

Cut or tears (perineal wounds) in childbirth and what to expect

Maternity Services

Information for Patients

Produced: February 2026

Review: February 2029

Leaflet number: 1704 Version: 1

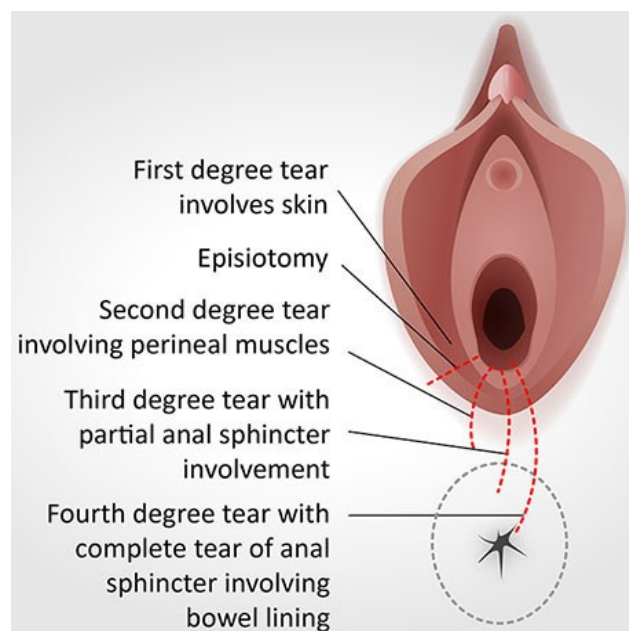
Introduction

This leaflet will give you information about the different kind of tears that you can get during vaginal childbirth. It will also tell you how you can manage them.

What are perineal tears?

9 out of 10 women who have a vaginal birth will have some sort of tear, graze or episiotomy (surgical cut). This is because the baby stretches the pelvic floor during birth. Tears can happen to:

- the skin and muscle between your vagina and your back passage (perineum),
- your vagina
- your vulva and your labia
- the muscles which control your back passage (anal sphincter muscles)



Courtesy of RCOG

The most common tears are to your vagina and perineum. 3 to 4 women out of 100 get tears in their anal sphincter muscles.

Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

How can I stop severe tearing?

- **Perineal massages:** You can do perineal massages. Visit: <https://healthforunder5s.co.uk/leicestershire/services/your-maternity-service/preparing-for-birth/>. You can start this from 35 weeks. It can reduce the chance of you needing a cut and severe tears during childbirth.
- **OASI Care Bundle:** Your caregiver can use the OASI Care Bundle (<https://www.rcog.org.uk/about-us/quality-improvement-clinical-audit-and-research-projects/the-oasi-care-bundle/the-oasi-care-bundle/>) to help reduce the risk of severe tearing. This includes applying warm compresses on your perineum while you are pushing and supporting your perineum while you give birth.

What are the types of perineal tears?

- **First degree tears:** these are small, skin deep tears or grazes. These might need stitches. They heal quickly and without treatment.
- **Second degree tears:** these go into the perineal muscle. We advise you to get stitches to repair them.
- **Episiotomy:** a midwife or doctor will make a surgical cut into your perineal muscle and vagina. This makes more space for your baby to be born. It is possible for an episiotomy to become a deeper tear. We advise you to get stitches to repair an episiotomy.
- **Third and fourth degree tears:** these are tears which include the perineal, vagina and anal sphincter muscles (the two rings of muscles which control the back passage). They can involve 1 or both of the sphincter muscles. It can also go into the lining of your back passage (rectum). This tear can also be called obstetric anal sphincter injury (OASI) or severe tears.
- **Rectal Button-Hole tears:** these are very rare. They are tears between the vagina and rectum. If they are not repaired, wind and poo can be passed through the vagina instead of the anus (back passage).

Will I need stitches?

First degree tears may not require stitches. We advise all other tears to have stitches. We can repair most tears in the room where you had your baby. A doctor will repair third and fourth degree tears in the theatre. The midwife or doctor will give you pain relief when you are having the stitches. We do encourage you to keep skin to skin contact with your baby when having stitches.

Having stitches can:

- reduce the amount of blood you will lose from your tear
- reduce the risk of infection to your tear
- help the muscles to repair and restore their function
- reduce the risk of long term pain and pain during sex

What can I expect after giving birth?

- Most women who have a tear recover well. But this can take several weeks.
- We will give you pain relief while you are in hospital. We will give you antibiotics if you had a third or fourth degree tear. This is to reduce the risk infection to your wound. We will give you laxatives to help you go for a poo. These treatments will not stop you from breastfeeding.
- Your midwife or doctor will regularly offer to check your stitches. This is during the first few days after birth. This should be every time you see them. They will look at the stitches for healing and early signs of any concerns.
- The stitches we give you will dissolve. Most stitches dissolve within 7 to 10 days. They fully dissolve by 6 weeks. You may notice the stitches coming out. Your stitches will last around 3 months after birth if you third or fourth degree tears.
- It is common to experience pain and discomfort. This can feel worse when you have been standing or walking. In the first few days you can feel discomfort when you pee or poo. You may feel swollen and feel pressure from your stitches.
- In the first few days and weeks you will find it difficult to control your pee, wind and poo. These symptoms will improve as your wound heals. Please let your midwife or caregiver know if you are having any problems.
- If you have had a complicated, large or third or fourth degree tear, you may be more likely to experience the symptoms above. 6 to 8 out of every 10 women will have no symptoms 1 year after birth.

How do I keep my wound clean?

- Clean your wound **daily**. This can be in the shower or by taking a short bath. Use only water.
- Clean your wound after going to the toilet. Use a bidet or a jug with body temperature water to pour over the area.
- Change your maternity pad every few hours. We advise you to use maternity pads as they are more absorbent, softer and they don't have a plastic backing.
- Wash your hands before and after changing your maternity pad, going to the toilet, or cleaning your wound.
- Dry the area carefully with a clean towel after cleaning your wound. Move from front (your vagina) towards your back (bottom).

How do I take care of my wound?

- Take paracetamol and ibuprofen regularly to help with any pain. Speak to your doctor or midwife if you can't take these medications or need a stronger pain killer.
- Ice packs can help reduce pain and swelling. You can use an ice pack several times a day if needed. But only use it for 10 minutes at a time. Do not apply ice, or an ice pack, directly to your wound. Wrap it in a cloth first.

- Sitting, standing and walking can put pressure on your wound, causing pain. Take regular breaks from being upright. Lying down or lying on your side can take some of the pressure off.
- Feed your baby in a different positions. This can help reduce the pressure on your wound.
- Make sure you continue to move regularly. You will find your own balance for how much activity you can do.
- Eating well can give your body the nutrients needed to heal. Eating variety of fruit, vegetables, wholegrains and proteins such as meat, fish, pulses are ideal.
- It can be a good idea for you or your birthing partner to look at your wound regularly using a small mirror. By checking your wound regularly, you will be able to notice small changes that you need to tell your midwife or doctor about. Ask your midwife or doctor to check your perineum every time they see you.

How do I use the toilet?

- Having a poo won't break your stitches. When you go for a poo try to avoid straining. Straining can put extra pressure on your stitches and muscles. It can weaken your pelvic floor.
- Eat fibre and drink enough water to help soften your poo. This helps to avoid constipation. If you had a tear into your anal sphincter muscles, you should have been given laxatives to help soften your poo.
- Put your feet on a footstool to raise your knees above your hips when you sit on the toilet. This can make it easier for the poo to come out.
- You can also hold a pad to your perineum when you have you poo to help you feel supported.
- Try to wait until you feel an urge to poo.
- When you go for a pee you can use a jug and pour body temperature water over the area whilst you pee. Make sure you drink enough water to help dilute your pee so it doesn't sting as much.

Doing pelvic floor exercises

You can start doing your pelvic floor exercises straight after birth. At first you only need to do gentle squeezes. This will help blood flow to your wound, reduce swelling, and help healing. You will feel that after birth that your pelvic floor muscles are not very strong. You may find it hard to do pelvic floor exercises and may feel you have lost feeling there. This improves with time and continuing your pelvic floor muscle exercises. You can visit <https://yourhealth.leicestershospitals.nhs.uk/> and search for 'Exercises to strengthen the pelvic floor muscles for women' or search for leaflet number 236 for more information.

When can I have sex?

It is common to feel a little anxious about having sex if you have had a perineal injury. You are the best person to decide when to start having sex and every woman and birthing person is different. We would advise you to wait until your bleeding has stopped. We would advise you to wait until the wound has healed.

When you are ready to have sex, we advise you to use contraception such as condoms, use lubrication and try different positions to find one that is comfortable for you. Doing perineal scar massages when the wound has fully healed can be helpful to improve skin elasticity and reduce pain. You can visit <https://yourhealth.leicestershospitals.nhs.uk/> and search for 'Perineal scar massage after a tear or cut in childbirth' or search for leaflet number 1611 for more information.

When should I contact a healthcare professional?

When your wound is healing you will notice swelling, pain and redness. This can be part of the normal healing process. You may have an infection in your wound if you notice:

- unpleasant smell or discharge
- an increase in pain
- an opening in your wound
- excessive redness or swelling in and around your wound
- if you have a fever or temperature or are generally feeling unwell.

If you notice any signs of infection, please call the Maternity Assessment Unit, or tell your midwife or GP. You may need antibiotics.

If you are already taking antibiotics a doctor may need to change your antibiotics.

If you have any concerns with how your wound is healing, your midwife, GP or local maternity triage can refer you to a specialist perineal wound review clinic. This information leaflet explains more about problems with your wound healing after birth. You can visit <https://yourhealth.leicestershospitals.nhs.uk/> and search for 'When your perineal wound from childbirth has a problem healing' or search for leaflet number 1690 for more information.

Once your wound is healed, if you continue to feel pain from your wound, pain during sex, difficulties controlling your wind, pee or poo, or any other concerns about your wound, you should speak to your GP. They can refer you for specialist support to help resolve your symptoms.

You can speak to a GP or midwife if your mental health has been affected by your birth experience or the effects of your tear. They can refer you to support services.

Will I have a follow up appointment?

You will have an appointment with your GP 6 weeks after giving birth. This is to make sure that you are recovering well.

A physiotherapist and a specialist clinician will see you if you had a third or four degree tear. These appointments are usually around 2 or 3 months after birth.

Can I have a vaginal birth in the future?

Most women who have a perineal injury, it is safe to have another vaginal birth in future. If you are worried about having another vaginal birth then you can choose to have a planned caesarean birth. You can discuss this with your midwife and doctor if you become pregnant again.

You can make an appointment with a specialist if you had a third or fourth degree tear. They will help you decide between a vaginal birth or a planned caesarean birth.

Quick links to organisations offering information and support:

Preparing for vaginal birth



[Perineal tears and episiotomies in childbirth \(RCOG\)](#)



[When to start and how to do perineal massage \(Video\)](#)



[Fit for birth: Exercise and advice \(POGP\)](#)

Problems with perineal wound healing after birth:



[When your perineal wound from childbirth has a problem healing](#)

Problems with bladder or bowel function after birth



[Squeezy \(App\)](#)



[MASIC \(Charity website\)](#)



[POGP booklets](#)

Problems with prolapse after birth



[POGP booklets](#)

Trauma after childbirth



[Supporting parents who have experienced birth trauma \(British Trauma Association\)](#)



QR code website links

Birth Trauma Association: Supporting parents who have experienced birth trauma

<https://www.birthtraumaassociation.org>

Bladder and Bowel Community: Supporting people living with bladder and bowel conditions: <https://www.bladderandbowel.org>

MASIC: Information and support for women who have suffered an obstetric anal sphincter injury: <https://masic.org.uk>

Perineal massage animated video: <https://www.youtube.com/watch?v=GjCVXl1upwU>

POGP: Pelvic Obstetric and Gynaecological Physiotherapy: Patient Information

<https://thepogp.co.uk/resources/booklets/>

POGP: Fit for Birth https://thepogp.co.uk/userfiles/pages/files/resources/23xxxx_pogpffbirth_final_1.pdf

RCOG: Royal College of Obstetricians and Gynaecologists: Tears Hub

<https://www.rcog.org.uk/for-the-public/perineal-tears-and-episiotomies-in-childbirth/>

Squeezy app: Pelvic floor exercises and training: <https://squeezyapp.com>

When your perineal wound from childbirth has a problem healing: <https://yourhealth.leicestershospitals.nhs.uk/library/women-s-children-s/obstetrics/4290-when-your-perineal-wound-from-childbirth-has-a-problem-healing/file>

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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