

Tears during Childbirth Antenatal discussion guide

What types of tears can occur during childbirth?

Up to 9 in 10 women who give birth vaginally will experience some sort of graze or tear that affects the labia or, more frequently, the **perineum, the area between your vagina and anus**.

For most women, these tears are minor and heal quickly. After your baby's birth, the midwife or doctor will ask to examine your vagina, perineum and anus to see if you have any grazes or tears, how deep they are and discuss treatment options.

- 1st degree: tears affecting only the skin, usually heal quickly and without treatment.
- 2nd degree: tears affecting both muscle and skin, usually require stitches.
- 3rd and 4th degree: severe tears which extend to the deeper muscle that controls the anus (the anal sphincter), requiring stitches to heal. These are also called 'obstetric anal sphincter injuries' (OASI).

What causes severe tears?

Severe tears (OASI) are not always possible to predict. You may be at higher risk if:

- Forceps are used during birth
- This is your first vaginal birth
- Your baby is born in the back to back position
- Your baby is over 4 kg (9 lbs)
- You are of South Asian ethnicity
- Your baby needs to be born quickly
- Your baby's shoulder gets stuck behind the pubic bone (shoulder dystocia)
- Ventouse/ kiwi cup are used during birth
- Pushing stage of birth takes more than 4 hours



Anal sphincter

Please speak to your midwife or doctor if you have questions about this information. For more information about perineal tears, visit:

rcog.org.uk/tears









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What can be done to reduce the risk of a severe tear?

Perineal massage from 35 weeks until birth has been shown to reduce the risk of tears. Ask your midwife about how to do this or visit <u>rcog.org.uk/tears</u>

The OASI Care Bundle is a set of four practices that your midwife or doctor can use to support you in protecting your perineum.

The OASI Care Bundle

- Developed by experts
- ✓ Supported by women
- ✓ Found effective in a 2017-18 study (OASI1)

In the antenatal period, your midwife or doctor will discuss severe tears (OASI) with you and what can be done to reduce the risk of this occurring.

With your consent, your midwife or doctor will use their hands to support your perineum and the baby's head during birth and encourage a slow and guided birth.

If you should need an **episiotomy**—a small cut through the vaginal wall and perineum to make more space for your baby to come out—your midwife or doctor will ask for your consent to do this.

After your baby has been born, your midwife or doctor will offer to examine your vagina, perineum and anus (just inside the back passage) to ensure any tears are identified and appropriately treated to avoid further consequences.

A **warm compress** during the pushing phase of labour is also beneficial in reducing risk of tears. Ask your midwife or doctor if they offer this.

Certain birth positions can further reduce risk of severe tears. Your midwife or doctor will encourage you (where possible) to find a position that feels comfortable to help ensure a safe and positive birth experience.

What are the long term effects of severe tears?

Most women with a diagnosed severe tear (OASI) that is immediately repaired heal completely, but it can take some time. Long term effects for some women may include:

 Difficulty or inability to control their bowels or the passing of wind

4

- > Depression, feelings of anxiety, low mood, isolation
- Anxiety about having to access the toilet often with concerns about leaving the house
- Difficulty bonding with their baby
- Concerns about leakage while exercising
- Concerns about having sex or giving birth again



If you experience any of the above symptoms, especially 6-8 weeks after birth, please contact your doctor or midwife as soon as possible to access specialist care. Please visit the MASIC website for further information and support: masic.org.uk

This discussion guide was developed for the OASI2 Project, which studies the implementation of the OASI Care Bundle in maternity units across Great Britain. For more information about the OASI2 project, please visit: <u>rcog.org.uk/OASI2</u>

Page 2 of 2







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