Women and children’s business unit

Care of the perineum
Reducing the risk of infection and sepsis
Introduction

The perineum is the name given to the area between the vagina and anus. During most vaginal deliveries there will be some vaginal, labial or perineal injury ranging from small minor internal grazes to perineal tears that require suturing (stitches). This leaflet has been designed to help you understand the kind of injury you may have sustained and what you can do in the postnatal period to aid healing and reduce the risk of infection.

Types of perineal injury

- **Internal grazes**: Grazes are small or minor lacerations on the surface of the vagina and labia that do not involve the perineum. This type of injury rarely requires suturing

- **1st degree tear**: This involves vaginal or perineal skin, not involving the muscle tissue below. It is a superficial wound and does not require suturing providing there is no active bleeding from the wound itself. If your midwife feels it would be beneficial to suture, she will discuss this with you

- **2nd degree tear**: This involves perineal skin and muscles, but the anal sphincter is intact; this injury generally requires suturing and can be repaired (usually by your midwife, or by an obstetrician). However, if it has been assessed as a small 2nd degree tear, aligns well and there is no active bleeding from the wound site then, in discussion with you, your midwife may feel that suturing is not required

- **Episiotomy**: An episiotomy is the name of the cut made by your midwife/obstetrician if she felt it was necessary. It is only performed when your baby’s head is close to delivery. It is the same type of injury as a 2nd degree tear and will require suturing
• **3rd degree tear:** This involves perineal skin, muscles and the anal sphincter is torn. There are different degrees of tearing but this injury will always require suturing and will be repaired by an experienced surgeon, in theatre under a spinal anaesthetic. It requires routine antibiotic cover to reduce the risk of infection and medication to avoid constipation while it heals. Due to the nature of this tear, you will also be offered a postnatal appointment with a physiotherapist in six weeks and perineal advisory midwife (PAM) in 12 weeks. You will also be seen in the multidisciplinary perineal clinic within six to eight months, or earlier if you experience problems.

• **4th degree tear:** This involves perineal skin, muscles, anal sphincter and rectal wall (anal mucosa). This injury will always require suturing and will be repaired by an experienced surgeon. It also requires routine antibiotic cover and medication to avoid constipation while it heals. Due to the nature of this tear, you will also be offered a postnatal appointment with a physiotherapist in six weeks and perineal advisory midwife (PAM) in 12 weeks. You will also be seen in the multidisciplinary perineal clinic within six to eight months, or earlier if you experience problems.

**The importance of hygiene**

With all types of injury listed above it is important to keep this area clean and dry. Good hygiene will help to reduce the risk of infection, which if left untreated could lead to sepsis. Sepsis is a life-threatening illness caused by the body overreacting to an infection. The body’s immune system sets off a series of reactions that can lead to widespread inflammation (swelling) and blood clotting in the body. Sepsis should never be underestimated and
its development can be subtle.

- **Sepsis**: Occurs when the body’s response to infection has started to interfere with the function of vital organs, such as the heart, lungs, kidneys or liver, and/or decreased blood flow to the affected area

- **Septic shock**: Occurs in severe cases of sepsis, when blood pressure drops to a dangerously low level, preventing vital organs from receiving enough oxygenated blood.

If untreated, sepsis can progress to septic shock that can lead to multiple organ failure and death in as little as 12 to 24 hours.

**Symptoms of sepsis usually develop quickly and include:**

- Chills
- A fast heartbeat
- Fast breathing
- Confusion or delirium
- Many people think a high temperature is an indicator of sepsis, however the absence of a high temperature, or indeed having a low/normal temperature can be just as important so this symptom should not be taken in isolation.

Sudden onset of any of these symptoms should be reported to your midwife (if she is due to visit imminently) or to your GP. Do not delay in reporting these symptoms.

If you feel dizzy when you stand up, have a change in your mental state (confusion or disorientation), diarrhoea, nausea and vomiting or cold, clammy and pale skin, then call an ambulance immediately.
Good hygiene

It is easy to keep the perineal area clean and dry with good hygiene. Here are some simple do’s and don’ts to help with good hygiene:

• Do wash hands before and after handling food, including preparing bottles for your baby

• Do wash hands before and after going to the toilet

• Do change sanitary pads frequently and again wash your hands before and after changing

• Do wash hands before and after changing your baby’s nappy

• Do shower, bath or sponge bath at least daily. It is best to avoid perfumed cleansing products and there is no medical evidence that adding salt or disinfectant to bath water aids healing. Plain water is satisfactory, however unperfumed feminine wipes are a good alternative especially when out and about. Anti-bacterial body washes are not recommended

• A quick bath/shower is enough; do not soak in a bath for a long time as there is a possibility that stitches may begin to dissolve too early

• Don’t rub or wipe dry the area of the injury, gently pat the area dry

• Don’t apply perfume, body sprays or deodorant to the perineal area

• Remember to take simple analgesia (such as paracetamol and Ibuprofen) as advised and do not be tempted to soak in a bath as a means of relieving discomfort.
Diet and pelvic floor exercises

A healthy diet can aid healing. Eat a diet rich in fibre and low in saturated fat, including plenty of fresh fruit and vegetables, foods rich in iron and keep well hydrated. This will give your body the nutrients it needs to heal quickly.

Passing urine for the first few days may be uncomfortable therefore drinking plenty of water will keep your urine from becoming concentrated as this may be more painful. To aid comfort and reduce stinging, use a jug of water to trickle along your labia to help dilute the urine. You might also try leaning forward a little when passing urine to stop urine trickling down onto the injured area.

During pregnancy and birth your pelvic floor muscles are stretched significantly. Pelvic floor exercises will help tone these muscles to their pre-pregnancy state which will help the healing process of your trauma and in the long term may assist in avoiding incontinence in later life.

There are three main pelvic floor exercises, which are quick and simple to do anytime and anywhere (perhaps while you are sitting and feeding baby) without anyone knowing that you are doing them: but if you have had a third or 4th degree tear please wait until the repair has completely healed (up to six weeks) and be guided by the perineal advisory midwife and physiotherapists before commencing these exercises

1. Lying or sitting down or standing (you may want to do this lying or sitting down at first), imagine you are trying to stop yourself passing wind or passing urine mid-flow and tense these muscles for a second pulsing for five to ten repetitions. Try whatever is comfortable and you can manage, building
up over time to a count of ten. You should repeat this several times a day providing it is comfortable for you to do so.

2. Lying or sitting down or standing (you may want to do this lying or sitting down at first), imagine you are trying to stop yourself passing wind or passing urine mid-flow and tense these muscles but this time tense for longer periods to a count of five to ten seconds for five to ten repetitions. You should repeat this several times a day providing it is comfortable for you to do so.

3. Lying or sitting down or standing (you may want to do this lying or sitting down at first), imagine that there is an invisible band connecting your umbilicus (belly button) to your spine, now slowly tighten this band trying to touch your umbilicus to your spine for a count of five seconds and slowly release it back for a count of five seconds. You should repeat this several times a day if you wish and it is comfortable for you to do so.

With all the exercises above, start at your own pace, the above timings are just a guide, only do what is comfortable and stop if any exercise becomes painful.

Perineal advisory midwife (PAM): Angela Bright ext 5130
Physiotherapist: Linda Griffin and Lisa Mason ext 6686

References

Centre for Maternal and Child Enquiries (CMACE).
Patient Information Service

If this leaflet does not answer all of your questions, or if you have any other concerns please contact the women and children’s business unit direct on: 01702 435555 ext 5130 (perineal advisory midwife) or ext 6686 (physiotherapists).

www.southend.nhs.uk

For a translated, large print or audio tape version of this document please contact:

Patient Advice & Liaison Service (PALS)
Southend University Hospital NHS Foundation Trust
Prittlewell Chase
Westcliff-on-Sea
Essex, SS0 0RY

Telephone:  01702 385333
Fax:  01702 508530
Email:  pals@southend.nhs.uk

Written by Debbie Stock and PIPMS
Women and children’s business unit
Reviewed and revised by Angela Bright
Reviewed and revised December 2017
Leaflet to be reviewed December 2019

Form No. SOU1454   Version 3