

Informed Consent: Perineal Laceration Inspection and Repair

Practice / Business Name _____

Client Name: _____

DOB: _____

Date: _____

Overview of Perineal Lacerations

Perineal lacerations are tears in the tissues of the perineum, vagina, cervix, or surrounding genital structures that may occur during vaginal birth due to fetal descent and/or tissue stretching. Lacerations are commonly classified based on depth and tissue involvement:

- **First-degree:** Involves only vaginal mucosa and/or perineal skin
- **Second-degree:** Extends into perineal muscles without involving the anal sphincter
- **Third-degree:** Involves the external and/or internal anal sphincter
- **Fourth-degree:** Extends through the rectal mucosa
- **Additional variations:** Labial, periurethral, cervical, and vaginal sidewall tears may also occur and can vary in depth and complexity

General Treatment Protocol

- Postpartum inspection of perineum, vagina, and cervix following birth of placenta
- Assessment of bleeding, tissue integrity, and anatomical alignment
- Repair offered based on degree of tear, bleeding, pain, and client preference
- Use of sterile technique and appropriate anesthesia for repair when indicated
- Documentation of findings, repair, and postpartum follow-up plan
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Risks, Benefits, and Contraindications

Benefits of Repair

- Promotes optimal tissue healing and anatomical alignment
- Reduces bleeding from open tissue
- Decreases risk of infection when properly closed
- Improves long-term pelvic floor function and comfort
- Supports sexual and urinary function recovery

Risks of Repair

- Pain or discomfort during and after procedure
- Infection despite sterile technique
- Hematoma or swelling
- Scar tissue formation or tightness

Risks of Declining Repair

- Delayed or incomplete healing
- Increased bleeding
- Higher risk of infection in open or gaping tissue
- Potential for chronic pain or pelvic floor dysfunction
- Possible cosmetic or functional concerns long-term

Basic Procedure Overview

If repair is indicated and consented to, the following general approach may be used:

- Use of sterile technique, including sterile gloves, draping, and instruments
- Administration of local anesthetic (e.g., lidocaine or similar “-caine” agents) or other pain control methods as appropriate
- Use of absorbable sutures appropriate to tissue type and location
- Ongoing assessment of bleeding, tissue approximation, and client comfort
- Post-repair hygiene education and follow-up recommendations

Alternatives for Care

Clients may choose one or more of the following alternatives depending on clinical findings:

- Expectant management (allowing certain minor tears to heal without suturing)
- Use of topical or local wound care only (saline rinses, hygiene measures)
- Pain management without repair when clinically appropriate
- Delayed repair or referral to another provider or higher-level care
- Refusal of intervention after informed discussion

Scope of Practice Statement

I operate within the scope of midwifery care, which includes assessment, identification, and repair of uncomplicated perineal, vaginal, and external genital lacerations following vaginal birth. Cases that exceed scope (such as extensive third/fourth-degree tears, uncontrolled hemorrhage, or complex cervical injury) will require consultation or referral to a physician or higher level of care.

Acknowledgment

By signing below, I acknowledge that I have received and reviewed education regarding:

- The possibility of perineal and genital lacerations during birth
- How lacerations are classified and treated
- Risks, benefits, and alternatives to repair
- General postpartum inspection and treatment procedures

I understand that I will be asked to provide specific informed consent in the postpartum period should a laceration occur.

Signatures

Client Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____

Witness (if applicable): _____ **Date:** _____

References

Frye, Anne, 2010. *Healing Passage: A Midwife's Guide to the Care and Repair of the Tissues Involved in Birth*, Sixth Edition. Labrys

Kettle, C., & Tohill, S. (2011). Perineal care. *BMJ Clinical Evidence*, 2011, 1401.

Saskatchewan Health Authority. (2025). *Obstetrical tears: Clinical practice guideline*.

<https://www.saskhealthauthority.ca/sites/default/files/2025-08/CS-PIER-0280-Obstetrical-Tears.pdf>