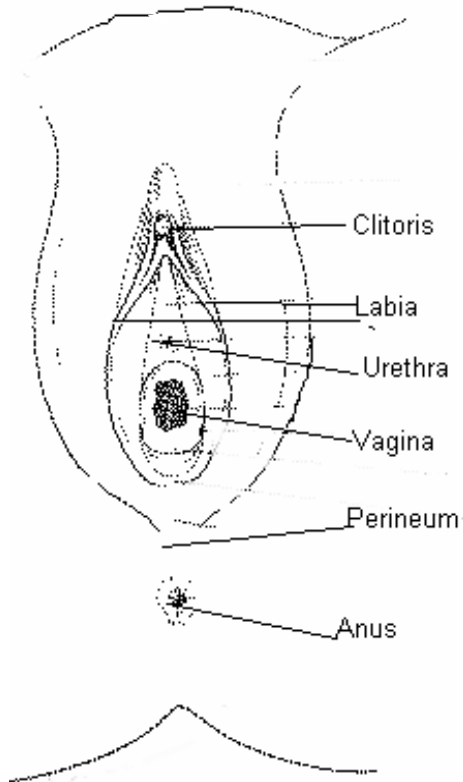


## Will I need stitches following the birth of my baby?



**Urethra-** The opening through which urine is passed.

**Vagina-** The opening the baby is born through

**Perineum:** Area between the vagina (birth canal) and the anus (back passage)- made up of skin and muscle.

**Anus-** Back passage, where faeces is passed

About 85% of women who have a vaginal birth will experience a tear to the perineum. Not all tears need to be stitched but about 60-70% will need to have some stitches to help the injury heal. Stitches are usually dissolvable which don't need to be removed.

Injury may happen simply by the baby moving out of the birth canal, or by an intended cut to the tissues by the midwife or doctor. This cut is called an Episiotomy and is a cut made through the perineum (please see the diagram). The perineum is the area between the vagina and the rectum.

### **What happens if I tear?**

- During the 2<sup>nd</sup> stage of labour the perineum stretches as the baby comes down the vagina and it may be at this point that the tissues around that area may tear.
- Following the birth of your baby and the placenta, your midwife will carry out gentle examination in order to detect any tears, or damage to surrounding structures.

The amount of damage is described in degrees.

- A 1<sup>st</sup> degree tear - is a tear involving the skin only, and sometimes may not need to be stitched.

- A 2<sup>nd</sup> degree tear - is a tear involving the skin and muscles. This tear is usually sutured in your birthing room.
- Occasionally there may be a 3<sup>rd</sup> degree tear, this is a tear involving the skin and muscle of the vagina. The area may be torn in such a way that the muscle sphincter of the back passage is damaged. This happens in about 0.1%-2% of all vaginal births. Third degree tears will always need to be stitched by a doctor in the operating theatre.
- Other tissue in this area can also be damaged e.g. the labia, clitoris, or urethra (please see the diagram). Some labial lacerations will need suturing in order to prevent the edges from sticking together.

### **What happens if I need an Episiotomy?**

Before the episiotomy is performed the area to be cut can be numbed by using an injection of a local anaesthetic called Lignocaine. The cut is made whilst you are pushing and the midwife or doctor will have asked your permission before doing so.

An Episiotomy is performed:

- Only when absolutely necessary to widen the outlet
- Close to delivery of the baby's head or bottom
- If the perineum looks as if it is going to tear severely
- If you need a ventouse or forceps delivery
- To speed up the delivery if the baby is distressed and needs to be delivered quickly
- To protect the baby's head in some breech deliveries
- If you have previously had a 3<sup>rd</sup> degree tear

### **What happens during the repair?**

- Following the gentle examination by the midwife or doctor after your baby has been born the decision will be taken whether you need stitches or not.
- A doctor or midwife will stitch the tear (depending on the severity or the location of the tear).
- If you do not have an epidural, the area to be stitched will be numbed with the local anaesthetic injection called Lignocaine.
- Once the area is numb the stitching will start. You may need to have your legs raised up and supported either side of the bed (in stirrups) so that the area to be stitched can be seen more clearly.
- You may need to have a tampon placed into your vagina. This is to stop the normal blood loss following birth covering the area to be stitched.
- Most stitches used, will dissolve after approximately 7 days, although this can take longer and you will not need to have them removed.
- Once the stitching has been completed it is important that the back passage is examined to make sure the stitches have not been inserted too

deeply. This is done by the midwife or doctor gently inserting a finger into the back passage.

- If you have a 3<sup>rd</sup> degree tear, you will need to be stitched by a senior doctor. This will take place in the operating theatre. This type of tear is close to the back passage and to help to prevent constipation a laxative medicine will be given on the postnatal ward. Pain killers will also be given, as prescribed and requested.
- The amount of time taken to complete the stitches can vary a lot depending on the extent of the tear.
- If you are well there is no reason why you cannot cuddle or even breastfeed your baby whilst the stitches are being done, the midwife will give you all the help you will need.

### **After care of Stitches**

- It is common to find that when you pass urine or have your bowels opened, this area will be sore or tender. Many women worry about having their bowels opened in case the stitches 'snap' or fall out. This would be very unusual. To prevent constipation drinking lots of fluid especially fresh orange juice, eating a normal healthy diet and walking may help.
- The area around the perineum needs to be kept clean. You will be advised to have regular baths or showers, particularly when you have had your bowels opened. You are advised not to put any cream or talc on the stitches and it is not necessary to put any lotions in the bath water.
- If the area remains sore or tender you can continue to take pain relief such as Paracetamol, as instructed.
- The stitches will be checked each day on the post natal ward by a midwife. This is to make sure the tear is healing.
- If you have any worries about your stitches when you go home, the community midwife will check them for you.
- It is important that you start your pelvic floor exercises, even if you have a lot of discomfort caused by a tear. These exercises will not cause any damage to this area. There is a separate information sheet that your midwife will give to you about these exercises.
- If you have had a 3<sup>rd</sup> degree tear you will be seen by a Specialist Continence Nurse in the Urodynamic Clinic, in this hospital. This is a clinic, which specialises in helping women who have had damage to their pelvic floor and perineum. You may be asked to attend for further check-ups at around four to six weeks after having your baby.

This information is not intended to replace discussion with either medical or midwifery staff. If you have any questions regarding the contents of this leaflet please discuss this with a midwife or obstetrician. The hospital is involved in research and you might be asked to consider taking part in a research study. A midwife or doctor will discuss this with you and answer any questions that you may have.

### **Further information**

For further information there is a list of useful web sites which can be found on the Liverpool Women's Hospital web site.

Go to

[www.lwh.org.uk](http://www.lwh.org.uk)

Click on

Clinical Services



Support & Information



Useful organisations

If you require any advice about the information on the web sites please speak to a midwife or doctor at the hospital or a community midwife at the GP surgery.

**The continence advisory nurse can be contacted on 0151 708 9988 Ext 4185/4016**

This information was generated from The Women's Information Network Group in the Liverpool Women's Hospital.

**This leaflet can be made available in other formats on request**

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