

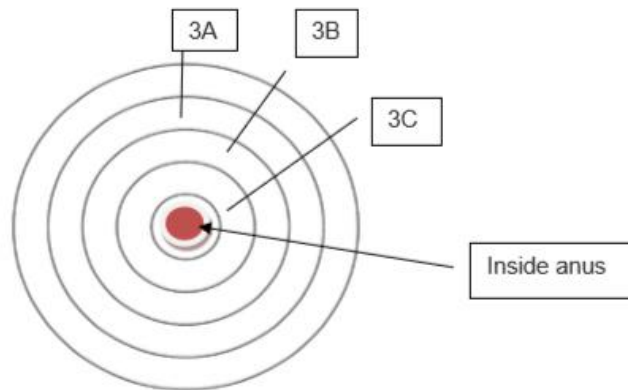
APPENDIX 4

Information for mothers who have had a previous third degree tear

We are aware that you sustained a third degree tear of the muscles around your anal sphincter at a previous delivery so are providing you with this information for your current pregnancy. If you have any questions please ask your midwife or doctor.

Introduction

This type of tear is relatively common, complicating about one birth in every 30 (3%), and is most likely to happen if your second stage of labour had been very quick, if your baby weighed over 4kg, if he or she is born facing upwards (face to pubes) and especially if you needed help with forceps or a ventouse. Most tears of this type are classified as 3A or 3B. The anal sphincter is made up of concentric rings of muscle fibres which encircle the anus, and if a few outermost fibres are torn this is '3A', if up to half are torn this is '3B', if more than half is torn '3C' and if it tears right into the anus, a 4th degree tear is diagnosed. This is very rare.



Most tears of this type are recognised at the time of birth, and are repaired successfully, with no long-term problems. A few mothers have long term issues, probably no more than 1 in 100, which need advice from a colorectal surgeon. This handful of women will be advised to consider a planned Caesarean birth, particularly if they needed additional corrective surgery at a later date.

Maternity Information

The chance of a third degree tear occurring at the next, or subsequent births, is about 1 in 15, which means that 93% of women will not have this type of tear at their next birth. There is no evidence that an episiotomy reduces the chance of a tear occurring. When the time comes to have your baby, you may wish to consider a home birth or the Midwifery Led Unit as places of birth. Talk to your midwife and/or doctor about what giving birth at home or in the midwife led unit may mean for you.

There are a few things that your midwife can support you with during your birth to try to reduce the chances of another significant tear. These include:

- Being in a left lateral (lying on left side) or kneeling position rather than semi-recumbent or squatting position.
- Having a warm compress gently held against your perineum as the baby is being born to help the skin to stretch.
- Trying to avoid a rapid birth by having good communication with the midwife caring for you and having her fingers gently resting on the top of the baby's head as it is born to try to slow down the birth. Please talk to your midwife about these.

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If you are in the 7% of mothers who get a third degree tear, you will be transferred to theatre for this to be repaired under a regional anaesthetic (either epidural or spinal), regardless of where you give birth. This is to ensure we can repair you properly and comfortably.