

# LOW FIBRE DIET FOLLOWING PERINEAL TEARING

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Please find following a summary of a literature search and relevant results. All articles can be provided in full - email [library@monashhealth.org](mailto:library@monashhealth.org) for a list of the articles you require.

## QUESTION

Women who have incurred 3rd and 4th degree perineal tear during childbirth, result in fewer complications and faster healing.

## RESULTS

## ONLINE RESOURCES (GREY LITERATURE)

## PATIENT INFORMATION

The Royal Women Hospital. (2020). **Perineal tears: third and fourth degree.** [Link.](#)

- Page 1 - If you have a third or fourth degree tear you may need to eat a low fibre diet for the first seven to ten days. This will reduce the need to use your bowels and will put less strain on the affected area.

## GUIDELINES

Queensland Health. (2023). **Perineal care.** [Link.](#)

- Page 22 - There is no high-level evidence supporting specific regimens for bowel management post OASIS. Recommend laxatives for two weeks after repair.

South Australian health. (2021). **Perineal care and repair.** [Link.](#)

- Page 13 - The Midwife should advise the woman of the importance of adequate oral intake of fluid and a healthy balanced diet with high fibre food choices to maintain hydration and avoid constipation.

Danish Association of Obstetrics and Gynecology. (2019). **Guideline for obstetric anal sphincter injury (OASIS).** [Link.](#)

- Page 2 - Postoperative laxatives are recommended as it reduces pain at defecation and the risk of postoperative rupture of sutures.

Royal College of Obstetricians and Gynaecologists. (2015). The management of third- and fourth-degree perineal tears. [Link](#).

- Page 4 - The use of postoperative laxatives is recommended to reduce the risk of wound dehiscence. Bulking agents should not be given routinely with laxatives.

### PEER-REVIEWED LITERATURE – MOST RECENT FIRST

Each article summary contains excerpts from the abstract and an online link.

Do. J., et al. (2023). **Are we using best practice to guide laxative use in post-partum patients with obstetric anal sphincter injuries - A retrospective review.** *European journal of Obstetrics, Gynecology, and Reproductive Biology*, 288: 78-82. [Full text](#).

Obstetric anal sphincter injury (OASI) is the leading cause of anal incontinence (AI) in young women. Laxatives are recommended to enhance recovery, however there are no consistent guidelines to guide best practice on the type, frequency, and dose of laxative should be used. This study aimed to evaluate the current use of laxatives following repair of OASIs, and to determine any association with AI.

Kropshofer. S., et al. (2023). **Management of Third and Fourth-Degree Perineal Tears After Vaginal Birth. Guideline of the DGGG, OEGGG and SGGG (S2k-Level, AWMF Registry No. 015/079, December 2020).** *Geburtshilfe und Frauenheilkunde* 83(2): 165-183. [Full text](#).

This guideline provides recommendations for the diagnosis, treatment and follow-up care of 3rd and 4th degree perineal tears which occur during vaginal birth. The aim is to improve the management of 3rd and 4th degree perineal tears and reduce the immediate and long-term damage. The guideline is intended for midwives, obstetricians and physicians involved in caring for high-grade perineal tears.

Tucker. J., et al. (2023). **Post-repair laxative management in obstetric anal sphincter injury guidelines: A narrative review.** *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 63(2): 204-211. [Full text](#).

Post-repair laxatives are prescribed in this group of women. However, there is no consensus regarding the type or frequency with which they are used, and available guidelines lack consistency and evidence to support the recommendations. The aim was to review and compare the international, national and local Australian management guidelines for recommendations regarding laxative use in women after OASIS.

Turawa. E., et al. (2020). **Interventions for preventing postpartum constipation.** *Cochrane database of systematic reviews*, 8(100909747):CD011625. [Full text](#).

We included five trials (1208 postpartum mothers); three RCTs and two quasi-RCTs. Four trials compared a laxative with placebo; one compared a laxative plus a bulking agent versus the same laxative alone, in women who underwent surgical repair of third degree perineal tears. Trials were poorly reported, and four of the five trials were published over 40 years ago. We judged the risk of bias to be unclear for most domains. Overall, we found a high risk of selection and attrition bias.

Balachandran. A., et al. (2019). **Risk factors for and management of obstetric anal sphincter injury.** *Obstetrics, Gynaecology and Reproductive Medicine*, 29(4):93-97. [Full text.](#)

Obstetric anal sphincter injuries (OASIs) include both third and fourth degree perineal tears. Post-operative care involves routine antibiotics, laxative and pain-relief. Patients should be reviewed 6-12 weeks postpartum in a dedicated clinic by a clinician with a special interest in OASIS.

Tsakiridis. I., et al. (2018). **Obstetric Anal Sphincter Injuries at Vaginal Delivery: A Review of Recently Published National Guidelines.** *Obstetrical & Gynecological survey*, 73(12):695-702. [Full text.](#)

In the management of OASIS, special care is needed during the repair process of the torn anorectal mucosa and the internal and external anal sphincter. The postoperative use of broad-spectrum antibiotics, oral laxatives, and analgesia is also recommended.

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**APPENDIX**
**SEARCH METHODOLOGY**

A systematic search was conducted for literature. The results were screened by librarians using [Covidence](#).

**SEARCH LIMITS**

- English-language
- Published within the last 10 years

**DATABASES SEARCHED**

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- Cochrane Library – collection of databases containing high-quality independent evidence.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

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**SEARCH TERMS**

| Concept            | MeSH headings   | Keywords   |
|--------------------|---|--|
| Postpartum         | “Labor, Obstetric”, “Delivery, Obstetric”, Parturition, Obstetric Labor Complications | Birth, childbirth, delivery, labour, parturition   |
| Perineal tearing   | Perineum and Lacerations, Episiotomy  | Tear, laceration, trauma, repair, heal, “obstetric anal sphincter injury”, OASIs, anal sphincter injury, third degree tear, fourth degree tear, episiotomy, perineotomy. |
| Postoperative care | Postoperative Care, Postoperative period, Postpartum period                           | Fibre, diet, dietary, constipation, bowel care, wound dehiscence, laxative, residue  |

**MEDLINE SEARCH STRATEGY**

Ovid MEDLINE(R) ALL <1946 to May 10, 2024>

- 1 exp Labor, Obstetric/ or exp Delivery, Obstetric/ or exp Parturition/ or Obstetric Labor Complications/ 150997
- 2 (birth or childbirth or child birth or deliver\* or labour or labor or parturition\*).mp. 1506805
- 3 1 or 2 1532181
- 4 Perineum/ and Lacerations/ 595
- 5 Anal Canal/in 1683
- 6 ((Vaginal or perineal or perineum) adj3 (tear\* or laceration\* or trauma or care or repair\* or heal\*)).mp. 7154
- 7 ("Obstetric anal sphincter injuries" or "OASIS" or anal sphincter injur\* or ((Third or 3rd or fourth or 4th) adj2 degree tear\*)).mp. 5114
- 8 Episiotomy/ or (episiotom\* or perineotomy).mp. 4161
- 9 4 or 5 or 6 or 7 or 8 15276
- 10 (Postoperative Care/ or Postoperative Period/ or exp Perioperative Care/ or exp Perioperative Period/ or Postpartum Period/) and (fibre or fiber or diet or dietary or constipation or bowel care or wound dehiscence or laxative\* or residue).tw,kw. 5398
- 11 ((post or postoperative or peri or perioperative or postpartum) and (fibre or fiber or diet or dietary or constipation or bowel care or wound dehiscence or laxative\* or residue)).tw,kw. 55868
- 12 10 or 11 57490
- 13 3 and 9 and 12 72
- 14 limit 13 to last 10 years 51

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