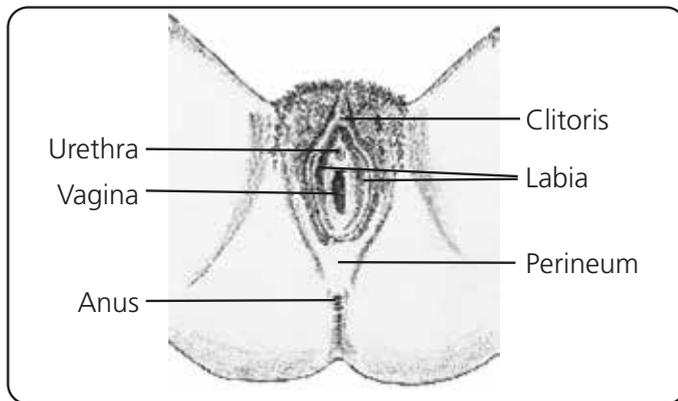


Advice About Your Perineum After Giving Birth

After having your baby, your perineum (the area between your vagina and anus) may be uncomfortable, swollen, tender or bruised. You may have had grazes, a tear or an episiotomy (surgical cut), and may have had some stitches. The majority of tears will heal very quickly and you should not have any long term problems.



This leaflet will give information and advice about:

- Your stitches and any follow up you may require
- Hygiene
- How to recognise an infection
- Pain relief you can use
- Who to contact if you need further help

Stitches

You should have been told why you needed stitches to your perineum, by your doctor or midwife who will have explained the type and extent of your tear or episiotomy. If you need further information please ask your midwife. We use dissolvable stitches, which start to dissolve after about 10 days, by which time your perineum will have begun to heal.

If you have any concerns regarding your perineum then please ask your midwife to check it for you. After you have been discharged from midwifery care, please see your GP if you are concerned.

Hygiene

It is important to look after your perineum in the postnatal period to aid the healing of your stitches and prevent infection.

- Remember to change your sanitary towel regularly (usually every time you go to the toilet) and wash hands both before and after doing so. You need to be particularly careful to wash your hands frequently if you or a close family member has a sore throat.
- When initially passing urine, grazes and stitches may sting. To help this you can use a jug of warm tap water to pour over the area as you pass urine, make sure you pat dry thoroughly with toilet paper afterwards. This will also help to keep the area clean.
- You may be worried about your stitches pulling when you have your bowels open. This is very unlikely to happen; however, to give you more confidence, you could hold a clean sanitary towel against your stitches to give some support, try to avoid straining. It is important not to become constipated so drinking plenty of water and eating fresh fruit, vegetables and other high fibre foods help to prevent constipation.

Recognising if you have an infection

It is very important to seek early advice from a midwife or GP (any time of the day or night), if you experience any of the following signs or symptoms:

- Severe pain needing frequent painkillers (analgesia) or pain that isn't relieved by your normal painkillers
- High temperature (temp above 37.5°C)
- Smelly vaginal discharge
- 'Flu like symptoms (shivers/shakes)
- Diarrhoea and/or vomiting

Pain relief

Some women find their perineum quite painful and sore, whilst others experience much less pain. To enable you to care for your baby it is important that you are as comfortable as possible. Here are some suggestions which may help.

Oral painkillers

Taking simple painkillers such as paracetamol and ibuprofen may help for the first few days, they are also good for afterpains. These can be obtained from your local pharmacy. It is important to read the patient information leaflet provided by the manufacturer for each painkiller.

None of the pain killers will prevent you from breastfeeding.

Warm water baths or showers

These can be relaxing and soothing and also help to keep the area clean. It is best to shower or bathe daily. (It is not necessary to add salt.)

Ice packs

Ice can help relieve pain and reduce swelling. Crushed ice is placed in a bag wrapped in a clean, damp cloth (this prevents the ice from coming into contact with the skin causing ice burns) and placed on the perineum for 5-10mins. Do not sit on the ice pack, because this might cause uneven pressure.

Gel pads

These are mini pads, that you can freeze which help cool and soothe the perineal area. They are widely available and should be used as instructed with the use of ice packs.

Mobility

Keep moving, getting out of bed and walking around as soon as you feel able helps your circulation and will reduce swelling.

Pelvic floor exercises

It is important to remember to do your pelvic floor exercises as soon as you can after having your baby, and keep doing them for the rest of your life. The exercises will increase blood flow to the area and speed the healing process in the first few weeks and then it helps prevent long term problems such as leaking urine when you cough or sneeze.

Homeopathic remedies

It is important to seek advice from a Registered Homeopath prior to using homeopathic remedies.

More complicated tears

Some tears (approx 1%) extend towards, or involve, the anal sphincter and possibly the rectal mucosa (the internal muscle and tissue of the back passage). **It is not possible to predict or prevent these types of tears.**

These tears are known as third and fourth degree tears, if you have one of these, the extent will be explained to you by the Obstetrician who repaired the tear.

These tears are repaired in the operating theatre under an anaesthetic, usually an epidural or spinal.

Follow up care for more complicated tears

- You will be advised to take antibiotics for five days to help reduce the risks of infection.

- You will be offered painkillers as described earlier in this leaflet.
- You will be advised to take laxatives to make it easier and more comfortable to open your bowels.
- You will be given a 12 week outpatient appointment to see a consultant obstetrician to ensure that healing has taken place, and to answer any queries you have.
- You will be seen on the ward by the physiotherapist for advice about pelvic floor exercises.

In future pregnancies you will be seen in a consultant antenatal clinic to discuss your options regarding your next birth.

References

www.rcog.org.uk

www.nhs.uk/conditions/pregnancy-and-baby/you-after-birth/

www.nct.org.uk/labour-birth/you-after-birth/episiotomy-or-tear-during-childbirth

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