



Maternity Services

Care of your perineum after the birth of your baby



This leaflet has been produced to give you general information about your perineal tear. It is not intended to replace the discussion between you and your midwife or doctor. If you have any concerns about the healing of your tear or require further information, please discuss this with your midwife or doctor.

What is a perineal tear or episiotomy?

The skin and/or muscle of the perineum which is the area between your vagina and anus (back passage) may be torn as it stretches during the birth of your baby. A tear may also occur in the labia (lips of the vagina).

It is also common to experience bruising in these areas. An episiotomy is a surgical cut in the perineum to make more space for your baby to be born. Your midwife or doctor will talk you through this procedure and ask for your consent before undertaking this procedure. You may need an episiotomy for one of three reasons:

1. If you have an assisted birth with forceps or ventouse
2. If your baby becomes distressed during the birth
3. If your Midwife thinks your perineum would tear badly

How will I know if I have a tear?

After the birth of your baby, your midwife or doctor will check your perineum to assess if you have torn. If you have had an episiotomy, they will check if there are any other tears. Your midwife or doctor will also ask for your consent to also examine your rectum (back passage) to assess for any trauma to this area.

Following this check, you will be told the type of tear that you have (see below), and you will be advised if you require any sutures (stitches).

- A first-degree tear is a superficial tear to the skin of your perineum.
- A second-degree tear is deeper, affecting both the skin and muscles of the perineum.
- Third- and fourth-degree tears are less common and involves the muscles around the rectum and anal sphincter.
- Labial tears are tears to the lips of the vagina

How is the tear repaired?

Some tears require suturing to stop bleeding and promote healing by joining the skin and muscle together again. A second-degree tear or an episiotomy require suturing, and this can usually be undertaken under local anaesthetic in the room you have given birth in by your midwife or doctor.

Third and fourth- degree tears require suturing under stronger pain relief such as a spinal or epidural and will need to be undertaken in theatre by a doctor. First degree and labial tears do not always require suturing and your midwife or doctor will advise you on this. The number of stitches you have will depend on the location and severity of your tear. However, the stitches are dissolvable, so they are not counted as they do not need to be removed. The stitches start to dissolve after 10-14 days and have usually completely disappeared by six weeks. It is normal to find small pieces of stitch material when you are bathing, or you go to the toilet.

Will my perineum be painful?

Tears and episiotomies will cause some pain and discomfort following birth; however, you should experience continual improvement as the days go by and expect to be pain free by day 14. Your Midwife will ask to see your perineum as part of your postnatal check on the ward, and when she visits you at home.

We strongly advise that you consent to this check as the Midwife will be looking for signs of healing or infection. It is important that any concerns with healing are identified early to ensure that you are given any additional treatment if required. Please ask for help if:

- Your perineal area becomes hot, swollen, weepy, smelly, or very painful
- Tears which have been repaired feel like they have opened
- You develop a temperature and/or flu-like symptoms These can all be signs of an infection or that your wound is not healing as expected.

If you have any immediate concerns, please contact a midwife via Maternity Triage. For less urgent enquiries, contact the community midwifery team to leave an answerphone message.

Maternity Triage – 01908 996 481

Labour Ward – 01980 996 480

Community Midwifery Team – 01908 996 484

Caring for your perineum

- Keep your perineum clean.
- To reduce the risk of infection, it is important to ensure you wash your hands before and after changing pads, touching your perineum, or going to the toilet.
- Some minor infections such as a sore throat can be transferred to your wound if you do not wash your hands often which can cause a serious infection.
- Change your sanitary pad at least every four hours. Ensure it is secured so it doesn't move around and cause irritation.
- To reduce the chance of infection, try to have a bath or shower at least once a day. Clean the area gently with water only avoiding soaps, bubble bath and shower gel directly contacting the area.

How to help with discomfort in your perineum

- Drink plenty of water to keep your urine diluted to reduce the chance of urine stinging the tear.
- Pour warm water on your perineum when you pass urine. This will dilute the urine so that it doesn't sting as much and will help keep the area clean.
- Avoid wearing tight trousers or jeans.
- Take regular pain relief for the first few days. Paracetamol and ibuprofen can both be effective in reducing discomfort and swelling and both are safe if you are breastfeeding your baby. Please read and ensure you understand the information provided by the manufacturer of these medicines before taking.
- Taking a short warm bath can bring some relief for many women.

- Cold therapy such as ice/cool packs can be used to reduce swelling and ease discomfort. Apply the pack for up to five minutes at a time, ideally whilst lying on your side to reduce pressure in the area. Allow at least an hour between applications. Never place the ice pack in direct contact with your skin, as this can cause painful ice burns, wrap in a clean damp cloth or flannel first.
- Using air-filled valley cushions or rubber rings to relieve the pressure of sitting on your perineum should be done with caution. Sitting on these devices for long periods (over 30 minutes) can restrict your circulation, leading to swelling and longer-term discomfort. When you are at home and have some privacy, you may find relief by lying in bed without a sanitary towel and letting the perineum 'air dry'. Never use a hair dryer or fan to dry the area, this increases the risk of getting an infection and may cause tissue damage.

Opening your bowels

You can safely open your bowels without any damage occurring to your perineum or stitches after the birth of your baby. Stitches can often feel nearer the back passage than they are and will not fall out when you open your bowels.

Always wash your perineum with water after opening your bowels to prevent cross infection and pat clean dry from front to back with a clean towel or toilet tissues to avoid introducing germs from your rectum into your vagina.

When opening your bowels, you may find it comfortable to hold a clean sanitary towel against your stitches so that you do not feel like your stitches are splitting.

Eat a high fibre diet (fruit, vegetables, brown bread, pulses) and drink plenty of water to keep your poo soft and avoid putting any strain on your stitches when opening your bowels.

If you are finding it difficult to open your bowels, you may need some medicine to soften your poo. You can get advice on this from your midwife, GP or local pharmacist.

Medihoney Wound Gel

At Milton Keynes we advocate the use of Medihoney Wound Gel to aid the healing of perineal trauma. Using Medihoney Wound Gel after sustaining a perineal or labial tear can help to reduce the risk of infection and reduce inflammation.

The plant-based wax can coat the exposed nerve endings, which can reduce the pain levels as well as repel fluids. Medihoney has been shown to be highly anti-microbial, anti-inflammatory, and anti-fungal. Please see below for advice on how to use:

- Wash your hands and use a finger (you may prefer to use a glove), to apply a thin layer of Medihoney Wound Gel (a pea-size amount) to the area your stitches are in.
- Ideally, you need to apply three times a day however in the first 24/48 hours, you may want to use Medihoney Wound Gel after each time you use the toilet.

Each tube is for single patient use, but it is valid for four months once opened. Medihoney is safe to use for Diabetic patients. If you are vegan or allergic to any ingredients in medihoney, you can be given a tube of flaminol forte as an alternative which can be used in the same way.

Pelvic floor exercises

These muscles are important for bladder and bowel control. During birth and pregnancy, they may have been stretched and you may feel like you have less control over your bladder or bowel function.

Please see our leaflet 'looking after your pelvic floor when you've had a baby' for information about how to do these exercises or talk to your Midwife or Physiotherapist.

Doing your pelvic floor exercises will increase the blood flow to the stretched perineal tissues, helping to speed up the healing process. They will also help to strengthen the pelvic floor after the stretch of delivery, preventing bladder and bowel weakness.

What about sex?

There is no right time for when you should feel ready to start having sex again and it may be weeks or months before you feel the time is right. Take things slowly and be prepared for it to be different.

The first few times you have sex, use a lubricating gel and try out different positions to find one that is comfortable for you. If you continue to struggle with pain or discomfort, please ask your GP to refer you to our Women's Health Physiotherapists for more help.

If you feel that you need further advice on any of the information within this leaflet, please do not hesitate to contact your midwife or GP.

If you have any immediate concerns, please contact a midwife via Maternity Triage. For less urgent enquiries, contact the community midwifery team to leave an answerphone message.

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We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

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