 2 litres daily and try adjusting what you eat (for example kiwifruits, prune, or psyllium seed) or over-the-counter medications like Vi-Siblin®, Inolaxol® or Movicol®
- Physical activity, such as walks, decreases the risk of constipation
- Especially when a major tear has occurred, it is important not to become constipated. Take the medications you have been recommended or prescribed.
- Haemorrhoids are common after delivery, and you may use over-the-counter medications for this. Avoid constipation and prolonged cringing.

Physical activity

It is common after a delivery to experience a feeling of heaviness in your lower abdomen or incontinence, especially in the first weeks.

- Walks are initially a good form of activities. Start with short distances and increase afterwards
- Wait with jumps, running and heavy strength training until the pelvic floor has become stronger, which normally takes 2 - 6 months.

Pelvic floor exercises

- When the pain allows, you may start with cyclic activation / relaxation of the pelvic floor
- When the pain is gone, you may start more active training of the pelvic floor. Programs can be found on the web, for example via [1177 \(https://www.1177.se/undersokning-behandling/smartbehandlingar-och-rehabilitering/backenbottentraining/\)](https://www.1177.se/undersokning-behandling/smartbehandlingar-och-rehabilitering/backenbottentraining/).

Sexual activity

The pelvic floor and an eventual tear need time to heal. This may take weeks or months. It is advisable to avoid penetrating sex as long as the wound still heals or you experience pain.

The genital mucous membranes may be vulnerable due to breast-feeding. Over-the-counter oestrogen

cream or vaginal lubricants may help. After a third- or fourth grade tear, anal sex should be avoided until you have healed completely.

When should I seek medical care?

Most women experience pains from the pelvic floor during the first months after a delivery. The inconvenience usually decreases as the body recovers. The recovery normally takes a full year.

Contact healthcare without delay if you experience:

- Increasing pain
- The tear has ruptured again
- Bad smell
- Fever or malaise
- Difficulties emptying the bladder
- More severe problems emptying the bowels
- Leakage of formed stools

You can always contact your outpatient midwife clinic (MVC) if you have questions or feel worried.

Follow-up

It is important that you complete the follow-up programme at your outpatient midwife clinic. One of the reasons for this is the routine examination of the genital area and the pelvic floor. You may also have your questions answered.

If you experience that you cannot activate the muscles in the pelvic floor, or if exercises do not help, you can always contact a midwife, a physiotherapist or a doctor.

After the delivery you may be asked to answer a questionnaire from Bristningsregistret and other parts. The aim is to find out how you are doing after your delivery and also to be able to improve the care in general. The doctor or midwife thus get a chance to find out about your situation, and, if necessary, provide further care. Please answer the questionnaire even if you have no problems.

This information is written by doctors and midwives in cooperation. The professional Swedish organizations for obstetricians and midwives cooperate with LÖF (the national patient insurance company) in the project Safe Delivery Care, aiming to minimize injuries to children and mothers during pregnancy and delivery.