

You have a(n):

☐ Perineal tear

☐ 1st degree

☐ 2nd degree

☐ 3rd degree

☐ 4th degree

☐ Episiotomy

☐ Mediolateral

☐ Midline

☐ Other \_\_\_\_\_

# Obstetrical Tears During Childbirth

## A Patient Guide



**Saskatchewan  
Health Authority**



**CS-PIER-0280**  
**AUGUST 2025**



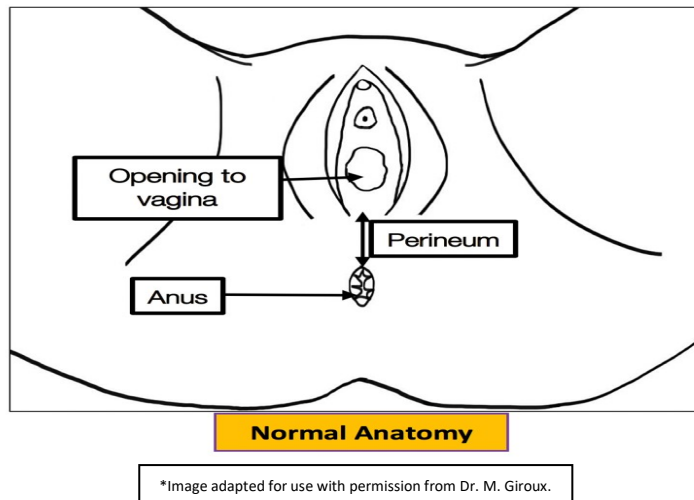
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**Disclaimer:** The content and images within this booklet provide details regarding obstetrical tears and episiotomy. For many people, pregnancy and birth are positive and life-changing events. Some individuals experience of birth can be traumatic and can have a debilitating effect. The content and anatomic images of the external female reproductive system may produce feelings of distress, anxiety, or a negative response. Please ensure you speak to your healthcare provider and seek support when necessary.

# Obstetrical Tears During Childbirth

Obstetrical tears are common and happen when baby stretches the vagina during childbirth. The perineal area, called the perineum (per-i-ne-um), is found between the opening of the vagina and the anus. This is the most common area to tear.



## What happens if I have a tear?

A healthcare provider will examine your perineal area to find out what type of tear you have and if you need stitches. A healthcare provider might do a rectal exam (finger placed in the anus) to find out how deep the tear is.

## How do I care for my tear?

Follow instructions given to you at discharge from the hospital.

- **Pain control:** You may take pain medications, such as acetaminophen, ibuprofen, or naproxen after your delivery. These medications do not require a prescription and are safe to take while breastfeeding. Some stronger pain medications may have side effects including constipation. Pain may be increased with tension or holding your breath. You can focus on breathing and relaxing the abdominal, buttock and pelvic floor muscles when pain is present. Speak to your pharmacist for more information on medications.
- **Baths:** Sit in a bathtub or plastic tub with plain warm water for 10 to 15 minutes 2 to 3 times per day. Baths help to relieve pain and help with healing. Keep your perineum clean and dry.
- **Ice packs:** Use ice packs or frozen pads to relieve pain and lessen swelling. Wrap the ice pack or pad in a cloth, then place it on the perineum for 5 to 10 minutes. Repeat 3 to 4 times per day.
- **Perineal care:** You are given a peri bottle after birth. Fill the bottle with plain warm water. Use it to rinse the perineal area when urinating. Pat the area dry. Rinsing will help to relieve pain and keep the area clean. Keeping the area clean and dry and exposed to air is helpful for skin healing. Sanitary pads that have a cotton quilted top reduce irritation compared to dry weave.

- **Stitches:** The stitches do not need to be removed. Stitches can take 8 to 10 weeks to dissolve. See a healthcare provider if you have any concerns or issues with your stitches.
- **Prevention of infection:** Wash your hands before and after touching your obstetrical tear(s). Perform perineal care with clean hands. If you have a third or fourth degree tear, you may be given antibiotics to lower the risk of getting an infection. Change your sanitary pads frequently.
- **Bladder:** A urinary catheter may be needed temporarily while you are in hospital to empty your bladder. Once the catheter is removed and at home, empty your bladder (urinate) regularly.
- **Bowel care:** Keep your bowel movements regular and soft. Constipation can lead to straining which can affect healing.

Drink lots of fluids (1 to 2 liters per day) and eat a healthy diet which is high in fiber including fruits and vegetables.

When you have a bowel movement, position yourself with your feet raised while sitting on the toilet. To raise your feet, use a foot stool or a large book. This position makes it easier to pass bowel movements.

### See a healthcare provider urgently if you have any of the following symptoms:

- Fever (temperature higher than 38°C or 100°F), chills, or general feeling of being unwell.
- Lightheadedness, feeling faint, or loss of consciousness.
- Abnormal or foul smelling vaginal discharge.
- Redness, increased swelling, or worsening pain at the perineal area.
- Severe abdominal pain.
- Severe vaginal bleeding (soaking more than 1 pad per hour).
- Unable to empty bladder.

Follow instructions given to you at discharge from the hospital.

If you do not have any of the symptoms above, follow up with a healthcare provider 6 to 8 weeks after your delivery. If you have concerns, see a healthcare provider sooner or call the HealthLine. It is a good idea to write down your questions and concerns.

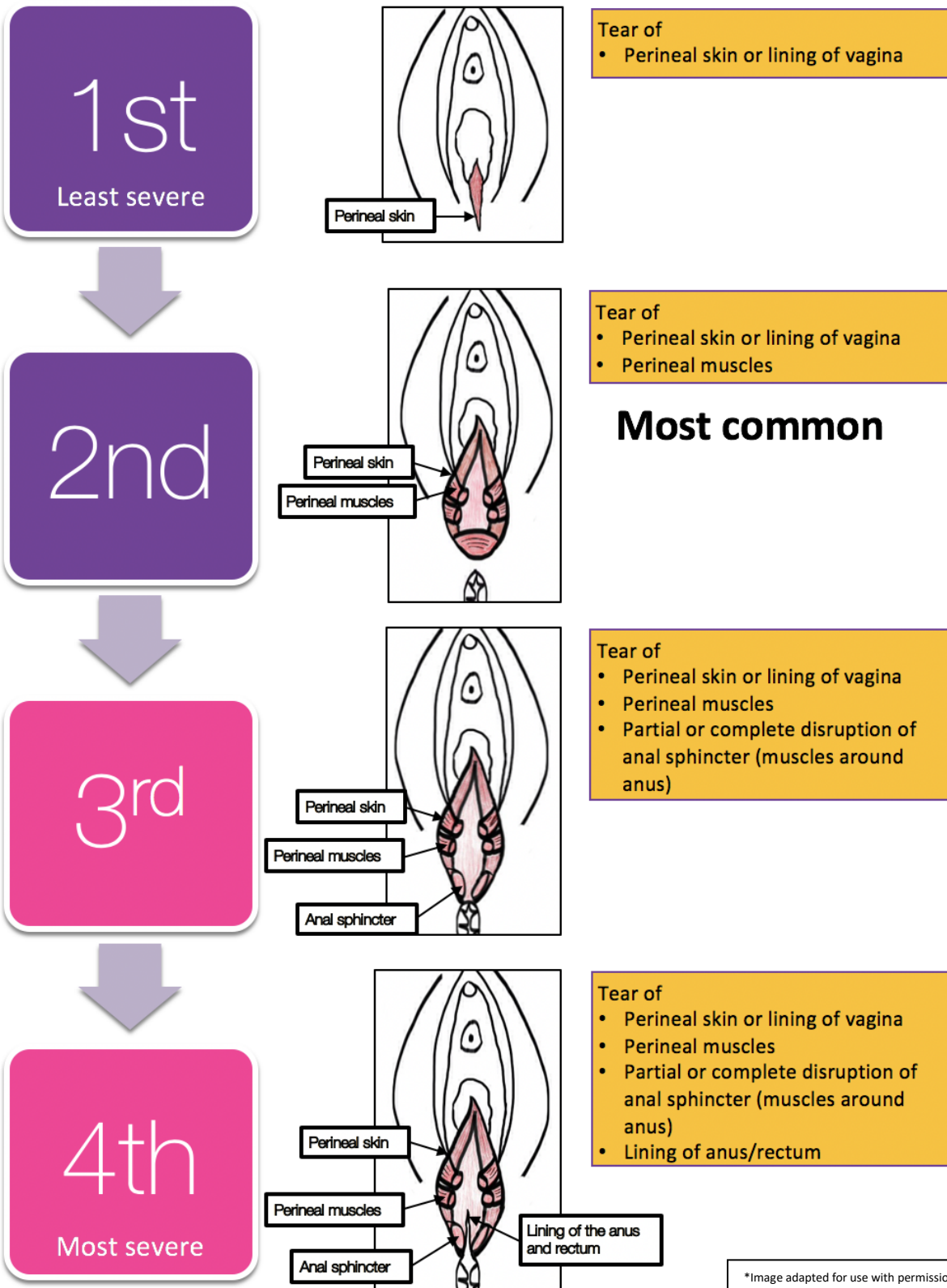


During your appointment, a healthcare provider may speak to you about:

- Your delivery
- Your perineal tear and recovery

# Types of Perineal Tears

There are 4 types of perineal tears, which are classified from least severe to most severe



\*Image adapted for use with permission from Dr. M. Giroux.

# How might having an obstetrical tear affect me?

Most people heal well. It can take several months for the perineum to heal after childbirth.

You may experience:

- Perineal pain (most common)
- Perineal bleeding, swelling, and bruising
- Difficulty passing urine
- Difficulty having a bowel movement

Complications may include:

- Infection
- Problems with your tear healing
- Sexual health problems, including pain with sex
- Urinary incontinence (uncontrolled leakage of urine)
- Mental health concerns

## How will a third or fourth degree tear affect me?

Pain is the most common symptom after a third or fourth degree tear. For most people, the pain is gone within 8 weeks. About 60 to 80% of people have complete healing and will have no concerns after the first year.

In addition to the above, people with third or fourth degree tears may experience:

- Urgency to have a bowel movement
- Incontinence of gas or stool (uncontrolled leaking of gas or stool called anal incontinence)
- Pelvic organ prolapse (weakening of muscles causes the bladder, uterus, and rectum to drop)
- Fistula (connection between the rectum and vagina) is very rare

If you have any of the complications or have concerns, see a healthcare provider.

## When can I resume sex after any perineal tear?

If you have a third or fourth degree tear, see a healthcare provider before resuming sex. Otherwise, you can resume intercourse when you feel ready.

- Some people experience pain during sex in the first 6 months following childbirth. Pain should improve and resolve. It is not normal to continue to have pain. Talk to your healthcare provider if you experience pain.
- Pain may be caused by vaginal dryness (common with breast/chest feeding), scar tissue or muscle tension. It is important to ensure sufficient lubrication and use a water-based lubricant if necessary. To help with muscle tension, focus on breathing with your diaphragm and relaxing the abdominal, buttock and pelvic floor muscles during insertion to reduce pain.

Consider birth control methods and family planning. You can discuss your options with a healthcare provider.

## How common are third and fourth degree tears?

Less than 5% of people have a third or fourth degree tear.

## What increases the risk of having third and fourth degree tears?

It may be difficult to predict or prevent these tears. The following can increase the risk of having third or fourth degree tears:

- First vaginal delivery
- Induction of labor
- Being overdue (41 weeks or more)
- Large baby (greater than 4 kg or 8 lbs 13oz)
- Prolonged labor
- Baby's position at birth
- Vaginal delivery assisted with forceps or vacuum
- When baby's shoulder becomes stuck behind the pubic bone (called shoulder dystocia)
- Midline episiotomy (however, mediolateral episiotomy decreases risk) (see page 8)
- Short perineal area
- Long duration of pushing
- Female genital cutting or circumcision

## Will I have a third or fourth degree tear in my next delivery?

The majority of people who had a third or fourth degree tear will not have one again. The risk of having another third or fourth degree tear is 5.8%. If you become pregnant again, please tell a healthcare provider that you had a third or fourth degree tear. A healthcare provider will discuss your options for delivery.



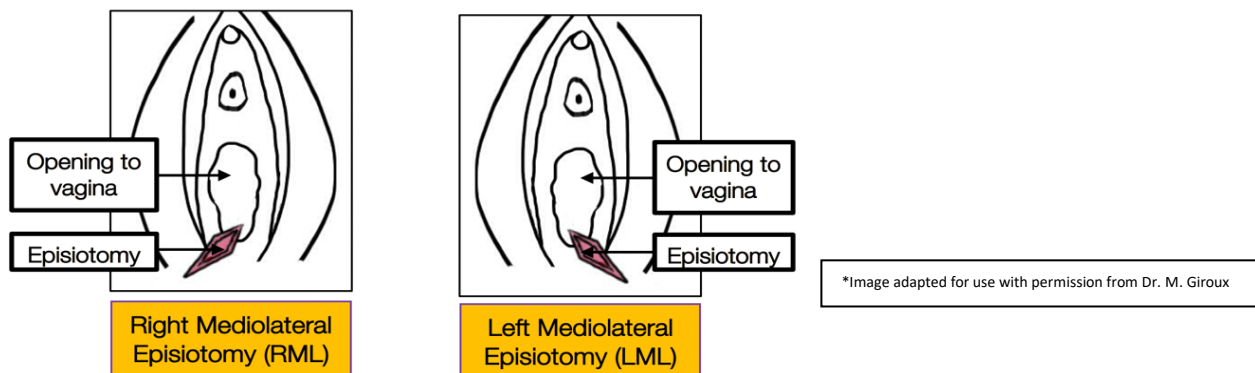
\*Image free to use from: Unsplash, Richard Jaimes, <https://unsplash.com/photos/pregnant-woman-and-child-standing-outdoor-WNv3ynJMdAs>



# Episiotomy

## What is an episiotomy?

An episiotomy is a cut that is performed by the delivering practitioner such as your physician or midwife. The cut is through the vaginal wall and the perineum during the delivery of the baby's head and it is not routinely done.



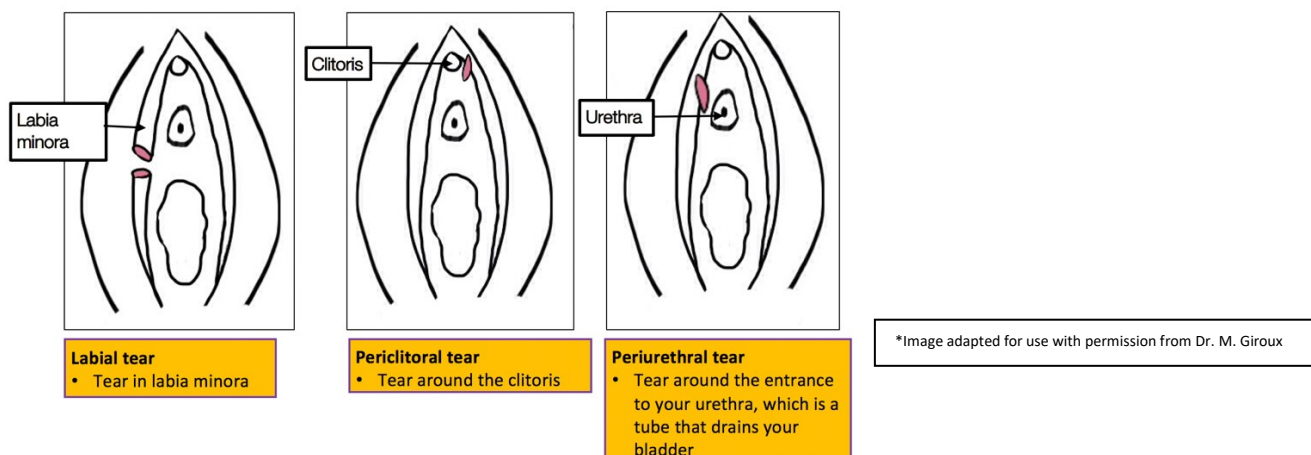
The skin and muscles that are cut are the same as those with a second degree tear. It does not happen often but sometimes an episiotomy can become a third or fourth degree tear.

An episiotomy may be done:

- To deliver the baby quickly (for example when there is a concern about baby's heart rate)
- To decrease the risk of third or fourth degree tears
- During the delivery with vacuum or forceps
- When baby's shoulder becomes stuck behind the pubic bone (called shoulder dystocia)

## Other Tears

The following tears usually may not need to be stitched.



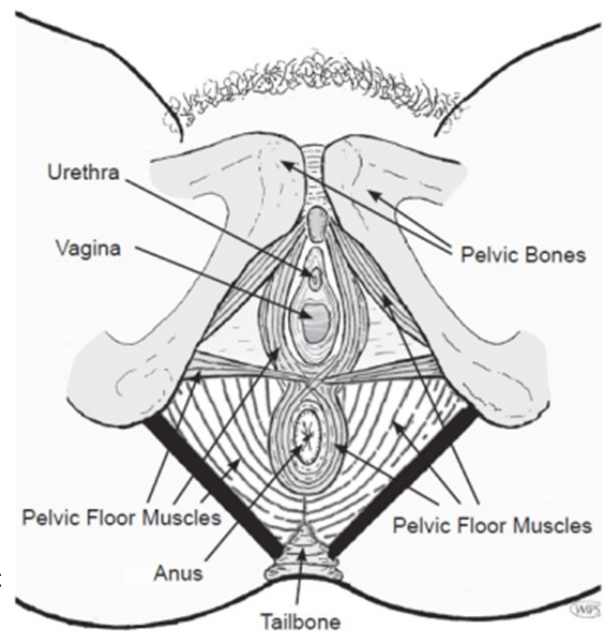


# Pelvic Floor Muscles

The pelvic floor is a group of muscles and tissue that extend from your pubic bone to the tailbone. These muscles support your pelvic organs. They are important in bowel and bladder control and sexual function. These muscles can be affected with birth and perineal tears. Pelvic floor exercises help with recovery of the injured muscles. Pelvic floor exercises help to both strengthen and relax the pelvic floor muscles.

## How do the pelvic floor muscles work?

- The pelvic floor muscles stretch like a trampoline from the tailbone (coccyx) to the pubic bone (back to front) and from one sitting bone to the other (side to side).
- The bladder, uterus and bowel lie on top of the pelvic floor muscle layer.
- There are three openings in the pelvic floor layer for the urethra (the tube from the bladder), the vagina, and the anus (opening from the bowel) to pass through.
- The pelvic floor muscles normally wrap firmly around these openings to keep them closed.
- There is also an extra circular muscle around the anus (anal sphincter) and the urethra (urethral sphincter) to help with the closure.
- When the pelvic floor muscles are contracted, the pelvic organs are lifted and the sphincters tighten, closing the openings of the vagina, anus and urethra.



\*Illustration provided by Medical Media Services, Saskatchewan Health Authority

Special exercises, sometimes called **Kegel exercises**, help to strengthen the muscles of the pelvic floor.

## Pelvic Floor Muscle Exercises

When the pelvic floor muscles are injured, doing exercises and rehabilitation is important.

Improving the function of the pelvic floor muscles helps ensure recovery from your pregnancy and birth. Pelvic floor recovery is important to ensure your return to activity and exercise, preparation for subsequent pregnancies and for your lifelong pelvic health and function.

# Pelvic Floor Muscle Exercises

Follow your healthcare providers instructions. It may be beneficial to be assessed by a pelvic floor physiotherapist.

## How do you exercise your pelvic floor muscles?

**Get comfortable!** Pelvic floor muscle exercises (Kegel Exercises) can be performed in any position. You can start by lying down in a comfortable position.

### Focus on ‘what you feel... and where’

- To contract the pelvic floor muscles, contract both the muscles around the vagina and anus. Imagine you are stopping the flow of urine or holding back gas.
- If you feel comfortable after the stitches are dissolved, you can observe the pelvic floor using a mirror and touch the pelvic floor muscles as they contract.
- You can feel the muscles as they contract by placing your finger into your vagina. Doing so will assist to feel the muscles working and to check your progress. If you are activating these muscles, you will feel a contraction around your finger. Focus your contraction on the pelvic floor muscles and not using the muscles of your abdomen, thigh, and buttocks.
- Make sure that the pelvic floor muscles relax fully.

## How often should I do pelvic floor muscle exercises?

Make pelvic floor muscle exercises part of your daily routine, 3 times per day. It is recommended to tighten the muscles of the pelvic floor and hold for up to 10 seconds. Ensure you are breathing while holding the muscle. Fully release the contraction and relax the pelvic floor before your next attempt. Repeat as many times as you can (up to 8 to 12 times). As you get stronger, increase the number of repetitions and length of hold.

- **Remember to breathe!** Breathe freely during your exercises. Counting out loud can help ensure that you do not hold your breath.
- **Having trouble?** It can take time to see improvement.
- If you are not sure if you are doing your exercises correctly, ask for help! Pelvic floor physiotherapists are trained to assess the pelvic floor muscles. They can help you identify your areas of difficulty, instruct you in the proper exercise technique, and check your progress.

# Pelvic Floor Physical Therapist

Pelvic floor physical therapists are trained and experienced in treating problems with the pelvic floor. You do not need a referral to see a pelvic floor physiotherapist and you can call their office to make an appointment. If you have any questions about how to access a pelvic floor physical therapist, speak to a healthcare provider.

Consider pelvic floor physiotherapy if you continue to have symptoms that affect you and when you **feel ready**. Symptoms that may affect you may include:

- Perineal pain
- Pain with sex (called dyspareunia)
- Sexual health problems
- Scarring
- Feeling of urgency to have a bowel movement
- Incontinence of gas or stool (uncontrolled leakage of gas or stool called anal incontinence)
- Urinary incontinence (uncontrolled leakage of urine)
- Pelvic organ prolapse
- Any questions or concerns regarding your pelvic floor
- Any rare complications

## How do I find a pelvic floor physical therapist and other resources?

<a href="#">Saskatchewan Health Authority Pelvic Floor Pathway</a>	
<a href="#">Saskatchewan and Area Physio Therapy Clinics</a> Complete list of pelvic floor physiotherapy clinics.	
<a href="#">International Urogynecological Association (IUGA): Your Pelvic Floor</a>	
<a href="#">The Society of Obstetricians and Gynaecologists of Canada: Postpartum Vaginal Recovery</a>	



CS-PIER-0280

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**AUGUST 2025**



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