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Previous third degree tear (OASI)

This leaflet is for anyone who has sustained a third degree tear of the muscles around their anal sphincter at a previous delivery and is now pregnant again. If you have any questions, please ask your midwife or doctor.

What are the chances of it happening again?

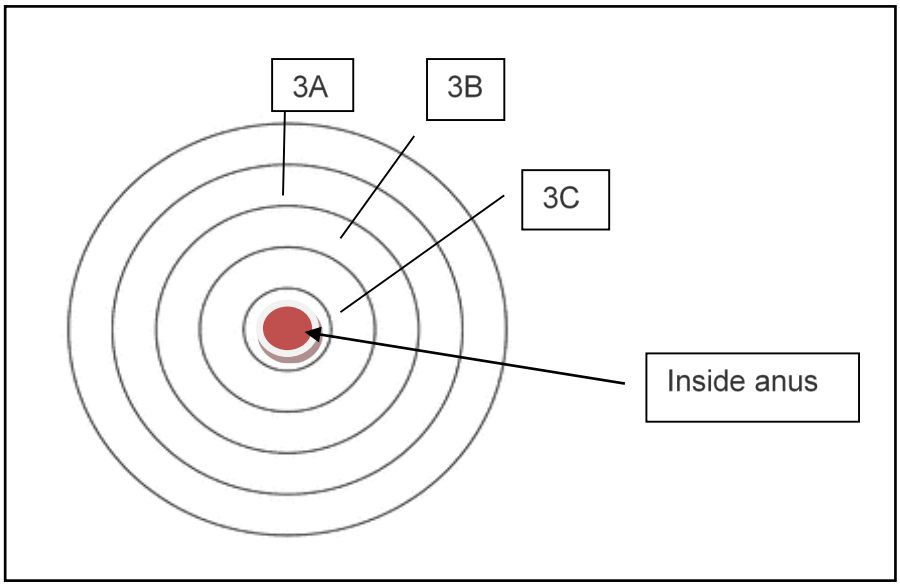
The chance of a third degree tear occurring at the next, or subsequent births, is about 1 in 15, which means there is a 93% chance you will not have this type of tear at your next birth. There is no evidence that an episiotomy (cut made during birth) reduces the chance of a tear occurring. You will be individually assessed as part of your care and advised if an episiotomy would benefit you.

In the UK, a third- or fourth-degree tear (also known as obstetric anal sphincter injury – OASI) occurs in about 2 in 100 women who have previously had a vaginal birth[1].

Third degree tears are statistically more likely if you are Asian, if your baby weighed more than 4kg, or if you gave birth with your babies face looking up to the ceiling, or with the help of ventouse or forceps.

What is a third degree tear?

Third degree tears are classified as 3A, 3B, 3C or 4th degree tear. The anal sphincter (muscles around your bottom hole) 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 very rarely, if it tears right into the anus, a 4th degree tear is diagnosed.



Most third degree tears are recognised at the time of birth, and are repaired successfully, with no long-term problems.

For this pregnancy your antenatal care will be routine and no special appointments need to be made. You should have had an Obstetric Anal Sphincter Injury (OASI) appointment about 16-20 weeks after your birth, where you may have discussed future pregnancies and how you would choose to give birth. If you didn't have this please let us know.

How does it affect my birth choices?

The choice of where to give birth is yours. You can consider a home birth or on Rushey (midwife-led unit). You may choose to have your baby in the Delivery Suite, especially if you are considering an epidural. Your options can all be discussed with your midwife.

If you are in the 7% who get a third-degree tear again, 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 stitch you properly and comfortably. If it is appropriate to do so, your baby and birth partner can be in theatre with you, so you don't need to be separated in the first few hours after birth.

If you have had long-term issues following a tear, or needed corrective surgery, we will discuss the option of a Caesarean birth with you. The NICE guideline recommends that where Caesarean birth is requested without medical reason, we should discuss with you the overall benefits and risks of Caesarean birth compared with vaginal birth, and if Caesarean birth is still your preferred option, we will facilitate this.

Can I do anything to prepare for this birth?

There is evidence that antenatal perineal massage can help reduce the degree of tearing. A perineal massage focuses on the perineum – the area between the vaginal opening and the anus – with the aim of stretching the perineum and making it more elastic. Perineal massage should only be used after 34 weeks. There are more detailed instructions here:
https://www.royalberkshire.nhs.uk/media/d0mimkeu/preventing-perineal-tears_sept21.pdf

There are a few things that you, your midwife, or birth partner can do 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 sitting on your bottom, legs in stirrups or in a squatting position.
- Having a warm compress gently held against your perineum as the baby is being born to help the skin to stretch, when possible. If your labour and delivery is very rapid, there may not be enough time to apply this.
- If you are giving birth at another hospital or are admitted as an emergency, you should make them aware of your previous tear, as your birth should be observed by an experienced midwife rather than a trainee or student midwife.
- Having a calm, relaxed environment can help avoid a rapid birth. You could try hypnobirthing or other techniques to help you to manage the surges, and try to pant or breath rather than pushing.
- Your midwife can try to have their fingers gently resting on baby's head as they are born to keep their arrival slow and steady.

For more detailed information see
https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-29.pdf

References

1. Royal College of Obstetricians & Gynaecologists patient information https://www.rcog.org.uk/for-the-public/perineal-tears-and-episiotomies-in-childbirth/third-and-fourth-degree-tears-oasi/

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Consultant Obstetrician & Practice Educator MW, June 2016
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