



## Special features

Booking blood pressure  Blood group  Age  Para  +  Last Hb & date

Key points (i.e. specific antenatal/intrapartum/postnatal events)	Estimated blood loss: (mls)
Medications	Allergies

## Important symptoms

**Abnormal vaginal bleeding.** Varying amounts of blood loss during and after the delivery affect women in different ways. If you begin to develop symptoms including palpitations, dizziness, a rapid pulse, weakness, sweating and restlessness following or during a heavy blood loss, you should contact your midwife or GP immediately.

**Infection:** Signs of infection to look out for following childbirth are: fever and chills; lower abdominal pain and tenderness; offensive, foul-smelling vaginal discharge; and a tender uterus. If you develop any of these tell your midwife or GP.

**Headache with neck stiffness, fever and visual disturbances.** Many women may suffer from tension headaches and/or migraines after the birth. These usually resolve with mild pain relief (eg paracetamol) and rest. Relaxation exercises may also help to get rid of tension. If however you have a sudden onset severe headache with neck stiffness and a high temperature you should contact your midwife or GP straight away. If the severe headache occurs within 3 days of the birth and is accompanied with heartburn-type pain, blurred vision and 'flashing lights', nausea or vomiting, you should also contact your carers as this may indicate a sudden rise in blood pressure, which may require treatment. If you had an epidural and then develop a headache which worsens when you are upright but is relieved when you lie down and is accompanied by nausea and vomiting and ringing in the ears, this could be symptomatic of epidural complications and should be reported to your midwife or GP.

**Red, painful area on the breast.** This is most common in women who are breast feeding and maybe due to infective or non-infective mastitis. Symptoms are a high temperature and flu-like symptoms. Non-infective mastitis is usually caused by blocked milk ducts. It is relieved by frequent feeding and effective attachment. If the symptoms persist after a couple of feeds, there maybe an infection present, especially if you have cracked nipples. You may need antibiotic treatment. Neither is a reason to stop breastfeeding, as this helps to keep the milk flowing and relieve symptoms. Your midwife will check that your baby is attached effectively, and will show you how to relieve the symptoms by massaging the breast as well as how to hand express between feeds. Pain killers will help to relieve the symptoms and it is important to rest and drink plenty of fluids.

**Breast feeding and thrush.** Some women develop thrush in their breasts. This may happen if you have been given antibiotics or as a result of cracked nipples. You and your baby may have no signs of infection, but if you develop marked nipple pain or, shooting pains deep in your breasts during feeding, which continues after the feed, contact your midwife or GP as you may need treatment for thrush.

**Persistent fatigue, faintness, dizziness, tingling fingers and toes.** These are all symptoms of anaemia, which is caused by too little haemoglobin (Hb) in the red blood cells. This can be treated with iron supplements and dietary advice. If you are concerned, discuss this with your carers.

**Backache.** This is common after childbirth and is likely to improve with mild pain relief and normal activity. Your midwife will advise you on the correct posture when handling, lifting and feeding your baby. If you experience pain radiating down one or both legs, this could be nerve root pain (sciatica) and you should consult your GP.

**Painful intercourse (dyspareunia).** After childbirth it is not unusual for intercourse to be uncomfortable initially and may be one of the reasons why many couples find enthusiasm for sex reduced for a time. Lubricant gel may ease the soreness and effective contraception may relieve the added concern of another pregnancy. However, if the pain persists see your GP, who can assess whether you may need to be referred to a specialist.

## Planning for next time

It is recommended that you do not have intercourse until after the bleeding has stopped for a few days and you feel ready. This allows time for healing to take place and to prevent infection. It may take longer depending on your own recovery and if you have had stitches or a caesarean. It is very common during the early months to experience a reduction in sexual desire, due to many factors such as tiredness and adjusting to your new role in life. Returning to normal sexual relations is very dependant on the individual.

**Family Planning** There are many forms of contraception, ranging from natural family planning - such as methods based on urine testing, barrier methods - male and female condoms, diaphragms, caps and spermicidal foams, creams and jellies. Hormonal contraception - pill and implants. Intra-uterine devices (coil) are also available. Permanent methods are tubal ligation for women and vasectomy for men. All these choices may seem confusing. Your midwife can provide you with leaflets to help you and your partner choose the method that is most suited to you both. You can also ask your GP, practice nurse or family planning clinic for more information on any method that you are interested in. You should return to your chosen method of contraception within four weeks of the birth to ensure protection. It is also important to be aware that most methods of contraception do not protect you from sexually transmitted infections.

**Folic acid.** When you are trying to get pregnant again, you should take a 400 microgram (mcg) folic acid supplement each day, from the time you stop using contraception until the 12th week of pregnancy, to protect your baby from spinal defects. If you have diabetes; you or your family have a history of spinal defects, you will require a higher dose 5mg. See your GP who can advise you.

Name
Unit No