



# Perineal tear advice and care

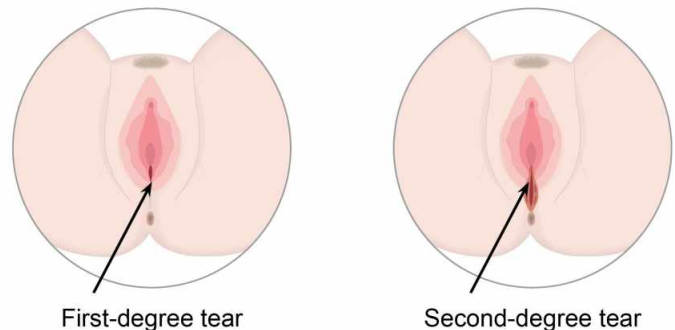
## Information for women, birthing people, and their families

This leaflet is for you if you have any perineal tears following the birth of your baby. You should read this leaflet along with the advice from your midwife or doctor. Please ask as many questions as you wish about your tear and the treatment you receive.

### What are the types of tears during childbirth?

Most women or birthing people who birth their baby vaginally will experience some kind of tear. Most tears are in the perineum, the area between your vaginal opening and anus (back passage).

- **First-degree tears** are small, skin-deep tears which usually heal on their own. These usually do not need stitches. First degree tears can also be small grazes on the skin around your vagina.
- **Second-degree tears** are slightly deeper tears that affect the muscle as well as the skin. These usually need stitches, which are dissolvable. As your tear heals, these stitches will dissolve on their own (soften and fall out). If you decide not to have stitches, your tear may take longer to heal. Your midwife or doctor will explain your options and their recommendations to you.



First- and second-degree perineal tears

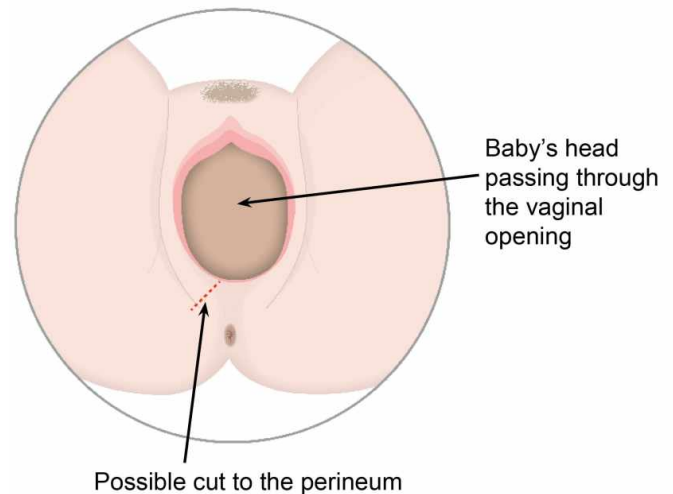
It is also possible to have a third- or fourth-degree tear. However, the purpose of this leaflet is to discuss first- and second-degree tears, and episiotomies. More information on third- and fourth-degree tears can be found here in the **Third- and fourth-degree perineal tears** leaflet ([third-and-fourth-degree-perineal-tear-during-childbirth](#)).

### What is the difference between an episiotomy and a tear?

- **A tear** happens as your baby stretches your vagina and pelvic floor during birth.

- **An episiotomy** is a cut made by a midwife or doctor in the area between the vagina and anus (perineum). An episiotomy makes the opening of the vagina a bit wider, allowing the baby to come through it more easily. This may be needed if:

- your baby needs to be born quickly
- to make more space for your baby to be born
- you have an operative delivery, such as
  - forceps
  - ventouse or kiwi (suction cup); or
- if there is a risk of a tear to your anus (back passage).



Baby's head passing through the vaginal opening, and the possible cut (episiotomy) made by a midwife or doctor

### How do I care for any tears and / or stitches?

You may have stitches between your vagina and your anus (back passage), and also beneath your skin. With time they will all dissolve (soften and fall out). You may notice small threads on your sanitary pad, tissue when wiping, or in the bath.

You may be able to feel some of the stitches, for up to three months. This is normal. Sometimes these stitches are visible (on the outside of your skin). Other times they may be internal and may not be noticeable.

You may feel some pain or soreness for four to six weeks after giving birth. It may be more uncomfortable particularly when walking or sitting. The stitches can irritate, or feel tight as you heal. This is normal. To help with any discomfort, you can take:

- paracetamol (maximum 4 doses in 24 hours), and
- ibuprofen (maximum 3 doses in 24 hours).

Using ice packs on your perineum can also help. The cold will help reduce pain and swelling. Wrap the ice in a tea towel first. **Never apply ice or ice packs directly to your skin, as they can damage your skin.**

### What can I do to help my tear heal?

- Keep the area clean. Have a bath or a shower at least once a day. Cleaning the area twice a day would be ideal if possible.
- Only use water to clean your perineum. Using soap or shower gel, may irritate your wound.
- Always wash your hands **before** and **after** changing your pads. This will reduce your risk of infection.

- You should change your sanitary pads regularly. At least every 4 hours, every time you go to the toilet, or sooner if needed. Do not use tampons while you are healing, as they can cause an infection.
- Do not use any sprays to help with healing, unless prescribed.
- You should drink to satisfy your own level of thirst. Drink no more than 1.5 to 2 litres in a 24 hour period. This will prevent your urine (pee) from becoming dark / strong and stinging when you pee.
- Passing urine (peeing) can sometimes sting, especially if you have any small tears or grazes near your urethra. Your urethra is the small opening where you pee. Pouring warm water over this area when peeing can help.
- To help prevent constipation you should eat a healthy balanced diet. Food such as fruit, vegetables, cereals, wholemeal bread and pasta will help. Speak with your midwife or doctor if you are having problems opening your bowels (having a poo).

It is common to feel anxious about opening your bowels if you have had stitches. Do not worry your stitches will be very secure. You may find it reassuring to hold a clean sanitary over your stitches whilst you have your bowels open.

Speak to your midwife, or GP if you have any worries about the way your wound is healing, or you notice bleeding from the tear.

### **What are the signs of infection?**

Signs of infection might include the following.

- Red, swollen skin around your stitches.
- Discharge, or pus from your wound.
- An increase in pain, or tenderness around your wound.
- A smell that is not normal for you.
- Fever (high temperature / feeling hot).
- Chills and sweats.

If you have any of the above, please see a midwife or a doctor.

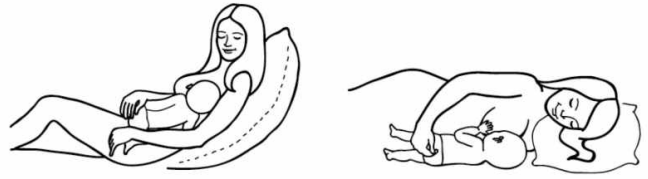
You can call Maternity Triage up to 42 days after the birth of your baby. They are open 24 hours a day 7 days a week, and their number is at the bottom of this leaflet. After 42 days, please see your GP or call 111 if out-of-hours. You may need antibiotics to help your tear heal.

### **Will anyone check my stitches when I go home?**

Your community midwife will see you after your discharge from hospital. They will offer to check your perineum and any stitches you may have. They will make sure that you are healing well before you are discharged from maternity care. If you have any concerns or questions about your stitches or healing you can talk with them. You can ask them to check if you have any worries.

## What breastfeeding positions will help my comfort?

You may find it uncomfortable to sit down for long periods of time. Breastfeeding in positions other than sitting may be helpful, such as laying on your side. If you feel that you need more support, talk to your midwife. They will show you comfortable positions for you and your baby.



Possible breastfeeding positions

## Will pelvic floor exercises help?

Yes, pelvic floor exercises are very important. They will increase the circulation of blood to the area and help you to heal. They will also help you to regain your muscle tone, reducing your risk of incontinence.

These exercises can be started immediately and are very easy to do. To start with, the exercises can be performed lying down and then progressed to a sitting or standing position. More information is available in the **Postnatal exercises** leaflet (/postnatal-exercises).

## Who can I contact if I have any concerns?

If you have urgent worries or concerns about your tear, please call Maternity Triage on 01227 206737.

**This leaflet has been produced with and for patients.**

**Please let us know:**

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

**You can let us know this by:**

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

**Any complaints, comments, concerns or compliments**, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email ([ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)).

**Patients should not bring large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

**Further patient information leaflets** are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

Reference number: EKH126

First published:  
August 2010

Last reviewed:  
December 2024

Next review date:  
April 2028



Illustrations and Photographs created by the Medical Photography Department.

Copyright © East Kent Hospitals University NHS Foundation Trust.