

## PRINTER: Cut sheet on dotted line exactly (at 75)

### Postnatal care For further information see pages 13, 15 and 17

At each postnatal assessment your midwife will check to see if you have any problems or symptoms which may affect you after the birth. Please discuss any worries or questions that you may have with your midwife.

**Infection.** The midwife will check your temperature, pulse and breathing rates as required, depending on the type of birth you have had. A high temperature, rapid pulse and increased breathing rate may be a sign of infection. This is more likely if you are experiencing other symptoms such as pain on passing urine, a painful perineum (see below) or abdominal wound, and/or abdominal tenderness.

**Blood pressure (hypertension).** Pregnancy induced hypertension or pre-eclampsia may occur up to 3 days after the delivery. High blood pressure may cause severe headaches or flashing lights. This is very rare, but if any of these symptoms occur you need to inform your midwife or doctor immediately. Your blood pressure will be checked after the birth and subsequently as required.

**Breasts** All new mothers produce milk in their breasts whether they choose to breast or bottle feed. After two to three days the breasts may become full and tender but this generally resolves spontaneously. However, if it worsens or you develop flu-like symptoms and the breasts are hard and have a red mottled appearance, this is breast engorgement and you should contact your midwife for additional help. If you are breastfeeding, you will need to feed your baby more often to relieve the symptoms. Your midwife will check that your baby is attached effectively. Whether you are breast or bottle feeding your midwife will advise you on how to relieve the discomfort.

**Uterus (womb).** After the birth your uterus should gradually return to its non-pregnant size. This can take about 10 days. By gently feeling your abdomen your midwife can check this recovery process. Sometimes it may take longer, which in most cases is normal. Occasionally this may be a sign of retained blood or fragments of the placenta or membranes. Often this problem resolves spontaneously, however if you have any heavy bleeding, abdominal pain or a high temperature then referral to your doctor for antibiotics or further treatment may be required.

**Blood loss (lochia)** Some vaginal bleeding straight after delivery is normal. Your midwife will measure this and record it as estimated blood loss in your notes. Vaginal discharge after childbirth is called lochia - a mix of blood and other products from inside the uterus. At first it is bright red, and then becomes a pinkish brown, turning to cream. It can be quite heavy at first, requiring several changes of sanitary pads a day. After the first week it slows down, but you may find it lasts three or four weeks before finally disappearing. If you start to lose fresh red blood or clots, have abdominal pain or notice an offensive smell, inform your midwife or doctor. However, some fresh red blood loss is normal after a breastfeed.

**Legs (thrombosis).** All pregnant women are at a slightly increased risk of developing blood clots (thrombosis) during pregnancy and in the first weeks after the birth. This risk increases if you are over 35, overweight, a smoker or have a family history of thrombosis. You are advised to see your midwife or doctor if you have any pain, redness or swelling in your legs. This may be a sign of DVT (deep vein thrombosis). If you have pain in your chest, with shortness of breath or coughing up blood, this may be a sign of pulmonary embolism (blood clot in the lung) and you should inform your doctor or midwife immediately.

**Bladder (passing urine).** Soreness after the birth can make passing urine painful initially, but it should resolve quickly. Drinking plenty of fluids to keep the urine diluted helps. If you have problems passing urine after the birth then a warm bath or shower might also help, but if it persists your midwife will refer you for medical advice. Sometimes leakage of urine may occur on coughing or sneezing, this is known as stress incontinence. Some women may need to wear protective pads. If so, let your midwife or GP know. They can refer you to a continence adviser, once other underlying causes such as infection have been excluded.

**Bowels (passing faeces/motions).** Constipation is very common after childbirth. This can be made worse by haemorrhoids (piles). Piles can be treated using good hygiene, Anusol cream, lactulose and pain relief. A high fibre diet including fresh fruit and vegetables and drinking plenty of fluids can help to prevent constipation. It may feel more comfortable if a clean sanitary pad is held against the perineum when having your bowels open. Occasionally women may have urgency, both of wind and motions or have difficulty getting to the toilet in time. This is not normal and you can get help. Your midwife or GP can refer you to a specialist if any of these problems occur.

**Perineum (area between vagina and anus).** Your midwife may check your perineum to see it is healing especially if you have had a tear or stitches. The stitches usually take about two weeks to dissolve and throughout that time your perineum should continue to heal. Regular pain relief will help with any discomfort, try to avoid constipation. It may be easier to lie on your side rather than on your back, especially when you are breast feeding. The perineum is a common area for infection and should be kept as clean and dry as possible.

**Pain** It is not unusual to have some pain following the birth. This can be as a result of the type of birth you have had. It can vary from minor discomfort which is eased by bathing and paracetamol, to post operative pain requiring prescribed pain relief by your doctor. If you develop any type of pain, always tell your midwife and she will advise you on what to do to ease the pain.

**Sleep** As your nights will be disturbed caring for your baby, it is important to catch up on sleep when you can as your body is still recovering from the birth. Try to have a sleep or a proper rest at least once a day when your baby is sleeping. Resist the temptation to catch up on chores.



