

THIRD OR FOURTH DEGREE TEAR – WARD BASED CARE OF A POSTNATAL WOMAN

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Pain minimisation
- Prevention of infection
- Promotion of healing without complication
- Promotion of continence and full rehabilitation of pelvic floor and anal sphincter muscle complex

2. PATIENT

- Woman who has had a third or fourth degree, or rectal buttonhole tear

3. STAFF

- Medical and midwifery staff
- Physiotherapist

4. EQUIPMENT

- Ice packs

5. CLINICAL PRACTICE

- Give Patient Information Leaflet to woman at suitable time during her postnatal stay
- Recommend ice packs for the first 72 hours as per Patient Information Leaflet
- Recommend gentle perineal compression through layering pads and firm fitting underwear
- Ensure the following have been prescribed:
 - Regular analgesia with any of the following:
 - Paracetamol
 - Non-steroidal anti-inflammatory drugs (NSAIDs)
 - Opioids/tramadol if required (avoid codeine)
 - Broad-spectrum antibiotics, commenced at time of repair
 - Regular stool softeners/laxatives
- Assist the woman to breastfeed, lying supported on side if perineum is too painful. Suggest trying a rolled towel under each thigh when sitting to alleviate pressure and encourage pelvic floor muscle contraction when standing or moving, to alleviate pain
- Recommend perineal washes 4-6 times per day, including after toileting
- Observe lochia and condition of perineum daily
- Prevent constipation by encouraging:
 - Adequate fluid intake i.e. two litres per day
 - Correct defecation techniques and advise against straining. Suggest support of stitches with a pad or toilet tissue when defecating
 - Woman to answer the first urge to defecate
- Provide an opportunity for the woman to discuss her birth and perineal trauma
- Review by physiotherapists while inpatient
- Ensure defecation has occurred prior to discharge, unless woman has midwifery care at home
- Arrange follow up in OASIS clinic at four weeks and four months postpartum
- Give the woman clear instructions at discharge regarding analgesia, antibiotics, and stool softeners
- Give the woman clear written instructions at discharge, regarding whom to contact if new or concerning symptoms occur (please refer to details on Patient Information Leaflet)

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6. DOCUMENTATION

- Integrated Clinical Notes
- ObstetriX
- Appointment Card

7. EDUCATIONAL NOTES

- Use ice packs with caution as they can impede blood supply
- The 2015 RCOG Green Top Guideline (No. 29) has recommended against prescribing bulking agents in addition to laxatives as this lead to a temporary increase in fecal incontinence. It is therefore recommended prescribing single agent stool softeners only.

8. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE LOPS

- Third and Fourth Degree Perineal Tears – Repair and Management

9. RISK RATING

- Low

10. NATIONAL STANDARD

- CC – Comprehensive Care

11. REFERENCES

- 1 Pennsylvania. de Leeuw JW, Struijk PC, Vierhout MW, Wallenberg HCS. (2001). Risk factors for third degree perineal ruptures during delivery *BJOG* 108 (4): 383-387.
- 2 Royal College of Obstetricians and Gynaecologists. (2015). *Management of third and fourth degree perineal tears following vaginal delivery*. Guideline no 29. RCOG, London.

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs group 21/6/16
Previous title *Third or Fourth Degree Tear – Care of a Postnatal Woman Guideline*
Approved Clinical Performance & Quality Committee 19/3/07
Minor amendment August 2009
Endorsed Maternity Services Clinical Committee 13/3/07

FOR REVIEW : JULY 2021

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APPENDIX 1

THIRD AND FOURTH DEGREE TEAR INFORMATION

What is a 3rd or 4th Degree Tear?

Many women sustain tears when they give birth, particularly for the first time. Tears commonly occur in the area between the vagina and the anus (back passage). A 3rd or 4th degree tear extends from the vagina into the muscles of the anus. This is sometimes called an OASI which stands for Obstetric Anal Sphincter Injury. The team that follows you up after you go home is the Obstetric Anal Sphincter Injury Service (OASIS). This is a team of doctors and physiotherapists.

You may wish to talk to someone about how you feel about your birth. We have staff available for this. Talking about the birth and your tear can help in the overall healing.

How to Look After a 3rd or 4th Degree Tear

Pain Relief

Please ask the midwives or doctors for pain relief.

Ice Treatment

Ice can help reduce both pain and swelling, and is particularly helpful within the first few days. Ice is available as “ice fingers” on the ward. A staff member can direct you to a freezer on the ward.

When applying ice:

- Ensure ice finger is not directly in contact with your skin by putting inside a pad
- Keep ice in place for only 10-15 minutes at a time. The ice should then be removed and discarded and a clean pad applied. Repeat approximately two hourly.
- Don't sit directly on the ice
- The ice should feel cold and may cause the area to feel numb but should not feel like it is burning. Remove immediately if this occurs.

Positioning

Initially, you may be most comfortable lying down. Your midwife can assist you with positioning for feeding your baby. If you are uncomfortable sitting, try placing two folded towels on the chair with one towel strip under each thigh.

Exercise

Whilst you are in hospital you should start gently walking around the ward, as exercise helps to open your bowels.

Perineal Hygiene

It is important to keep the area as clean and dry as possible. Wash the area with warm water 4-6 times per day for the first few days.

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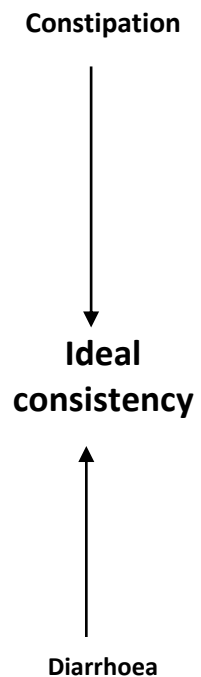
Bowel Care

In order to protect the area whilst healing, it is important for your bowel motions to be soft but formed, and that you avoid straining when going to the toilet. The chart below gives examples of different types of stools (bowel motions). Type 4, a soft formed stool that is easy to pass is ideal.

The Bristol Stool Form Scale

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

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The following information on fibre, fluid and stool softeners will help you achieve a type 4 stool.

Stool Softeners

In addition to enough dietary fibre and fluid, it is recommended that you take a stool softener for the first six weeks after birth. You may need to adjust the amount and type of stool softener you are taking to maintain your stool type at number 4.

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The following table gives examples of stool softeners:

STRENGTH	TYPE	EXAMPLES
1. Mild	Fibre Supplement	Normafibe, Benefibre, Psyllium Husks, Metamucil
2. Moderate	Fibre and Mild Laxative	Normacol
3. Strong	Laxative only	Lactulose, Coloxyl (but not with Senna)

You have been commenced on _____ Your starting dose is _____ x per day

This should keep your stool at type 4, however, if you notice changes in your stool type, you will need to change your stool softener accordingly. For example, if you start with one teaspoon of Normacol twice a day, initially your stool may be type 4, but after a few days you may notice your stool becomes looser, similar to type 6 on chart. In this situation, decrease the dose to once per day. If your stools remained loose, you could try changing to a milder strength stool softener (refer to above table).

Fibre

Dietary fibre helps your stool to hold moisture, which will keep it soft and allow it to move through your system more easily. Try to aim for 25-30g of fibre in your diet each day.

FIBRE GUIDE / 100g									
Fruit and Nuts				Vegetables				Legumes and Cereals	
Apple +skin	2.4g	Hazelnuts	9.7g	Asparagus	2.0g	Lettuce	1.2g	Chickpeas	7.6g
Banana	2.6g	Pistachio	10.3g	Cabbage	2.3g	Peas	5.5g	All Bran	18.7g
Figs	2.9g	Cashews	3.3g	Celery	1.6g	Potato	2.2g	Muesli	7-16g
Kiwi fruit	3.0g	Peanuts	8.5g	Eggplant	2.5g	Sweet potato	3.3g	Lentils	7.9g
Orange	2.5g	Strawberries	2.0g	Parsnips	4.0g	Carrots	3.0g	Sultana Bran	14.2g
Pear	3.1g	Peach	1.5g	Red capsicum	2.1g	Cauliflower	2.3g	Weetbix	11.0g
Almonds	12.2g	Avocado	6.7g	Spinach	2.4g	Cucumber	0.5g	Corn Flakes	2.6g
Apricots	2.0g	Dates	8.0g	Broccoli	3.3g	Snow peas	2.6g	Nutri-grain	2.7g
Passionfruit	10.4g	Grapes	0.9g	Beans	9.4g	Pumpkin	1.1g	Split peas	8.3g
Pineapple	1.4g	Plum	1.4g	Corn	2.8g	Tomato	1.2g	Rice Bubbles	1.1g

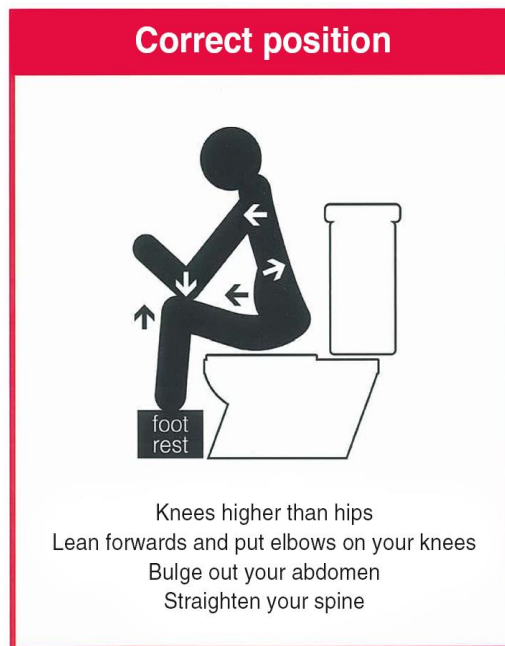
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How do I stop myself from straining?

- **Place your feet on a foot rest** so that your knees are higher than your hips and your feet are well supported.
- **Bulge your belly out** (don't suck it in)
- **Relax and wait**
- **Do not strain**
- When you are opening your bowels you can **support the stitches** by using a clean pad or wrapping some toilet paper around your hand to press upwards on the area where your stitches are.



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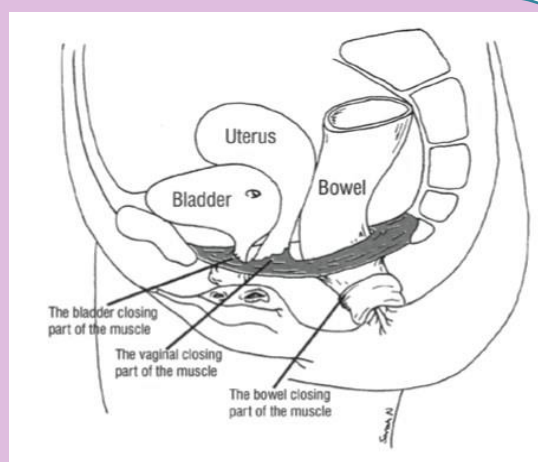
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Pelvic Floor and Exercises

What are pelvic floor muscles?

The pelvic floor muscles form a sling suspended from the pubic bone in the front to the coccyx (tailbone) at the back. This sheet of muscle has three openings: the urethra (water pipe) at the front, the vagina in the middle, and the anus (back passage) at the back.

Some of the pelvic floor muscles are involved in a 3rd or 4th degree tear and have stitches that are healing in the first six weeks. In addition to protecting the muscles by avoiding constipation and straining, you can also actively exercise these muscles to promote healing and regain their strength.



Why do I need strong pelvic floor muscles?

A strong pelvic floor is important in order to:

- Help prevent organ prolapse (a dropping of the pelvic organs)
- Stop leakage of urine when you cough, sneeze, laugh, run or jump
- Help you hold on when you need to go to the toilet
- Improve your sexual enjoyment
- Help control your bowels and your wind

How do I exercise my pelvic floor muscles?

Pelvic floor muscles, like other muscles, will respond to exercise. To exercise your pelvic floor muscles imagine you are trying to stop the flow of urine or hold on to wind. You should feel a gentle tightening and lift around your vagina and back passage.

When can I start?

If you have a catheter in place, wait until it has been removed before you start your pelvic floor exercises. The initial aim is to increase blood flow to the area, which will promote healing and help reduce swelling. To do this you squeeze and relax the pelvic floor 5-10 times gently. You may not feel much or any movement at first but keep trying and it will improve. Repeat this 3-4 times each day. Stop if there is any pain or discomfort.

How do I know if I am doing the exercises correctly?

The best way to check if you are doing your exercises correctly is to have the physiotherapist check for you. This is done as a visual assessment with you lying down. The physiotherapist can check your technique and give you specific feedback.

How do I progress my exercises at home?

Your exercises should be progressed slowly each week. There are lots of different ways to do your exercises but often the hardest part is remembering to do them during this very busy time. With a 3rd or 4th degree tear these exercises are extremely important for your recovery so try to make them one of your priorities. Some tips for success are:

- Use a reminder e.g. an alarm on your phone, or every time you feed your baby
- Do the exercises when you are least tired
- In the first few weeks do the exercises when you are lying down. As you get stronger and more confident you can progress to sitting and standing

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Recovery and Follow Up After Discharge from Hospital

Baby's age	Hold Time	Repetitions	Review
< 1 week	No hold, exercises for circulation only	5-10 reps, 3-4 times per day	Review on the ward by physiotherapist
1 week	1 second	10	
2 weeks	2 seconds	10	
3 weeks	3 seconds	10	
4 weeks	4 seconds	10	OASIS clinic Appointment Time & Date:
5 weeks	5 seconds	10	
10 weeks	Your goal by 10 weeks is to be able to do 10 SLOW exercises (holding for 10 seconds each time) followed by 10 FAST exercises (flick on and off as fast and strong as you can). Also you should be able to squeeze your pelvic floor muscles before lifting, sneezing, coughing etc.		
4 months	Continue as above but try different positions e.g. standing or squatting		OASIS clinic Appointment Time & Date:
The above is a guide only. Many people progress faster or slower and your physiotherapist will be able to give you a more individual exercise program. There is a physiotherapist available at your OASIS clinic follow-ups and individual referral for ongoing physiotherapy can also be arranged. <u>It is important that you come to your booked OASIS clinic appointments</u> even if you don't have any particular concerns or symptoms in order for us to properly assess your recovery and to prevent problems in the future.			

After discharge from hospital, if you have any new or concerning symptoms please contact:
(Staff circle appropriate option and provide best contact telephone number)

MGP Midwife

MSP Midwife

GP

Private Obstetrician

Delivery Suite

Phone: _____