

Welcome to Indie Birth's series of podcasts here on iTunes, Taking Back Birth.

Good morning, this is Maryn, and today we are going to talk about tearing at birth. This is one of my favorite topics - which might sound kind of funny, but it comes from a standpoint of finding your own voice, finding your own power and starting to question *absolutely* everything that we do routinely, here in the U.S. around pregnancy and birth. In that respect, this is one of my favorite topics. I love talking about these issues, but I say that a lot, don't I?! I love talking about most of these issues, or I wouldn't be talking about them!

So...today - vaginal/perineal tearing in birth. I wish there was a better word than "tear", but we'll get to that at some point during this episode. It sounds pretty severe..pretty violent, doesn't it? Today we are going to talk about that, among other things, and address some myths about birth and about our bodies; how they function and look before and after birth. As always with these podcasts, my point is to (hopefully) cause you to rethink everything, to question everything, and expand your horizons, as I try to do on a regular basis. Remember, these are my thoughts, they don't have to be yours.

There are never any absolutes, whether it's about postpartum hemorrhage or something like tearing, these are not events that should be happening to everyone. These are rare instances, and that's why we're questioning the routine use of certain interventions, whether it be drugs or sutures. Again, this is to make you question - and explore your options. I think that tearing at birth should be really rare! Unfortunately, because many women are not experiencing physiological births (regardless of location, really), tearing is more common. But it should be rare, I think. In normal, healthy women birthing normal, healthy babies, severe tears should be rare. So that's where I'm coming from to start this podcast.

I think our wording IS really important. On other podcasts, I address this issue with other subject matters. I know I have a blog post or two about it as well. The words we use when talking about our experiences in pregnancy and birth are important! "Tearing" is one of those words we should investigate. I don't know that I'm going to substitute it for the rest of this talk - just so that we're all on the same page - and to be honest, I haven't thought about what I would replace it with, because in some cases we are wanting to address what the general thought is about something like a tear, and so we use the general, commonly used term. But something for you to think about: when you are thinking about your own body in particular, I think it's really meaningful and here at indie birth, we talk to many women every week, and many of them are planning holistic, physiological births (whether with a midwife or unassisted as a freebirth) and many of these women have this fear come up - what if I tear?

I'm hoping that we can start to rethink the way we speak, the way we view our bodies, and the way we view birth in regards to this issue. Probably not a surprise, but just to give you a sense of what the medical world thinks about tearing and our bodies during birth: this is from an Irish Medical Journal study in 2008, and the name of the study is "Correlation of Perineal Outcome at First and Second Vaginal Deliveries". They were just looking at tearing in first births, and what that meant for that person's second birth. Really, the study itself isn't terrible important; it's more the wording that I'm trying to draw your attention to right now. This quote came out of the study: "Most women having a vaginal delivery can anticipate perineal suturing because of perineal trauma sustained during childbirth. Excluding instrumental deliveries, 75% of women require perineal repair following primiparous vaginal delivery." Hmmmmmm...lots of technical words in there. Even if you don't know every word in there, can you get the feeling? [A brief explanation: Aside from births in which vacuum or forceps are required, 75% of women will tear badly enough to need stitches during their first birth] This is a clear example of the birth philosophy that women are machines, birth is something that happens to them, and here is the expert

standing on a pedestal, talking about vaginal deliveries (one of my LEAST favorite words when it comes to birth). And he's serious! "Most women having vaginal deliveries can anticipate - and here you can substitute fear - perineal suturing because of perineal trauma sustained during childbirth" I could talk about this all day - but I won't. You get the idea, that perineal suturing is almost required because birth is SO horrible and dangerous to our bodies. That's just normal birth, because they are excluding instrumental deliveries. What on earth does this mean to the average woman, should she care to read this study? I know what it means to even the women we come across - who are really educated! What does it mean for you when you're pregnant with your first baby and you come across something like this? How frightening it could be, if you take it seriously, and you believe it; that birth is harmful to your body, that you will sustain injury and be traumatized, your bodily tissue will be traumatized and then someone will need to come and fix it with technology. A needle and thread. I think that's awful, but my point is: this is the GENERAL feeling about birth in the mainstream Western world. Let's rethink that! Let's find our own power, away from that. But that's where most of the world is coming from, if you didn't already know.

I think it's another example of fear in birth. There's SO much fear surrounding birth, and I don't necessarily want to focus on that, but when normal, healthy, EDUCATED women are scared of birth because of tearing - the trauma to their bodies, then I think we need to address it. We need think about these things, because fear can control us. It can alter the decisions we make. Women that are really scared of tearing (perhaps were told they tore in the past) may not attempt a birth without somebody that can suture present, for example. How does this fear effect the decisions that we make for our larger birth experience?

My own personal story (I always love to share my own stories - hopefully you don't mind!): I have had a hospital birth; my first. To be 100% honest with you, I have no idea what tearing I sustained during that birth. I'm pretty sure there was some, I'm pretty sure I was sutured, and it's almost embarrassing to admit, I have no idea what happened, as far as that goes. The best I can do with that, 12 years later, is to get my medical records, and I haven't done that. My point in telling you this is that you're not alone. I think most women who have had a hospital birth experience have no idea if they tore, how bad it was, what it looked like, what the deal was (did it need to be sutured or not?). Nobody asked about it, most likely, and if it did need to be sutured - according to the doctor - then it just was while she was holding her baby, or while the baby was weighed across the room. I think that's a really interesting issue. My first birth was like that. After my second birth, I was told I had a tiny tear. This was a home birth, and the midwife applied some superglue, but I don't remember visualizing the tear (looking at the tear myself), which was probably my choice. After my third birth, I do remember looking with a mirror (I was a midwifery student at that point) and the midwife who attended my birth (who was the one I was working with), pretty much convinced me that I needed to have it stitched. I was working with the knowledge I had at the time. I did trust her, and so I allowed her to suture it, and it was a very painful experience. After that, I told myself that I would never again get sutured at home unless I really needed to. I don't know that I really needed to after that birth, I just took her advice. It was not a pleasant experience. With my 4th, 5th, 6th, and 7th births, I've been more attentive. I obviously knew more, as a midwife and I visualized (looked at) my own body after birth - and this is pretty personal, I suppose, but I don't mind sharing it - and each and every time, I do have a little tear on my perineum. I'm pretty sure it's the same place every time. I have not gotten any stitches after my last four births. That's not something I wanted. I didn't even entertain the idea. (I'll go into natural healing in a bit, and how to make that choice.) For me that was the right choice, and I was happy with that. I don't regret not being sutured again, especially at home...that was awful. So that's my full disclaimer. That was my experience and it certainly has shaped my beliefs and my suggestions to women. I try to lay it all out there, that I am biased based on my own experience, but we all need to make our own choices for our own bodies. We need to have enough information to make those choices.

Today, we are mostly going to focus on what we would consider “normal, healthy, physiological birth” and that does usually happen at home. I don’t know how much I’ll address hospital birth and tearing, just because it goes against everything that I talk about on a normal basis. The fear of tearing is really common, and I hear this all the time. It’s not just women having their first birth, it’s also women who’ve already had them! Some have been told they had a tear, some know they had a tear, some really did, legitimately tear in a serious way. To begin, let’s consider a woman who hasn’t had a baby before, so she doesn’t have any experience with actually tearing...where does the fear come from? I believe from a couple of places; mainly the outside world. Hopefully everyone listening knows what an episiotomy is. If not: it’s a cut in the vaginal tissue at the time of birth that is done intentionally. It’s not a natural tear, it’s a cut made by somebody else, usually a doctor. Midwives rarely cut episiotomies. At least at home, it would be an extreme circumstance in which that would happen. So, doctors are doing this most of the time, and many of them do it routinely. If you are in that world, or have been, like I was 12 years ago, pretty much everyone knows at this point to ask that question. Even women who haven’t received a lot of education about birth as a natural process seem to know to ask the doctor about their episiotomy rate. Most doctors - and I could be wrong - in 2014 at least have the sense to say “Oh, no. We would never do that unless medically necessary”, which is a whole other podcast! It doesn’t seem like it’s being done as routinely as it was, but the damage has been done! I think this is where the fear of tearing comes from, even though tearing is not an episiotomy. An episiotomy is a cut. It’s just a part of this birth culture that has been around for 20-30 years, and we’ve adapted to it. We’ve developed this fear. It is pretty normal to hold onto a fear of being cut by somebody else for a reason that you can’t identify, but then here are women planning unassisted or physiological births, and somehow as a group, we culturally hold onto this fear.

Something else that goes along with the discussion on tearing is “Perineal Massage”, and that’s in quotes from me because I think it’s ridiculous. In case you don’t know, perineal massage is something that many people purport to be a way to prepare your vaginal tissue and perineum for the sensation of birth - crowning, in particular. I actually did this to my own body 12 years ago, before my hospital birth, just because it was suggested to me by somebody and I thought it would help. Whether it did or not, I couldn’t really say. I don’t think so. It’s not something that I recommend, although if some women want to look into this information: What is perineal massage? Why would you do it? Does it improve outcomes? Does it improve tearing? And find that it’s something they want to do, of course they should. I personally didn’t do it again after that one pregnancy. It kind of bothers me...it seems really unnecessary. I wonder why we would need to prepare this way. Women have been having babies since the beginning of humanity, and if we understand the physiology more - the way our bones stretch, with the hormones of labor and the way our tissues stretch, with the hormones of labor - and if we understand the way birth works, the Fetal Ejection Reflex and the many other pieces to physiological birth, in a normal circumstance, why would we need to “prepare” our tissue in this way? AND you have to ask yourself: Is it really preparatory in the first place? I think that could be debated. My point here in mentioning this is: Does this add to our fear of tearing? Because if you think that perineal massage is necessary, if you think you have to do that to allow your tissues to stretch during birth, what happens if you don’t? Then, I can totally see being afraid of the crowning, the birth experience. You’d feel unprepared, you’d think you missed something; that without the perineal massage, your body is going to be EXTRA damaged or something.

Another place the fear comes from is along the same lines, for sure. It is this male approach - most Obstetricians, it’s safe to say, are male and historically have been. When we put men in charge of our birth process (which 90-something% of women do), what we get with that is their thoughts and their opinions on OUR bodies at birth. Which is crazy. But that’s what we’re getting, even if we don’t know it, even if it sneaks in there. What do men think about women’s bodies during the birth process. Unless this

male is educated and supportive of holistic process, then their general feeling is that our bodies are broken after birth. They are damaged and imperfect. When a male is involved in birth and is put in the role of expert and “fixer”, and he comes from this standpoint (and that’s an Obstetrician, right? A surgeon...someone who corrects what has gone wrong), this male doctor is looking at even a normal postpartum body - a body from which a baby has just emerged - he is going to see imperfection and a need for repair, regardless of the severity of any tears that may be present. I think many of you listening already have that understanding. If you don’t, and you are new to these concepts, then just consider them. It’s not that males are bad, or anything like that, but because we’re putting their authority above our own during the birth process, we have to try to see and understand their perspective. Because they don’t have vaginas, don’t birth babies, I don’t know how we can really do that. Even if it’s well-meaning, they’ve put themselves - and WE’VE put them - in this role of “fixer”, so that’s what we’re gonna get! Them needing to fix.

A bit more about my own experience: when women are sutured, or “stitched up” in a hospital setting, it is often a mysterious process for the woman. Find me a million women who KNOW what happened after their hospital birth, and I will be really shocked. I bet most don’t; they don’t know if they tore, what sort of tear they had. They might know if they were repaired simply because it can be a painful process. Sure, if they are holding and bonding with their baby, that’s great. It’s nice to be doing that rather than worrying about your bottom, but my point is that most women give this away to somebody else, and it’s usually a doctor in a hospital. So...how can we release this fear about tearing when we don’t even know what’s going on with our own bodies? We’ve all heard of the stereotypical male doctor who sutures a woman because he’s worried about her husband having sexual pleasure from her stretched out vagina in the postpartum period or later in life. That’s perhaps an older story, but I’m sure it still exists, and many women might share that assumption, so we can’t blame it all on the male doctors. I’m sure there are women out there who think that stitches after birth are necessary because they don’t want a stretched out vagina for their husbands, or for themselves.

Another one that goes along with this too is the fact that stitches in any part of your body are part of an operation, a surgical procedure. If you truly need stitches because you’ve really torn through your rectum, for example (which is awful to imagine) you want a surgeon to do that repair, at least I would, for my body! I sure wouldn’t want a midwife who had sutured up two people in the last year, god bless her, suturing my rectum. Most midwives wouldn’t even attempt it, so it’s basically a moot point. OBs are surgeons, and there is a time and place for the skills that they have. If most women are being sutured, especially after a hospital birth, what does that mean? It means birth is surgical. Obviously these women haven’t had actual surgical birth; c-sections...but that vaginal birth is surgical and women need help from surgeons. That’s supposed to be no big deal, and to me it is a really big deal; what that says to women. And of course tears are more likely at hospitals anyway, because more babies are being born by forceps, vacuums, very intrusive means and are more likely to cause harm to our bodies.

A couple more that make us fear tearing: The myths of the Big Baby and the Posterior Baby. Women who don’t have all the facts might not want to grow a big, healthy baby because the baby might not be able to get out, and at best, they will tear. Obviously these are all concerning and legitimate fears, culturally and perhaps based on your individual experience. Not to pooh-pooh these fears at all, in fact that’s why I’m talking about them today; they are very real for many women and I think if we examine them more closely, perhaps we can help these fears dissipate.

A real concern with suturing is that mama and baby have to be, or already are, separated. Do they really HAVE to be?? Even at homebirths, I’ve seen that be a problem, even if it’s just because the mom doesn’t

really want to hold her baby when she's being sutured because it's uncomfortable and painful and she's laying there flat on her back. Beyond our own bodies, let's consider this: when we give away our power, and agree to be sutured when we don't necessarily need to be, for whatever reason, we are also affecting bonding and attachment with our babies.

There is a lack of knowledge about how to prevent tears in the first place, and I'm not going to go into each and every one of those things right now, because I've addressed them in other podcasts, but there is a way to prevent tearing. Of course, there is going to be someone who is listening - there always is! - who says "you can't prevent everything" or "I did all these things and I still tore" and that's totally legitimate. Sometimes things happen that we can't prevent, obviously. We can't control birth, we can't control the whole process. BUT, we don't give prevention enough of our attention, in my opinion. We aren't talking about the cases that aren't preventable. Sometimes the baby decides to do funny things, like come out with both hands in front of his face, and our bodies do tear in the process of doing that extra stretch.

It's not 100% here, but prevention is something that can be done by everybody, and really, you increase your chances of everything going well when you focus on good nutrition, which has SO much to do with our skin integrity and the way it stretches. If we understand that coached pushing during birth is not ideal for our bodies or our pelvic floors. It's stressful for babies as well. We should allow our bodies to bear down naturally without anybody counting or shouting at us, without anybody telling us "It's time!" because we're the Mythical Ten Centimeters. We should allow our bodies to go through the natural, physiological birth process. I won't go into all of that right now, but if you're interested in what that process looks like, or what the hormones are, or what physiological birth is, or how a uterus pushes a baby out without any help from us...take our 5-week online birth class, where we go into detail about how to actually have one of these physiological births, or at least plan for one, at least have the information. Pushing positions, of course, are part of this physiological birth process. Most women, when left alone to do the good work of birth with naturally flowing hormones and a healthy mama and baby, will choose positions that work for their body, whatever that looks like. The best chance of not tearing, or leaving our bodies intact comes with choosing our own positions naturally.

The final thing that most women don't seem to know about and many midwives don't pay attention to either, is getting the hands off the woman's body. Don't have any hands on you, unless that's really what you want for some reason. But most women, when they are following the natural process, don't like to be observed, don't like to be talked to, don't like to be watched, and the DEFINITELY don't want someone's hands on their vagina and perineum when a head is coming through. I have not met somebody yet who wants that. I think many women allow it, because they think that's what they should do, or they just don't know to ask questions, and because they have hired a midwife for a "holistic birth at home", they just allow the midwife to make whatever choices she thinks she needs to make, even in a non-emergent situation. Hands on your body - on that part of your body - when a head is being born is not desirable, not at all. Your own hands down there is the best thing you can do for your own body and your baby. Just like when you have an itch, you know where to scratch it, your brain communicates to your tissues and to your hands in an unspoken way as you touch your own baby's head. If you want or need to, you will know just where and when to touch. No one else in the world at that moment knows where to touch or what it feels like. This routine thing of putting compresses or hands, deflexing the head...in normal circumstances, it's ridiculous and we should stop allowing this routinely. This is how many women sustain tears that are more serious, especially at home. We need to have this knowledge. If you're interested in the nitty-gritty of these things, take our course, because we talk a lot more about them there.

Pelvic floor health in general is another issue. Tears, when they are minor, are surface injuries. Literally a tearing of the perineal skin, or maybe a little into the vagina or possibly into muscle. Pelvic floor health in general is slightly different, and it does overlap when we talk about muscles, but our entire pelvic floor is a complex system and isn't just surface. It comes back to many of the things I've said already: coached pushing, for example, can really damage our pelvic floor - all of those muscles. Certain positions may, or allowing someone else to tell us what to do, when. How do we take care of our pelvic floor in general, not just at the time of birth? We must take care of our pelvic floors all of the time. Katy Bowman is an amazing resource for pelvic floor health, so I won't go into that right now. To give you a feel for what she talks about - she says we are too modernized, basically, in our lifestyles. We drive cars, sit on couches and chairs. We don't understand the way the pelvic floor works, we don't understand how to take care of it - how to stretch it and exercise it. When we get to birth, many women are physically unprepared. This could be why more women are experiencing severe tearing. Don't you think to yourself that throughout the history of childbirth, it couldn't be that women destroyed their bodies in birth. It couldn't be, or we wouldn't be here...or would have evolved in a way that dealt with that, if childbirth was really that damaging to our bodies. I don't believe it has to be, but it is happening more than it probably should, because we are not caring for our bodies. We're wearing high heels, running on treadmills, doing ALL the things that Katy says not to - including Kegels! Look her up, she has a great article on not doing kegels, and once you understand the way the pelvic floor works in general, I think, you'll be better prepared for a normal birth. If you do have tearing it will be minor and not a big deal.

This brings me to my next point, which is: Do we have unrealistic expectations about our bodies and our vaginas after birth? I think we do. Maybe this goes back to this male vision that maybe somehow we'll be 100% perfect again, and anything that isn't perfect, we'll fix. Is that what we want? Is that what we want to teach our daughters about normal, healthy birth? I'm excluding any serious tearing issue, here. I'm talking about tears that are really just cosmetic, that don't affect our function. We can still pee and poop and have sex with these minor tears. What are we communicating to ourselves and to our daughters when we talk about tearing in such a way that we're scared to death of it? What about embracing that our bodies do great work during birth, and sometimes they tear a little. Just like we get a scratch when we're doing things in normal, everyday life. What's the big deal? I don't know! I think that's a good question to ask ourselves. I've asked myself, and have kinda come to terms with the small tears that I've experienced with my own births. I guess in a perfect world, maybe that wouldn't have happened, but in a way, it is just part of birth to me - just like stretch marks, and the way our abdominal muscles will probably never be the same. With normal, healthy diets and lifestyles, we can go on. We can have minor tears. An important point is: we'll never be pre-baby again. If you've had a baby, you'll never be pre-baby again. You'll never have not been pregnant again. Your body will be post-baby forever. There is something so wonderful about that. You've had this life passed through you, and there is change. Change on every level. Physical is just one area where we experience change. That's really something important to think about. Not to make choices for anybody, but if you have a minor tear, and it is bothering you cosmetically, and you want someone to suture it so that you look more like you did before, then that's your business. I just think the big picture message we're putting out there for women who haven't birthed yet is that it's largely a male vision that things need to go back to the way they were, when that's not the way the experience that most women actually have.

A very important point that I want to bring up as well, when we're talking about unrealistic expectations about our bodies, what about our expectations about life and the immediate postpartum? I know I've seen this before with women I've worked with who have several kids. Maybe they have two and they've just had a 3rd, and they want to be stitched because they want to get back to their lives really quickly. Having a minor tear means resting and healing and respecting your body and taking it easy. I think it is an issue

that you want to be sutured so that you can get up and run around and do laundry and walk around the block and take your kids to school. Again, that's your choice, but step back for a minute and see what you're communicating to your daughters. Is that really what you want to say? Most women, I think, when given half a chance, will rest and will do so for at least a couple of days after the baby is born. I don't think most of us are absolutely dying to get back to doing wash and dishes, but there's that expectation. You can listen to my postpartum podcast if you're interested in a Sacred Postpartum arrangement for yourself. But there's an expectation that we get back to life, lickety-split. Big deal, you had a baby...get back to your responsibilities. I think tearing can be the perfect excuse to say "Hey look, I need to rest. It's gonna be at least 10 days until this tear is completely healed, so I'm gonna be here with the baby." Whatever it takes, right?! That's actually a really wonderful postpartum, to have those first 10 or 14 days with your baby, in your bed or in your room.

I think we need to consider that maybe minor tearing is a normal part of the birth process. Some women have no tearing at all...I've seen many, even those with 9 ½, 10 pound babies. Size has nothing to do with it, who knows why. Many women won't necessarily tear, but if you do, and you do in a minor way like many of us, perhaps that is a message in the big picture to remind us to rest. Consider that. I don't think this is being taught out there in the larger world, I don't know for sure, but I know there aren't many midwives who are educating women in this way and it's because they can and will suture and that's great, and all, if you want it. But I think there are some questions to be asked of your birth attendants, as far as suturing goes.

What does it say to women when we tell them they "just need a stitch"? I've seen that attending births with other midwives. My personal philosophy is: If it needs A stitch, as in ONE or TWO, why bother?! It's a serious thing to put a foreign object like suture material into your body. It's not a little deal, or at least it isn't to me. It's kinda a big deal. And what is that saying - how many midwives go to births and then say that to somebody; "You just need a stitch" or "That would look better with a stitch"? They aren't talking about natural healing, they're not talking about rest, and I think the bigger issue is this; there's something unspoken that says "You need my assistance". Maybe I'm being crazy. It's just my opinion, but I believe women can birth without help from anybody. I believe most women are perfectly capable of birthing babies without hands on them, without being told what to do, and I most definitely think we don't need anybody to save us after the birth, either, in normal circumstances. Again, a minor tear...why? Why do you need (or want) someone's help with that? A more relevant way of putting it is someone saying to you "It's just a stitch. Let's just do one." Interesting... and I know many women are thinking that, many that I've talked to, because even women planning unassisted births are saying "Should I have someone come look at my bottom after birth?" Well, maybe. That's your choice, but it's a major concern for women having unassisted births, having someone to come after the birth and perhaps stitch them. If that's what you want to do, go for it. But I don't think people are thinking through all these things, I don't think they have all the information.

Did you know that there were a couple of papers (as in scholarly papers) in 1999 and 2000 on this growing trend of midwives and mothers recognizing that there are negative effects of suturing minor tears? That may be a news flash to you - and I don't mean that sarcastically, because there was a time in my training when I had no idea that stitches could really be negative. I watched one midwife that I worked with pretty much suture everybody after normal, healthy homebirths. I didn't, at the time, really think that there was anything negative about being sutured, but there is, and we'll get to that.

It is commonplace that 1st degree tears are left alone - those are tears that go superficially through the perineal skin - and they are left alone with the understanding that they are not bleeding very much and the

skin looks like they will easily heal back together. You don't want to bleed a lot from a tear, and most don't, especially when they're minor. Those are basically the two rules midwives go by when visualizing a tear (looking at it to assess it): Is it bleeding too much and Does it look like it'll heal together, or is it gaping open? As long as these two conditions are met, we leave them alone, for the most part. Many people think 2nd degree tears - which go through some muscle - MUST be sutured. I learned that in my training; anything that looks like 2nd degree must be repaired, but I've actually heard from doctors that it doesn't have to be. There was a study in 2000 (Lindquist was the name of the study), and it was limited to small 2nd degree tears, but they found that leaving 2nd degree tears alone improved breastfeeding (no surprise there), and to quote the study: "there were no deleterious effects compared with suturing, and more complaints from sutured women regarding discomfort." In many cases, even anecdotally from my world, women report that sutured tears were more painful and that they didn't heal as well. That is the opinion of many women, and apparently not just opinion, as we can see from the actual study.

Another study in 2006 (Langley was the name of this study) looked at larger 2nd degree tears, but those that were not bleeding too much and that were laying together and not gaping. They found that the non-sutured group healed slower, but yet at 6 weeks postpartum, the non-sutured group was the same as the sutured group, as far as healing goes. This study followed up at 1 year postpartum with both the sutured and the non-sutured, and found that there were no differences. So...at the very least, leaving 2nd degree tears alone should be an option. So that's a good question to ask of someone attending your birth, and it's a great question to ask after your own birth. Ask to see a tear, if you think you have one. Ask your attendants to show you what they see, if you have someone look. Be really informed. I know, having been there, that it's easy to want to just forget about it - you're holding your baby, the last thing you want to do is look at your bottom and make a choice. But it's really a time-sensitive issue, and if you do tear - minor or major - I think it's best to know early on. Later it's very difficult to suture something serious. Even if it's minor, you should want to know because you may decide to take the route of natural healing methods and you need to decide what to do.

Some suggestions for all of you, from my perspective, as far as tearing goes:

- Prevent as much as you can. Look into nutrition that supports tissue integrity. Learn about physiological birth. Learn about the Fetal Ejection Reflex and how that works. Learn about pelvic floor health, a la Katy Bowman. Learn about hormones and how they affect the way our bodies birth. The Fetal Ejection Reflex alone is really interesting, because most women - not all, but most women - experiencing a natural ejection of the baby will do it in an upright position. We know from other studies that upright positions are often associated with the least amount of tearing.
- Examine yourself after birth. As unpleasant as it sounds, it's not that bad. Get someone to help, if you want. Get them to hold the mirror, if they know what they're looking at, get them to tell you what they see. Look at your body, or get your partner to look at it. Don't neglect this part of your experience just because it's not something you feel like doing, or you feel like you don't need to care. This is your body! Nobody is going to care more than you do. Then you can make the best decision for yourself, whether that be sutures or not.
- Understand how sutures work, to the best of your ability. Sutures are to hold the skin together, that is the purpose and function of sutures. I remember being a student and thinking that sutures did something magical for healing, that sutures were somehow superior to what our bodies can do naturally. That is not true at all! If you're bleeding, from this tear, sutures might be warranted, but understand what they actually do, which is hold the skin together. They are not better than natural healing, and they may be worse, really.

- What's the skill of the person you're asking to do it (this isn't to talk down about midwives - I myself don't suture and I wouldn't because I would suture so little that I wouldn't be very good at it. If there was something that truly needed to be sutured, I would prefer that a professional surgeon take care of that. I am not that, in any sense of the word.) How often do they suture, do they feel confident? Many midwives *will*, and only do it a couple of times a year, which sounds great, but then you could end up with an experience like mine after my 3rd baby, and it takes an hour and a half to do a couple of stitches. It's ridiculous, and quite painful for the woman. If the person is inexperienced, they may pull the sutures too tight, or leave them too loose.
- Understand the risks of sutures. Sutures might result in an infection, for a variety of reasons. You may be allergic to the sutures, and have an allergic reaction to this foreign substance in your body. You may be allergic to the anesthetic used. You really want to know what you might get if you choose sutures, they aren't just a fix-all.
- Natural healing ideas for tears are: good nutrition, Vitamin C, raw organic honey, seaweed, superglue, essential oils (helichrysum is one that will literally knit the skin back together) and there are herbal baths and compresses (comfrey in particular is great). You can assemble your own arsenal of things to do if you do, indeed, have a minor tear, and you feel comfortable doing those things.
- You can also consider doing nothing. That's an option. A normal, healthy woman with a good diet, and with adequate rest may not need any of these things. I, myself, have done many of them: essential oils, herbs, raw honey, and that was my personal preference, and I felt like these things would support what I was already doing, which was resting and eating well. I don't necessarily believe that we have to do anything. With minor tears, I have to believe that under normal circumstances, in healthy people, that our bodies will heal! It's ridiculous to think that we need so much help. What help you choose, natural or not, is up to you.

Some questions to ask your birth attendant that I think are important, because I did mention that, and see how you feel about their answers:

- In general, how do they feel and what do they believe about tearing?
- Do they suture or not?
- What sort of tears do they think require suturing?
- What happens if they think you've torn more majorly - 3rd or 4th degree tear? In my opinion, these are both pretty serious. I don't think anyone wants tears into our anus or rectum! That is serious. If I saw that, or thought a woman might have that sort of tear, I would definitely recommend getting it repaired by a surgeon, and not leave it alone, at all. I certainly wouldn't for myself.

If you really do need to transport to get a tear repaired by a surgeon, be aware that many caregivers as a matter of course, do rectal examination after birth, along with the vaginal examination to check for vaginal tears. That's up to you to choose that or not. Many midwives say it's terribly negligent to NOT do a rectal examination, because they believe they can't know if a woman has torn. For me, myself, I would not consent to a rectal examination after birth, unless I thought I tore that badly for some reason. I just think for myself, I would know. I would KNOW if that were the case. To each her own...just to make you aware, that some may offer to do a rectal examination, and you'll need to decide that for yourself. I don't know if some practitioners, be it doctors or midwives, even necessarily ask consent, which is terrible, and it's just part of the exam.

If you do decide on going to the hospital to be sutured, or if you're in the hospital, still ask to be shown what's going on. As you can probably guess, when you ask that in a hospital setting, they might look at you like you have 10 heads. Who cares?! Ask for a mirror, have someone there to help hold it and watch what's going on, or at least look at the before and after. This is your body! I think suturing is completely over-done, in a general sense, and even in my learning experiences in a homebirth arena. I think it's being WAY overdone and many women are being sutured and thinking that's a part of natural, physiological homebirth, when it's not. If it does apply to you, be informed. Ask to see, ask what sort of tear it is (what degree), ask about the sutures being used, ask questions because this is your body. As I've already said, nobody cares more than you do.

Here ends my rather long podcast on tearing after birth. I hope this has given you some things to think about and some more information. Hopefully you're inspired to investigate some of these things further, whether it be textbook-style education, or just asking yourself a few questions, or preparing differently for your birth. I hope it's been helpful.

Thanks again for listening. We have so many great resources at [indiebirth.com](http://indiebirth.com). So many of them are free, such as these podcasts, and blog articles. We offer consults and have a 5-week online class called *How To Have An Indie Birth*. Catch you next time!