

Your genital area after childbirth

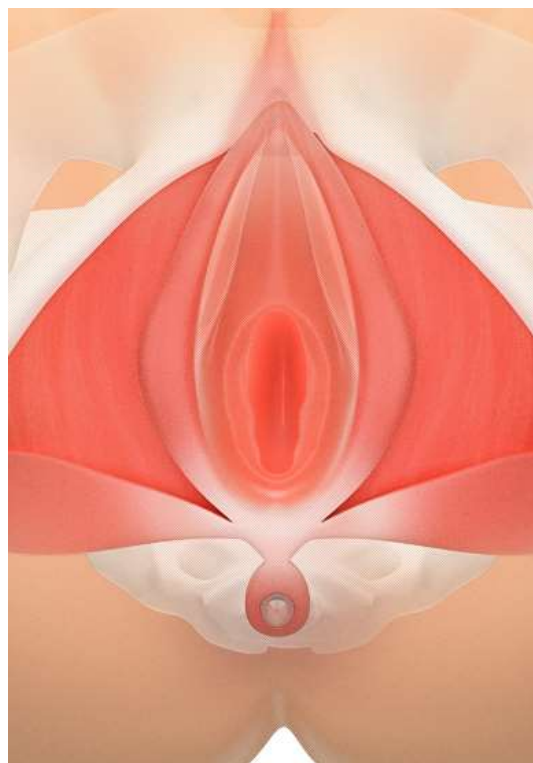
Most women experience some tearing of the vagina in conjunction with childbirth. Minor ruptures in the skin are referred to as first-degree tears. Second-degree tears and incisions also go through the muscle and always require stitches to heal properly. An incision is used to make room for the baby's head in the final stage of the delivery. About 3 out of 100 women experience a tear that extends into the muscle that surrounds the anus (anal sphincter) – third and fourth-degree tears. The rectum has two muscles, one inner and one outer, which help to withhold bowel movements and gas. The outer muscle is controlled by will power while the inner muscle has an automatic function that we cannot influence. Individual muscle cells or large parts of the muscles may be damaged. Tears that require a medical procedure are attended to after the delivery. After this, the healing process begins and all stitches will dissolve on their own. Tears usually heal nicely but it can take some time before your body is fully recovered.

You can ask your midwife to explain your tear by showing you pictures.

Exterior vulva and vagina



Interior vulva and vagina



- During childbirth you did not experience any tears
- During childbirth you experienced a surface tear in the perineum or vagina (first-degree)
- During childbirth you experienced a tear in the perineum and/or vagina (second-degree)
- During childbirth an incision was made in your perineum
- During childbirth you experienced a tear in the muscle that surrounds the anus (anal sphincter), a so-called sphincter rupture (third or fourth-degree)

More information can be found at <http://backenbottenutbildning.se> under the heading Interaktiv 3-D-modell [Interactive 3-D model].

Pain and pain relief

It can be a difficult time taking care of a newborn while recovering from tearing during childbirth. It is good to have support and help from family and friends.

It is normal to experience pain at first, but this should gradually lessen each day. Pain-relieving paracetamol, e.g. Alvedon®, 500 mg, 2 tablets 4 times a day, together with ibuprofen, e.g. Ipren®/Ibumetin®, 400 mg, 1 tablet 3 times a day, is recommended. These medications do not affect the baby when breastfeeding. Effective pain relief will allow you to move around more, which helps the tear to heal.

In the beginning it may be difficult to sit due to swelling and pain in your genital area. Switch between sitting, walking or lying down. It is preferable to lie down when breastfeeding/feeding to reduce discomfort and to be able to relax more. Avoid using an inflatable ring cushion as this may increase swelling and pain. Your condition will improve gradually each day and after a few months most women are fully recovered. If it stings when you urinate, you can shower your genital area with lukewarm water during urination.

Wound treatment

Change the pad every few hours or if it feels wet. Rinse your genital area with water when needed, but not so often as to dry out your skin. Do not use soap or creams. When drying your perineum, avoid rubbing. It is preferable to air your perineum whenever possible. If the area around the outer stitches becomes irritated, you can rinse with wound cleansing spray, available from pharmacies. If the stitches cause irritation after two weeks, they may need to be removed – in that case contact the number you were given.

Bowel function

After giving birth, bowel function can be affected both by the delivery and by the changes in your life.

After childbirth it is common in the beginning to not be able to keep in gas. This function usually improves already after one week, but continued improvement can be expected up to almost a year after giving birth.

The most common cause of gas discomfort is incomplete defecation. Gases then build up from stool residue in the rectum. This can be prevented by being attentive to your body's signals and going directly to the toilet. In this way you can reduce the risk of constipation and incomplete defecation. Movement, e.g. going for walks, and drinking lots of water also help to reduce the risk of constipation. If your stool is hard and difficult to expel, it may help to apply pressure to your perineum or the back wall of your vagina to effect a more easier bowel movement. It does not help to simply strain yourself for longer. It is then better to wait until you feel the need to go again. Try putting your feet on a stool so that your knees are higher than your hips and push when your belly is soft during exhale.

Always treat constipation, for example with over-the-counter bulk-forming laxatives. Ask at the pharmacy for advice. Avoid remedies that build up gas.

After a sphincter rupture, it is particularly important to avoid constipation so as to allow the muscles to heal. Paraffin emulsion is recommended as it results in softer stool and facilitates defecation. Take 15 ml twice a day for two weeks and, if needed, once a day for an additional week. Do not stop taking the medicine abruptly, reduce it gradually and eat food that maintains stomach function.

Expected healing time

Recovery will progress steadily. After a few months you should feel that the acute symptoms have passed and your body will continue to heal for up to a year after giving birth.

Physical activity

Movement is good for the healing process if it does not hurt. Going for walks is a good choice of activity in the beginning and you can gradually increase the distance. It is common to experience a feeling of heaviness in your genital area in the period after giving birth.

Wait with high-intensity physical activity such as jumping, running and heavy weight training at first, until your pelvic floor has become stronger and it feels okay. Begin slowly and increase activity as you progress. If you experience leakage and/or a feeling of heaviness, wait with working out for a while and continue with the pelvic floor exercises. If the problems persist at the time of the follow-up examination at the maternal health care services, you are entitled to further help, preferably by way of a physiotherapist.

Sexual activity

The wound in your vagina needs time to heal. This may take weeks or months. The time it takes for a woman to want to engage in sexual activity again varies. Penetrative sex should be avoided as long as it hurts and the wound is still healing. It is important that sex is on your own terms and that there is good communication with your partner. Do not hesitate to schedule an appointment/follow-up examination if you want to talk about your sex life. As long as you are breastfeeding, the mucous membranes in your genital area are fragile. Over-the-counter oestrogen cream and/or a lubricant can help. After a sphincter rupture, anal sex should be avoided until you are fully recovered.

Pelvic floor exercises

- After giving birth you should start with easier clenching exercises. Clench the area around your anus, vagina and urethra. Hold the clench for 2 seconds. Release and rest for 2 seconds. Repeat this 10 times, 3 times a day.
- When the pain allows, you can begin strength training for your pelvic floor. Clench the area around your anus, vagina and urethra and lift upwards/inwards with as much force as you can. Hold the clench for at most 6–8 seconds. Release and relax for 6–8 seconds between clenches. Repeat this 10 times, 3 times a day.
- When you have become stronger, end each exercise session with an endurance clench. This clench does not need to be full strength. Hold the clench for as long as you can, 15–60 seconds. Remember to breathe at the same time and relax when you are finished exercising.
- You should have become noticeably stronger after three months of daily exercises. If you are unable to locate the muscles or if the exercises have not worked, you should contact the maternal health care services.

Complications - When should I seek care?

- Swelling and discomfort is normal during the first weeks. This will improve from day to day. However, if you feel it is getting worse and you experience, for example, an unpleasant odour from your genital area, a fever or that you feel unwell, this may be due to an infection in the wound. In that case, you may need antibiotic treatment.

- If you feel pain during defecation which makes it difficult to have a bowel movement.
- If the stitches are causing you discomfort after two weeks.
- In the case of bowel leakage.
- If you feel mentally unwell, for example, if you found the delivery difficult and the tear is affecting your daily life or connection with your baby.

Follow-up

It is important to go to a follow-up examination at the antenatal clinic. You will be examined to make sure that the healing is progressing as planned.

The Tear Registry (Bristningsregistret)

The Tear Registry is used in the case of more extensive tearing. This is to allow the healthcare services to gain an overview of your situation after the delivery and to be able to provide you with better care. You will be asked to answer questions at the maternity hospital, two months and one year after the delivery, regarding how your genital area feels and works. Your doctor or midwife then gets to hear how you are doing and will address any problems you have. It is good if you answer the questionnaire even if you are not experiencing any problems. If you have problems, you can also ask for a contact via the registry.

Sometimes it is hard to know what is normal after experiencing a tear during childbirth and what constitutes complications. Here is a way to approach the questions: if you need prescription medicine or extra follow-up appointments to deal with your symptoms, this counts as a *mild* complication. If your problems have a long-term impact on your quality of life and/or you need to be operated on again, this counts as a *serious* complication.

Future childbirth

A new pregnancy is in itself not dangerous for your pelvic floor. Most women who have experienced tearing give birth to their next child vaginally without a problem. In the case of a sphincter rupture, the risk is 5–7/100 that this will happen again. In the case of normal healing where there is no impact on function, a vaginal delivery is usually recommended. However, if you have symptoms relating to your anus or vagina, a planned C-section can be considered. If you become pregnant again, the future method of childbirth will be discussed at the first visit to the midwife. As an aid in the conversation, the following questions can be used: What are my options? What are the benefits and drawbacks of these options for me specifically? How can I get help and support in making a good decision?

Where do I turn if I have a problem?

- If you experience acute problems within a few weeks of giving birth, contact 1177 or the maternity hospital for advice.
- If you are experiencing problems with your genital area during the first few months, contact your midwife at the maternal health care services.
- If you have questions about your delivery, contact the delivery ward or maternity hospital.
- You can also get help if you need counselling. Call 1177 and get advice about how it works where you live.

This patient information written by Swedish gynaecologists and midwives in cooperation. The Swedish Society of Obstetrics and Gynecology and the Swedish Association of Midwives collaborate with the mutual insurance company Lof (Landstingens Ömsesidiga Försäkringsbolag) in the Safe Maternity Care Project [Säker förlossningsvård], which aims to reduce the prevalence of injuries to the baby and mother during childbirth. Please contact saker.forlossning@lof.se if you have any comments on the content.