

# Your perineum and having a baby

This information sheet aims to answer some commonly asked questions about your perineum and having a baby. Informed consent and woman centred care are integral to health care in Queensland. Decisions about your care are always up to you.

**IMPORTANT:** This is general information only. Ask your doctor, midwife or nurse about your own situation.

## What is the perineum?

The perineum is the area of your body between your birth canal (vagina) and anus (rectum or back passage). It is also called the perineal area.

## What is a perineal injury?

During childbirth about 8 out of 10 women giving birth, have a tear in this area. The perineum can tear naturally (spontaneously). A perineal injury also occurs if your doctor or midwife performs an episiotomy (a cut to the perineum). Perineal tears are classified from 1 to 4 according to where and how deep the tear is.

## How common is a perineal injury?

The chance of an injury is less if you have had a vaginal birth before. 3<sup>rd</sup> and 4<sup>th</sup> degree tears are not very common.

## Will you have stitches?

If you have a tear, not all tears need to be stitched for the tear to heal well. If you agree to stitches, an injection of local anaesthetic will make sure you don't feel any pain during the procedure.

The stitches usually dissolve by themselves and do not need to be removed. You may notice when some of the stitches fall out—this is normal. The tear or cut (episiotomy) usually heals within a few weeks.

If you have a 3<sup>rd</sup> and 4<sup>th</sup> degree tear it may be repaired in an operating room. You might like to read our information about 3<sup>rd</sup> and 4<sup>th</sup> degree tears.

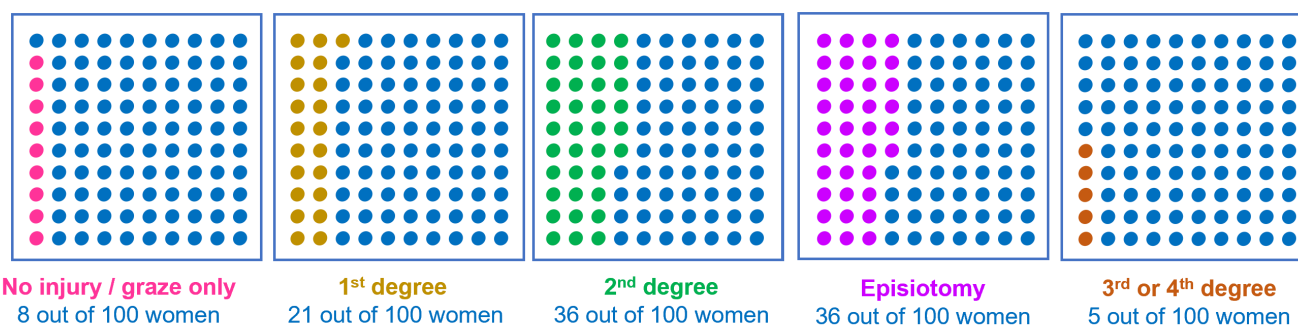
## Why an episiotomy?

An episiotomy is a cut made with scissors to the perineal area as your baby is being born. Local anaesthetic is used to numb the area so you don't feel pain from the cut. Episiotomy may be recommended if:

- your baby needs help to be born (e.g. with forceps)
- your baby becomes distressed (as it can quicken the birth)
- a serious tear is thought likely (as may reduce the chance of a more serious tear)

If an episiotomy is recommended during the birth of your baby, your healthcare provider will ask you if you consent to it or not. Talk with your healthcare provider during your pregnancy about what is right for you.

## Women who had a perineal injury with their first vaginal birth



Some women will have both a tear/graze and episiotomy, so the sum of components is greater than 100%  
Data: Queensland 2022 for singleton pregnancy



### Types of tears

1 <sup>st</sup> degree	Shallow tear to the perineal skin
2 <sup>nd</sup> degree	Tear to the skin and muscles of perineum
3 <sup>rd</sup> degree	Injury to skin, perineal muscles and the ring-shaped muscle that surrounds the anus (the anal sphincter)
4 <sup>th</sup> degree	Injury to the skin, perineal muscles and extends through anal sphincter and into the anus
Episiotomy	A cut made with scissors to the perineal area to enlarge the vagina during childbirth

### Stitches?

sometimes
often recommended
recommended
recommended
recommended

## During pregnancy

Pelvic floor muscle training and perineal massage during pregnancy can help. Doing them both is better than doing only one. Talk with your healthcare provider about them. You may also get more information at antenatal classes. They can help:

- reduce the risk and degree of tearing
- reduce the chance of a cut to the perineum (an episiotomy) being recommended
- reduce the length of labour

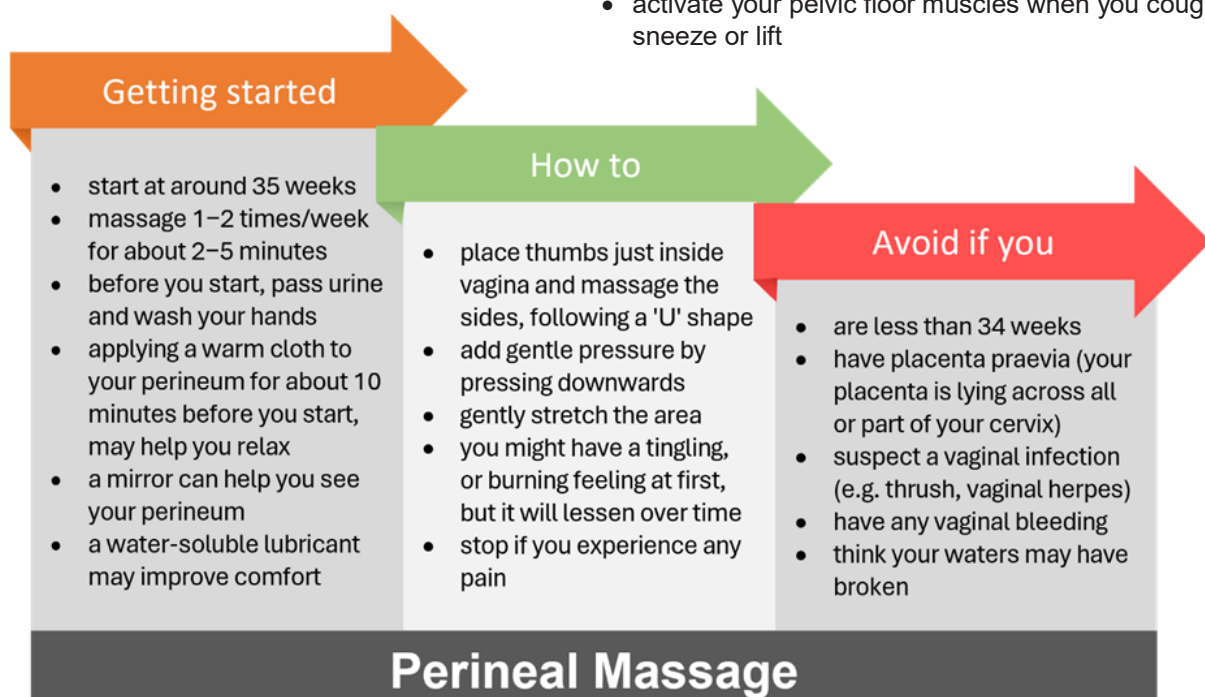
After birth, pelvic floor exercises can help to strengthen your stretched muscles and tissues.

### Perineal massage

Gentle massage of the perineum can be helpful, especially for your first vaginal birth. Not everyone feels comfortable doing it. Just do what feels right for you.

### Pelvic floor muscle training

- you can activate and strengthen your pelvic floor muscles with simple repetitive exercises
- keep your tummy muscles loose, breathe normally and *lift, squeeze and hold* the muscles inside your pelvis for a few seconds (as if you are stopping the flow of urine or holding in wind) and then let go and relax
- you can do them when you are lying down, sitting or standing
- do them every day—use triggers to remind you (e.g. washing your hands, brushing your teeth)
- activate your pelvic floor muscles when you cough, sneeze or lift



## After baby's birth

Looking after yourself can help with healing after your baby is born.

### Rest and exercise

- Lie on your side as much as possible
- Support your perineum when you cough or sneeze with your hand or a pad
- Avoid sit-ups, lifting or high impact exercise
- Start pelvic floor muscle exercises

### Pain relief

- Put ice or a cold pack (wrapped in a cloth) on your perineum as often as you want
- Take pain relieving medication such as ibuprofen or paracetamol
- Avoid codeine if breastfeeding

### Prevent infection

- Keep the area clean and dry
- Change your pad frequently
- Shower at least daily
- Wipe front-to-back with soft toilet paper or wipes

### Sex

- When you are ready!
- Some healthcare providers say wait until your bleeding stops and any injuries have healed

### Going to the toilet

- Drink at least 2 litres of fluid each day
- Eat fruit and vegetables
- Take medication to soften your stools (talk to your healthcare provider first)
- If it stings when you pass urine, pour warm water over your perineum or go in the shower

## Sitting on the toilet

- Don't hold your breath or strain
- Allow your tummy to relax forward
- Lean forward from the hips
- Lean through your forearms onto your thighs
- Keep the curve in your back
- Raise your heels and rest on the balls of your feet (or use a foot stool)



## When should you contact your healthcare provider?

You should contact your healthcare provider if:

- You have a temperature
- Your stitches become more painful, swollen or smelly

### Support & information

**Queensland Clinical Guidelines Parent information** [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)

**13HEALTH** (13 432584) telephone service providing health information, referral and services to the public. [www.qld.gov.au/health/contacts/advice/13health](http://www.qld.gov.au/health/contacts/advice/13health)

**Pregnancy, Birth & Baby Helpline** (1800 882 436) offers free, confidential, professional information and counselling about conception, pregnancy, birthing and postnatal care. [www.health.gov.au/pregnancyhelpline](http://www.health.gov.au/pregnancyhelpline)

**MumSpace:** Digital resources supporting mental and emotional wellbeing during and beyond pregnancy. [www.mumspace.com.au](http://www.mumspace.com.au)

**Women's Health Queensland Wide** (1800 017 676) offers health promotion, information and education service for women and health professionals throughout Queensland. [www.womhealth.org.au](http://www.womhealth.org.au)

**Australasian Birth Trauma Association** offer information, educational material and 'peer2peer' support for people experiencing birth trauma [www.birthingtrauma.org.au](http://www.birthingtrauma.org.au)

**Blue Knot Foundation** (1300 657 380) support for people who have experienced complex trauma, provide trauma information and fact sheets <https://www.blueknot.org.au>

**Continence Foundation of Australia** (1800 357 420) offers health promotion, information and education service [Incontinence prevention, management & support](http://Incontinenceprevention,management&support)

**Bladder and bowel.** (1800 330 066) information to assist with the prevention and management of bladder and bowel problems <https://www.health.gov.au>

**True Relationships and Reproductive Health** provides expert reproductive and sexual health care. [www.true.org.au/](http://www.true.org.au/)