

Important Information about 3rd or 4th Degree Perineal Injury

After a 3rd or 4th degree perineal injury there are ways to facilitate healing and some things to watch for to report to your care provider. Please review this information with your support persons. As always, do not hesitate to ask your care provider about concerns you have about your health and healing process.

Right after birth:

- Keeping ice packs on your perineum can help to ease pain and reduce swelling. It is recommended that you do this for at least the first 24-48 hours after birth.
- Keep your perineal area clean by using your perineal squirt bottle filled with only warm water to squirt front to back with every void or bowel movement. In addition, after cleaning, pat your perineum with toilet paper (not wipe) and change your perineal pads every 4 to 6 hours (and/or with every void or bowel movement).
- You may find pain medication helpful and may need it for several days after birth. If the pain medication prescribed does not take care of the pain, alert your care provider.
- You will be given a topical numbing spray that you can apply every time you care for your perineum. You will also be given witch hazel pads to place against your perineum that will help to soothe and reduce inflammation.
- Prior to going home your care provider will give you a referral for a pelvic floor physical therapy consult. It is important to schedule you're an appointment for at least 3 weeks after your birth.

Notify your care provider if you notice

- Unusual swelling (after the first 2 days)
- Pain or redness
- Discharge other than lochia (normal after birth period-like bleeding)
- Unpleasant odor
- Any problems passing bowel movements
- Any trouble/pain with urinating

In the first week(s) after birth:

- If the anal area was involved in the laceration, a low fiber diet is recommended for the first few days to prevent a large bowel movement which could strain stitches and be uncomfortable.
- You will be prescribed a stool softener and should take them as recommended and drink at least 8 glasses of water per day. After the first few days, a high fiber diet will be suggested to help you pass soft, easily expelled stools. If you are ordinarily prone to constipation, talk with your care provider. They may suggest the use of stool softeners for a longer period.
- When having a bowel movement, sit on the toilet with knees up higher than your hips (by supporting them with pointed toes) and leaning forward a bit, resting elbows on knees. You might find it helpful to rest your feet on a small step stool.



- Your care provider might prescribe antibiotics to reduce the risk of infection. It is important to take the full course of antibiotic treatment. Notify your care provider if you notice any signs of possible infection such as: redness and swelling after the first 48 hours, unusual odor or discharge and persistent or increasing pain in the perineal area.
- You might take a 10 minute sitz-bath in warm water a few times a day. You can obtain a portable sitz-bath or you can fill just the bottom third of your clean bathtub with very warm water and sit soaking your perineum that way. Some people add Epsom salts to the water.
- Take it easy. Rest as often as you can. Choose positions that are most comfortable to you. Try sleeping/resting/ breastfeeding on your side as much as possible and avoid standing for long periods or sitting directly on your bottom. You may find using a "donut" pillow to be most comfortable.
- Do not insert anything into your rectum or vagina until after a follow up visit with your care provider. This includes tampons, fingers and suppositories.
- Get in and out of bed by rolling to your side first as this reduces strain on your perineum.
- Do not use a hair dryer to keep your perineum dry as it may cause burning and could delay healing.
- Avoid applying any creams, powders or ointments unless prescribed by your care provider.



Follow-up Care:

- Schedule your pelvic floor physical therapy appointment for at least 3 weeks after birth when your stitches should be healed.
- Approximately 2 weeks after discharge you will meet with your care provider to have your perineum assessed for healing.

Emotional & Informational Support:

- Some women and their support persons find it helpful for their healing to participate in emotional counseling and/or support groups. One source for finding a counselor in your community is psychologytoday.com.
- There are a variety of social media support groups for women recovering from this type of perineal injury.
- Support persons and partners may be uncertain how to best support their loved one healing from a perineal injury. *Voices for PFD* has some tips that may be helpful in starting a dialogue as well as up-to-date information about pelvic floor dysfunction:

<https://www.voicesforpfd.org/about/talk-about-it/>