

Patient Information



Milton Keynes
University Hospital
NHS Foundation Trust

**Women's and
Children's**

Perineal Care

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Foundation Trust
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This leaflet provides information on how to care for your perineum following the birth of your baby.

The perineum is the skin and muscular area between the vagina and the anus (also called your back passage)

Bruising and tears

It is very common to experience bruising and tears in the perineal area when you give birth as the opening of your vagina and your perineum need to stretch to allow room for your baby to be born.

Tears can occur in the perineum, labia (lips of the vagina) and inside the vagina. The size of the tear can also vary:

- A first degree tear is a superficial tear to the skin of your perineum
- A second degree tear is deeper affecting both the skin and muscles of the perineum
- Third and fourth degree tears are less common and also involve the muscles around the rectum and anal sphincter.

Episiotomies

An episiotomy is a surgical cut in the perineum, which is made to enlarge your vagina and help you give birth to your baby.

You may need an episiotomy for three reasons:

- If you have an assisted birth with forceps or ventouse

- If your baby becomes distressed during the birth
- If your midwife thinks your perineum would tear badly

Stitches (also known as sutures)

Stitches are used to stop any bleeding from your tear and to join the skin and muscle together. The number of stitches you have will depend on the location and severity of your tear; however, the stitches are dissolvable so they are not counted as they do not need to be removed.

The stitches start to dissolve after about 10 days, and have usually completely disappeared by 6 weeks. It is normal to find small pieces of stitch material when you are bathing or you go to the toilet.

Tears and episiotomies will cause some pain and discomfort following birth, however you should experience continual improvement as the days go by, and expect to be pain free by day 14.

Your midwife will ask to see your perineum as part of your postnatal check, it is important this check takes place to identify any problems as soon as possible.

Please ask for help if:

- Your perineal area becomes hot, swollen, weepy, smelly or very painful
- Tears which have been repaired feel like they have opened
- You develop a temperature and flu like symptoms

These symptoms can be a sign of infection, or that your wound is not healing as expected. Please see the further support contacts listed to access help and advice.

Keep your perineum clean

- It is important to reduce the risk of infection by ensuring you wash your hands before and after changing pads, touching your perineum or going to the toilet. Some minor infections such as sore throats in children can be transferred to your wound causing a serious infection risk.
- Pour warm water on your perineum when you pass urine. This will dilute the urine so it doesn't sting as much, and will help keep the area clean.
- Always wash your perineum with water after opening your bowels to prevent cross infection.
- Always pat the area dry from front to back to avoid introducing germs from the rectum into

the healing area. Dry with a clean towel or a piece of kitchen roll.

- Change your sanitary pad at least every 4 hours. Ensure it is secured so it doesn't move around and cause irritation.
- Have a bath or shower at least once a day. Clean the area gently with water only, avoiding soaps, bubble bath and shower gel directly contacting the area.
- Drink plenty of water to keep your urine dilute, this will help it to sting less.
- Avoid wearing tight trousers or jeans.

Pain relief

- Take regular pain relief such as Paracetamol or Ibuprofen for the first few days; don't wait until you're in pain. Please read the dosage information provided by the manufacturer carefully. These drugs are safe to take whilst breastfeeding.
- Taking a short warm bath can bring some relief for many women. Adding lavender aromatherapy oil (a few drops in a small amount of full fat milk) into the water has been reported to have soothing qualities.

- Cold therapy such as ice/cool packs can be used to reduce swelling and ease discomfort. Apply the pack for up to 5 minutes at a time, ideally whilst lying on your side to reduce pressure in the area. Allow at least an hour between applications. Never place the ice pack in direct contact with your skin, as this can cause painful ice burns, wrap in a clean damp cloth/flannel/kitchen roll first.
- Using air filled valley cushions or rubber rings to relieve the pressure of sitting on your perineum should be done with caution. Sitting on these devices for long periods (over 30 minutes) can restrict your circulation, leading to swelling and longer term discomfort.
- When you are at home and have some privacy, you may find relief by lying in bed without a sanitary towel and letting the perineum 'air dry'. Never use a hair dryer or fan to 'dry' the area, this increases infection risk and may cause tissue damage.

Medihoney Wound Gel

At Milton Keynes we advocate the use of medihoney wound gel to aid the healing of perineal trauma.

Using Medihoney Wound gel after an episiotomy can help to reduce the risk of infection and reduce inflammation. The plant based wax can coat the

exposed nerve endings, which can reduce the pain levels as well as repel fluids. Medihoney has been shown to be highly anti-microbial, anti-inflammatory and anti-fungal.

How to use it

Wash your hands and use a finger (you may prefer to use a glove), to apply thin layer of Medihoney Wound gel (pea size), to the wound area 3 times per day. In the first 24/48 hours, you may want to use Medihoney Wound gel after each time you go to the toilet. After this period, 3 times per day should be sufficient.

Each tube is for single patient use, but valid for 4 months once opened. Medihoney is safe to use for Diabetic patients.

Pelvic floor exercises

These muscles are important for bladder and bowel control. During birth and pregnancy they may have been stretched or damaged. Please see our leaflet 'looking after your pelvic floor when you've had a baby' for information about how to do these exercises, or talk to your midwife or physiotherapist.

Doing your pelvic floor exercises will increase the blood flow to the damaged perineal tissues, helping to speed up the healing process. They will also help to strengthen the pelvic floor after the stretch of delivery, preventing bladder and bowel weakness.

Opening your bowels

You can safely open your bowels without any damage occurring to your perineum or stitches after the birth. Stitches can often feel nearer the back passage than they actually are and will not fall out when you open your bowels.

Fibre in your diet, lots of water to drink, or sometimes gentle laxatives will soften your bowel movement if needed, aiming for a soft but formed consistency. Please speak to your midwife or GP if you have concerns.

What about sex?

There is no right time- it may be weeks or months before you feel ready. Take things slowly and be prepared for it to be different. The first few times you have sex use a lubricating gel, and try out different positions to find one that is comfortable for you. If you continue to struggle with pain or discomfort, please ask your GP to refer you to our Women's Health physiotherapist for more help.

Further Support Contacts:

8am-8pm ADAU- 01908 996481

8pm-8am Labour Ward- 01908 996480

Community answerphone- 01908 996484 to leave a non-urgent message

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR.

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