

Lansinoh®
FOR HEALTHCARE PROFESSIONALS

Perineal Trauma: Tears & Episiotomy

UNDERSTANDING, COPING & RECOVERING AFTER CHILDBIRTH



Introduction

While vaginal birth is a natural process, approximately 85% of women experience perineal trauma related to childbirth. This trauma can vary from minor abrasions, swelling, and bruising to tears or episiotomies (surgical incisions made to widen the vaginal opening during birth), with at least 70% of cases requiring suturing.¹

While all these outcomes can lead to pain and discomfort, the majority of women experience minor trauma that heals promptly. However, for some mothers, perineal injuries can have enduring effects on both physical and emotional well-being, potentially disrupting aspects such as mother-child bonding, infant feeding, family life, and sexual relationships.²

Classification of perineal trauma

The pelvic floor plays a vital role in childbearing, and damage to its tissues and structures during birth can range from minor bruising to lacerations and tears to complex obstetric anal sphincter injury (OASI).³ Many women (70%) sustain first- or second-degree tears, which are usually managed by midwives and heal relatively quickly. A smaller proportion (3-6%) require obstetric management for 3rd or 4th-degree trauma (see Fig 1).³

Injury to perineal skin & vaginal mucosa

1st degree tear
Injury to perineal skin and vaginal mucosa.
2nd degree tear
Injury to the perineum involving perineal muscles but not the anal sphincter.
3rd degree tear
3a tear: Less than 50% of the external anal sphincter (EAS) thickness torn. 3b tear: More than 50% of EAS thickness torn. 3c tear: Both EAS and internal anal sphincter (IAS) torn.
4th degree tear
Injury to the perineum involving the anal sphincter complex (EAS and IAS) and anorectal mucosa.

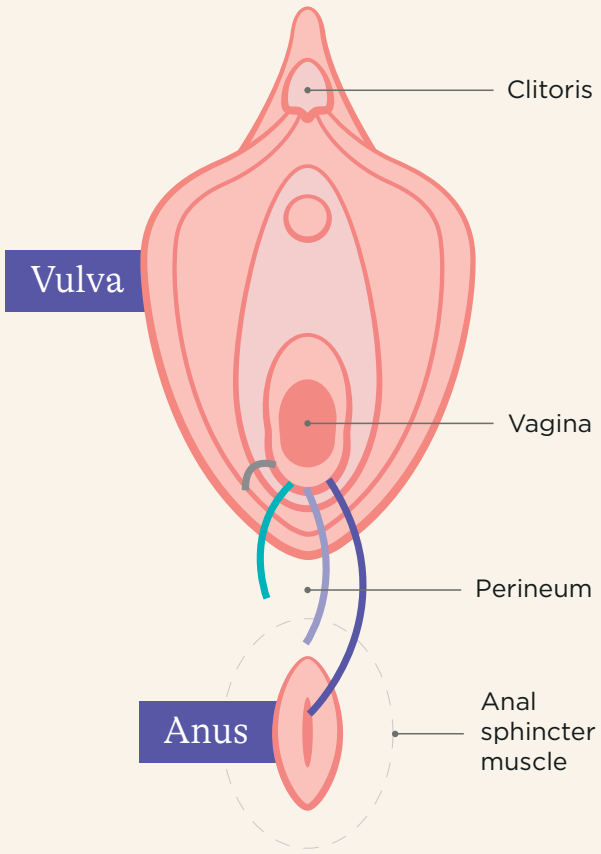



Fig 1. Royal College of Obstetricians and Gynecologists (RCOG) 2015

Episiotomy

A surgical incision into the perineum and vaginal wall to enlarge the vaginal opening to make more space for the baby.³ Episiotomy rates vary internationally, from 9.7% (Sweden) to 100% (Taiwan).⁴ The significant differences are due to national health policies and whether episiotomies are routine or selective.⁵ The World Health Organization (WHO 2018) does not recommend routine or liberal use of episiotomy for women having a spontaneous vaginal birth. Instead, it recommends restrictive episiotomy use with adequate local anaesthesia and the woman's informed consent.⁶

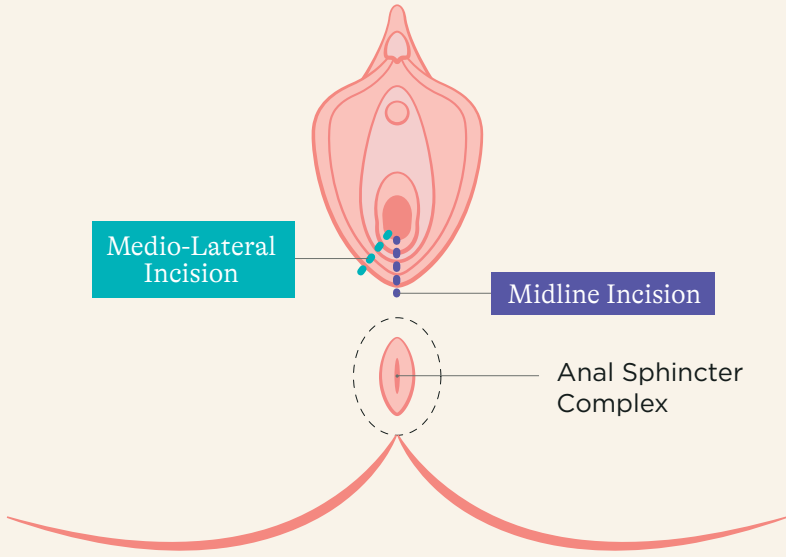


Up to 90% of first-time mothers who have a vaginal birth will experience some tear, graze or episiotomy.⁷

Reasons a woman might need an episiotomy

- Risk of severe perineal tear
- Prolonged second stage of labour
- Maternal exhaustion
- Instrumental (assisted) delivery when forceps or suction cup (Ventouse or Kiwi) are used
- Fetal heart rate concerns

In the United States, a midline episiotomy is the more prevalent choice if the procedure becomes necessary. However, in Europe, the World Health Organization (WHO) and the Royal College of Gynecologists (RCOG) recommend the mediolateral approach. Proponents of the midline episiotomy argue that it offers advantages such as improved healing, reduced pain, and fewer sexual problems. Nonetheless, a notable drawback is the elevated risk of extension to the anal sphincter.^{3,6,8}



Perineal healing

What should women expect during the perineal healing process?

- **Dissolvable sutures** are typically used to close the wound. These are usually absorbed within a week or two
- **Odema (swelling)** to the perineum
- **Erythema (redness)**, bruising and discolouration of the surrounding tissues
- **Discomfort** when moving or sitting
- Tenderness when **passing urine**
- **Stinging**, pulling or an itching sensation
- **Soreness** at the site of the suturing knot
- Appearance of **sutures on underwear** as they dissolve
- Intense localized stinging around labial lacerations or abrasions
- **Fatigue**
- **Worries** about the healing process, resuming intimacy and their post-birth body
- **Scar tissue**, which initially appears red but fades over time
- Normal **lochia (postpartum bleeding)**, which is present irrespective of mode of birth and may continue until approximately six weeks postpartum
- Most **perineal wounds** heal within six to eight weeks

Pain management

New mothers generally feel some level of pain and discomfort for two to three weeks following perineal trauma, mainly when walking, sitting or passing urine. As sutures begin to heal, they can cause an itching or pulling sensation. Migration of the suturing knot can cause further irritation, and the mother may notice stitches in her underwear or toilet tissue as the wound heals. By explaining all of this in advance, you can help the mother feel prepared and prevent unnecessary anxiety. Other factors that can complicate perineal trauma include haemorrhoids, recovery from caesarean section, and involution of the uterus (contracting and returning to its pre-pregnancy state). This can cause cramping and discomfort. Placing a warm compress on the abdomen or using a cool therapy in the perineum area can help ease pain.

A guide for mothers

To support wound healing and minimize the risk of infection, advise new mothers to:

Hygiene

- Wash hands before and after going to the toilet
- Keep the wound clean and dry
- Pat dry with a clean towel or allow the area to dry naturally
- Shower at least once a day
- Avoid using soaps or creams on the perineum
- Wear loose cotton clothes and underwear
- Change maternity pads regularly
- Use regular analgesia, such as paracetamol and ibuprofen



Diet

- Remain hydrated to minimize discomfort when passing urine
- Maintain a healthy, balanced diet with plenty of fruit, vegetables, cereals, wholegrain bread and cereals
- Consider using laxatives if passing stools is painful
- Rest as much as possible



Toilet habits

- Avoid exerting too much effort while emptying your bowels, as it may intensify discomfort
- Wiping from front to back after using the toilet helps prevent the transfer of bacteria from the anal area to the genital and urinary areas, reducing the risk of infections, particularly urinary tract infections (UTIs)
- Use a perineal wash bottle with cool or warm water to rinse after urinating, to minimize discomfort
- Use a footstool to raise knees above hips while sitting on the toilet



Recovery


- Encourage mothers to engage in pelvic floor exercises once she feels comfortable in her journey.



Therapeutic approaches to recovery

PERINEAL HYGIENE

Good perineal hygiene minimizes the risk of infection and improves maternal comfort.^{9,10} WHO recommends washing the perineum daily. The American College of Midwives suggests using a bottle with a spray top to spray warm water on the perineum during urination to dilute the urine and improve comfort.^{11,12}



In a 2012 study¹³ involving 80 postpartum women, those mothers who were shown how to use a perineal irrigation bottle and a warm sitz bath had:


- Significantly lower levels of episiotomy pain at four, 24 and 48 hours, and seven days postpartum
- Less pain with walking, sitting, and urination at 24 and 48 hours and seven days postpartum
- Better wound healing progress

COOLING TREATMENTS

Cooling treatments, such as applying an ice pack to the affected area for a maximum of 20 minutes, can provide comforting relief. These cooling therapies serve as cost-effective, non-pharmacological interventions that reduce blood flow to the site and inhibit the production of pro-inflammatory agents.

For postpartum discomfort in the perineal area, some mothers find relief through 'Padsicles,' a dual-purpose cooling and herbal solution. Padsicles feature a soothing herbal-infused gel enclosed within a skin-friendly, soft foam pad. The pad can be cooled in the refrigerator or freezer before use, delivering additional cooling relief for mothers.

Many women find these cooling strategies particularly comforting in the initial 48 hours after giving birth.



A Cochrane systematic review (2012) and meta-analysis of ten randomized controlled trials involving 1825 women compared local cooling treatments (ice packs, cold gel pads, or cold/iced baths) with no treatment or with gel pads with compression, witch hazel, pulsed electromagnetic energy, Epifoam, oral paracetamol, or warm baths.

In one study, ice packs demonstrated enhanced pain relief between 24 to 72 hours after birth compared to receiving no treatment. In a separate study, some women expressed a preference for gel pads over ice packs.¹⁴

HERBAL THERAPIES

Some mothers opt for organic, natural products to soothe and promote healing in the perineal area. Advise them to choose remedies that are:

- Formulated for use on the perineum
- Gynecologically tested & dermatologically tested
- Hypoallergenic or suitable for sensitive skin
- Certified by an independent, accredited organization



Key factors aiding recovery

Breastfeeding can be complicated by maternal pain and discomfort, as getting into a comfortable feeding position may be difficult in the first few weeks. Changing feeding positions throughout the day can alleviate discomfort.

COMFORTABLE POSITIONS WHEN RECOVERING FROM PERINEAL TRAUMA

SIDE LYING



RUGBY HOLD



LAIID BACK







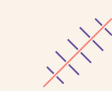







Rest is essential for wound healing and emotional well-being – but this can be challenging when navigating a newborn’s care and feeding needs. Encourage the mother to create a plan with her support network of family and friends before her baby arrives. Simple tasks such as preparing food, getting medication, grocery shopping, caring for other children and cleaning the home will be particularly appreciated in the early days and weeks.

Communication

It is essential for new mothers to be aware of warning signs that may necessitate medical advice. Understanding these indicators empowers mothers to recognize potential health concerns and seek timely medical assistance. This knowledge is crucial for safeguarding both maternal well-being and the overall health of the newborn, ensuring a proactive approach to addressing any potential medical issues that may arise during the postnatal period.

WARNING SIGNS THAT MAY INDICATE A NEED FOR MEDICAL ADVICE:

- | | | | |
|---|---|---|---|
|  | Generally feeling unwell |  | Increase in swelling in the perineal area |
|  | Rise in temperature |  | Offensive discharge |
|  | Gaping of wound |  | Increase in bleeding |
|  | Loose sutures or change in wound appearance |  | Increase in pain |
|  | Feeling increasingly anxious or concerned |  | Increase in heat or redness |
|  | Not sleeping |  | Thoughts of harming herself and her baby |

Longer term recovery

A tear or episiotomy can be emotionally and physically painful and difficult to come to terms with, particularly when associated with a complex birth. The woman may experience an altered body image and psychosexual issues, feeling embarrassed, disempowered and vulnerable.^{15,16} Her expectations of birth and new motherhood may feel disconnected from the reality of trying to recover from perineal trauma while caring for an infant.^{17,18,19,20}

Perineal trauma can adversely affect intimacy, with many women anxious about resuming sexual intercourse. Dyspareunia (pain during or after sex) following vaginal birth is common, affecting 60% of women at three months postpartum, 30% at six months, and 15% of women three years on. Compared to those with perineal trauma, women with an intact perineum report pain less frequently, are more likely to resume intercourse sooner and report greater sexual satisfaction.^{15,18}

Regaining physical function after birth is important for physical and emotional health. Being unable to be as active as usual can be frustrating, upsetting and isolating.^{17,19,20,21}

Ensure women with severe perineal trauma are referred for physiotherapy to aid their recovery. Referral for gynaecological care is also valuable, particularly when women consider future pregnancies and births.

Encourage women to discuss their concerns and ongoing plans before discharging them from care. Communication and rapport with a trusted healthcare professional are essential in their recovery and future care planning.



The woman's wider support network is essential throughout her recovery, with her partner, family, friends, and healthcare professionals all helping to protect and support her emotional and physical health and recognize when her well-being is outside normal parameters.

As a health professional, you play a fundamental role during a woman's first six weeks as a mother, supporting her transition to parenthood and guiding her through the emotional and physical healing and transformation that follow birth.

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