



## Patient Information

# Caring for your Perineal Wound

Many congratulations on the birth of your baby from the midwives and doctors at the Great Western Hospital (GWH) Maternity Unit.

This leaflet provides you with some useful advice about how to take care of your perineum.

This includes advice on:

- How your perineum may feel.
- How you can help your perineum to heal and reduce the risk of infection.
- Who to contact if you have any concerns about your perineum.

### **Where is your perineum?**

The perineum refers to the part of your body between the opening to your vagina and your anus (or back passage), and forms part of the pelvic floor. The pelvic floor consists of tissues, muscles and nerves which supports the pelvic organs and enables you to control your bladder and bowels and also experience sexual feelings.

### **Different types of tears:**

**First Degree Tear:** This is a superficial tear of the skin, which will sometimes heal without the need for stitches. Your midwife or doctor will discuss this with you.

**Second Degree Tear:** This is a deeper tear which involves both the skin and muscles. At the GWH Maternity Unit we stitch second degree tears, to prevent bleeding and help the healing process.

**Third and Fourth Degree Tears:** A third degree tear involves the skin, muscle and extends into the anus. A fourth degree tear involves the skin, muscle, anus and the rectum. Both are not as common as other tears, however both these types of tear will require stitching in theatre by a senior doctor and you will most likely have a spinal anaesthetic (similar procedure to an epidural).

You will be prescribed antibiotics to prevent infection and laxatives to prevent constipation following the procedure.



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You will also be given an appointment to be seen by the physiotherapy team to ensure that your wound is healing. This will also give you the opportunity to discuss any problems or concerns you have and to arrange any further tests or investigations if needed.

**Episiotomy:** Sometimes a cut (episiotomy) needs to be made in your perineum to assist your baby to be born. Please speak to your midwife about this if you are unsure whether you have had a tear or cut to your perineum.

If you have had a tear, it will have been stitched to help with the healing process. Your perineum will have been stitched using a 'continuous stitch' which means that one length of stitch material has been used to repair the perineal muscles and skin. Using this method results in less pain during the first few days after giving birth compared to having individual stitches. The stitches will absorb themselves which means that there will be no stitches to remove. They would only be removed if they were considered to be causing any pain.

Within 10 – 14 days of having your baby, the stitches should feel more comfortable. The suture material should have dissolved completely within the first 6 weeks of giving birth. It may be helpful to feel your perineum so that you know where the tear is. Ensure that you wash your hands both before and after. You may also wish to look at your perineum using a mirror. This will give you some indication of whether you feel your perineum is healing properly, as you can compare how your perineum feels and looks in the days and weeks after the birth.

## **Postnatal care of your perineum**

When you have just given birth, it is very common to feel tired and to experience some pain or discomfort or other health problems, such as backache. A common problem after a vaginal birth is a painful perineum, which is sometimes referred to as a 'painful tail-end' or pain 'down below'. You may experience pain or discomfort if you have had a cut (episiotomy) or a tear when you were giving birth. Even if you have not had a cut or tear, you may have some bruising or swelling which can also be uncomfortable or painful.

## **How should your perineum feel when you have given birth?**

If you had a vaginal delivery, the muscles of your perineum gradually stretch during your labour to allow your baby to be born through the passage formed by your birth canal (cervix and vagina).

Immediately following the birth of your baby your perineal muscles start to return back to normal.

## **What can you take for pain relief?**

For the first 24 – 48 hours after the birth, your perineum may feel swollen when you touch it and you may feel some stinging when you pass urine.



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- It is important to ask your midwife for regular pain relief whilst you are in hospital to help to reduce the amount of pain or discomfort you are experiencing, especially when you are feeding your baby or trying to walk around.
- Paracetamol is the most common form of pain relief offered for perineal pain or discomfort. This does not affect breast milk if you are breast feeding. If the paracetamol does not help your pain or discomfort, please tell your midwife as you may need stronger pain relief. When you go home, paracetamol can continue to be taken to relieve any pain you have. Please ensure you follow the instructions and do not take more tablets than advised on the packet. Ibuprofen can also be taken for pain relief either with paracetamol or on its own. Please make sure that you refer to the advice provided in the packets on how many tablets to take and how often.

As well as taking tablets, there are other ways to relieve your pain or discomfort. These may however only offer temporary relief.

In the first few days following delivery, the use of a cooling pad at home, such as a maternity gel pad or crushed ice can be used placed between pieces of gauze, or a napkin, to provide some relief. Please ask your midwife for instructions about using these. It is very important that the ice does not come into direct contact with your skin. Apply the ice pack for up to ½ hour (30 minutes) at a time and allow at least one hour's (60 minutes) rest in between.

Bathing may also provide relief, it is not necessary to add anything to the water since this will not speed healing.

There are cushions which have been developed for women who have perineal pain to sit on and you may find these helpful. These can be hired through the National Childbirth Trust or from the manufacturers. Further information is available from the NCT website [www.nct.org.uk](http://www.nct.org.uk)

If you have developed excessive bruising, commonly referred to as a haematoma; it is likely that you will be referred to hospital for further investigation. Your midwife, health visitor or GP (family doctor) should advise you about when and how often they will need to visit to ensure you are feeling better, these visits will be planned with you.

**When should you contact your midwife or GP (Family Doctor) if you are Worried about your perineal pain or discomfort?** Once you are home, if you find that paracetamol does not help your perineal pain or discomfort please contact your midwife or GP. Stronger pain relief may be required. However you will need a prescription from your GP if this is the case. It is important that you tell your GP if you are breastfeeding, so that you have tablets which do not affect your breast milk.



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If you have any of the following symptoms, it is very important to inform your midwife or GP as soon as you can because you may be developing an infection:

- Your perineal pain persists or becomes uncomfortable.
- You think your vaginal loss (discharge) does not smell very nice.
- You feel unwell or have a feve.

Your midwife or GP will need to examine your perineum, which you may find embarrassing. However it is important that they ensure that you do not have excessive bruising, (haematoma) or have a wound infection. These conditions do not happen very often, however, it is important that they are detected and treated quickly.

If an infection in your perineal wound is suspected, your midwife or GP may wish to take a swab from the area where you were stitched and you may require a course of antibiotics.

## How can I look after my perineum?

- Use maternity sanitary pads which are thicker and softer than sanitary pads used for blood loss during your period.
- It is important that you change sanitary pads at regular intervals during the day particularly during the first few days after the birth when they may be more heavily soiled. It is also important that you wash your hands before and after every pad change.



(Ref 1)

- It is essential that you bathe or shower regularly to keep your perineum clean.
- You may find it helpful to pour lukewarm water over your perineum during and after passing urine as this may help prevent stinging. Remember to wash your hands before and after you go to the toilet.
- You should also wear clean cotton underwear that feels comfortable.
- Ensure you have a good diet with plenty of fluids, fruit and vegetables (especially those rich in vitamin C). This will help your perineal tissues heal and also ensure your general health as well as helping to prevent you from developing constipation. Protein rich foods will also help the healing process.



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- Drinking plenty of fluids, approximately 2 litres of fluid per day will help to prevent bladder problems such as urine (water) infections.
- It is important not to strain too much when opening your bowels, especially for the first time after you have had your baby. You may feel better if you support your perineum just in front of your rectum with some clean tissue or a clean sanitary pad whilst you gently push to open your bowels.
- Try to rest and recover from your birth experience whenever possible.
- Ask for help if you have haemorrhoids known as piles. These will reduce/shrink in time.
- Try to avoid becoming constipated or straining; it may be a couple of days before you have your bowels opened. Ask your midwife or doctor for advice if you are concerned.
- Avoid swimming pools, jacuzzis, hot tubs and saunas until your wound has healed completely.
- Avoid the use of antiseptic creams, lotions, washes and sprays on your wound.
- Avoid the use of hairdryers over the perineum as this may delay healing. The use of toilet paper to pat the area dry is sufficient, remembering to pat front to back to avoid introducing any germs from the rectum.
- Mothers who are breastfeeding their babies will have a lower level of oestrogen. This may slow down the healing process. Whilst it's not a reason to stop breastfeeding, knowing and understanding the reason for the delay will help to reassure you.

### **Other ways to look after your health**

Pelvic Floor Muscle Training (PFMT) - The pelvic floor muscles have an important role in supporting the pelvic organs from underneath. These muscles also control the bladder and bowel openings. In addition these muscles also have a role in sexual satisfaction.

Please refer to the information leaflet "Going home from the Maternity unit" or "Advice and exercises following a 3<sup>rd</sup>.4<sup>th</sup> degree tear". These leaflets will explain in detail, when and how to perform pelvic floor muscle exercises.

If you have mislaid this information leaflet please ask your midwife for an additional copy.

### **Resuming sexual intercourse?**

Many women are worried by the thought of resuming sexual intercourse after they have given birth, particularly when they have experienced perineal pain. You should only resume intercourse when it feels right for you, there is no set time to wait.

It is not uncommon for intercourse to feel uncomfortable for a few times however, the discomfort will not last. Prior to commencing intercourse you should also decide upon and use a method of contraception as it is possible to get pregnant very soon after giving birth, even when breast feeding.



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Your perineum may still feel sore to touch and you may still feel the scar line of the tear or episiotomy, however it is highly unlikely that the scar will split when intercourse is resumed. If you are concerned that your perineum does not feel 'right', it is important to contact your GP to discuss your concerns. Vaginal dryness may be a problem, particularly if you are breastfeeding, so the use of water soluble lubricating gel may help.

Recent research has shown that perineal massage during the last month of pregnancy may help reduce perineal trauma and postnatal perineal pain in women having their first baby. The benefits are less clear if you are having a subsequent pregnancy.

It is also possible that postnatal perineal massage could help you feel less discomfort when you resume sexual intercourse. It is advisable to seek advice regarding the technique and frequency of perineal massage if you have never performed this before.

Massage is undertaken once your wound has healed. You can use wheat-germ oil or sweet almond oil which can be massaged onto your perineum by using your thumb just on the inside of your vagina and your finger on the outside of your perineum.

Gently massage from one side to the other for about 10 minutes and gently stretch the scar tissue. You should do this each day until you feel more comfortable. Please remember to wash your hands prior to and following massaging your perineum.

If you are unsure about how to perform perineal massage, or continue to have concerns about resuming intercourse please contact your midwife, health visitor or GP to discuss this. It is important to discuss with them future methods of contraception that can be used and if you are finding sex uncomfortable or difficult.

Try to use positions of comfort by lying on your side and using a pillow between your knees or lie on your back with knees drawn up or on your tummy if comfortable to do so.

### **What other health problems may women experience after giving birth?**

Many women experience some health problems after birth. Commonly experienced problems include; perineal pain, backache, headaches, feeling low or anxious and leakage of urine when coughing, laughing or sneezing.

You should be passing urine every 3-4 hours during the day, with a normal 'urge to go' and have a good stream of urine with no pain. If you lack the sensation to pass urine you must inform your midwife or GP (family doctor).

It is very important that you tell your midwife or other health professional about any health problems you experience as they can advise you on what to do. The National





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Institute for Health and Clinical Excellence (NICE) have published information for women who have recently given birth which you may find helpful.

## **Which health care professionals will I see and when will I see them?**

In hospital, your main care provider will be a Midwife, although you may also see a Maternity Health Care Assistant. Your midwife will be able to discuss options for pain relief while you are on the postnatal ward. The midwife, together with the maternity health care assistant, will provide support and help when you start to feed your baby, either breast or bottle feed. They will also help you to care for your baby. Once you are home, you will receive a number of planned appointments from a midwife who will continue to see you and your baby until around 10 to 14 days after birth. If further care is needed, this may be longer. You may be seen at home or by the physiotherapist team in GWH if required.

You may also be contacted by your Health Visitor at around 10 to 14 days, who will advise you on immunisations for your baby and check your own health. Your GP may also make a visit to your home.

You will need to make an appointment for yourself and your baby with your GP at 6-8 weeks after your birth. If you feel you need any advice during in this period, please contact your midwife, health visitor or GP for advice on your recovery. If it is not their area of expertise, they will refer you to an appropriate health professional that can help you.

The information presented in this leaflet has been adapted from Bick et al (2002), Postnatal Care; NICE (2006), Routine Postnatal Care of Healthy Women and Babies; 'Fit for Motherhood' produced by the Association for Chartered Physiotherapists in Women's Health and the postnatal care leaflet developed for the PEARLS Study (September 2007).

You can get the information on postnatal care from the NICE website [www.nice.org.uk](http://www.nice.org.uk) or from your midwife, health visitor or GP.

## Reference

1. When and How to Wash Your Hands (2020), Centres for disease control and prevention, accessed 10/07/2020: <https://www.cdc.gov/handwashing/when-how-handwashing.html>



# Caring for your Perineal Wound

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

**This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net)**

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