

Topic 3 – Recommendations on Vaginal Birth Following Previous Third or Fourth Degree Perineal Trauma



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Women with a history of severe perineal trauma should be informed that their risk of repeat severe perineal trauma is not increased in a subsequent birth, compared with women having their first baby.

Episiotomy should not be offered routinely at vaginal birth following previous third- or fourth-degree trauma.

In order for a woman who has had previous third- or fourth-degree trauma to make an informed choice, discussion with her about the future mode of birth should encompass:

- Current urgency or incontinence symptoms.
- The degree of previous trauma.
- Risk of recurrence.
- The success of the repair undertaken.
- The psychological effect of the previous trauma.
- Management of her labour.

Women with infibulated genital mutilation should be informed of the risks of difficulty with vaginal examination, catheterisation and application of fetal scalp electrodes. They should also be informed of the risks of delay in the second stage and spontaneous laceration together with the need for an anterior episiotomy and the possible need for defibulation in labour.