

# Caring for yourself and feeling well after you have had your baby for women

The time from the birth of your baby until six weeks after is known as the postnatal period. This is when the bodily changes that occurred as part of your pregnancy return to their normal non-pregnant state, your hormones readjust to provide breast milk and your body tissues recover from the effects of the pregnancy and birth.



In collaboration with The Centre  
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This leaflet is based on the best available research evidence and is one in a series of 25 Informed Choice topics

**This publication is designed to help you make the right choices for you and your baby.**

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However, the type of birth you experience, the health of your baby, and the challenges of the first few weeks of motherhood will all impact on your health and mindset, which is why many adjustments have to be made before you feel you have returned to normal.

**Women vary a lot in how quickly they recover physically and emotionally from their pregnancy and the experience of giving birth. You may feel that your body has got back to 'normal' in a few weeks, but it can take much longer to adjust to the emotional changes of being a mother, especially for the first time.**

This leaflet looks at the major health challenges around physical recovery that many women face after childbirth, as well as the psychological and other social aspects of becoming a mother or increasing the size of your family. The more specific psychological health aspects of motherhood are covered in the Informed Choice leaflet *Mood changes after childbirth*.

## Your health after childbirth

Some women find that the physical symptoms they experience after childbirth carry on for longer than they expected. If this applies to you, regardless of the time frame of these problems, it is important that you seek advice if you are anxious and/or feel that you have not fully recovered from your pregnancy or from the birth.

It is very rare for women to suffer from serious or fatal illnesses after giving birth, although there will always be a risk of these occurring. The current interest in women's health is more about the effect that motherhood can have on a woman's mental health, the risks of being overweight or obese on your general health during and after a pregnancy and the importance of the right care if you develop any health problems after you've given birth.

The most common health problems that are reported by mothers following the birth of their babies are:

- **backache**
- **stress incontinence (leakage of urine when coughing, sneezing or laughing)**
- **exhaustion**
- **breast problems, such as mastitis (inflammation of the breasts) in breastfeeding women**
- **pain and discomfort around the birth canal (also referred to as perineal pain)**
- **haemorrhoids and constipation.**

A small number of women may experience more specific problems related to their bowel function (the most serious of these might be 'faecal incontinence'), headaches, and also pain or discomfort during sexual intercourse (called 'dyspareunia').

## How postnatal care and support can help you

Apart from your partner, friends and family, there are many people in the health services available to help and support you. You will continue to have contact with a midwife for a minimum of 10 days; this can be as visits to you at home, or by telephone calls if you need advice. Midwifery support can continue up to 28 days according to your needs. You can also see your GP at any time and your health visitor will make contact with you after the first couple of weeks and give you information about baby





clinics and other postnatal support groups. This is an important part of your postnatal care as the support of midwives and health visitors can not only help you with your health following the birth, but also help you to adjust to parenthood as well as finding ways to reduce any anxiety or stress you might be experiencing as you learn to care for your newborn baby and cope with sleepless nights.

Many women experience a range of problems, either immediately or in the first few days postnatally, or several days or weeks after that. If you are left with a problem you did not have before you became pregnant, it is a good idea to seek advice as the majority of these symptoms can be resolved.

## Your physical health after childbirth

There is a range of conditions that can arise both physically and psychologically in the first few weeks after the birth. Your womb (uterus) begins to return to its non-pregnant size (this is called 'uterine involution'), associated with this is vaginal bleeding (called 'lochia'), which gradually lessens and resolves over a few weeks. Your midwife will check that these normal body changes are happening as they should; they will also monitor your blood pressure and any potential signs of infection in other parts of the body, such as urine or breast infections.

### Uterine involution

Your midwife will check your abdomen to make sure that your womb (uterus) is returning to its non-pregnant state and that your vaginal loss is also diminishing. The rate at which your uterus reduces in size and the amount of bleeding that you experience postnatally, have been found to vary between women. For this reason be sure to tell your midwife if you have any concerns about your vaginal loss. You must report changes in the amount of loss, its colour (eg if it was a brown colour, then returns to bright red) or smell, or if you feel generally unwell or have abdominal pain, so you can be referred to your GP.



John Dowland © Getty Images

### Sore stitches around the birth canal

You can help reduce the soreness by taking pain killers and by using 'comfort measures', such as applying cooling gel pads or ice packs. If you had a forceps or ventouse delivery, you might have more pain and discomfort in the area around the birth canal (perineum). Research studies may not be able to provide the evidence to support a range of measures that women have reported finding helpful, but there is evidence that painkilling suppositories (Diclofenac) are the most effective medication, especially in the first few days after the birth and these can be prescribed by the hospital doctor or your GP.

Research has found that women who have swelling, bruising and pain in the area around their birth canal, find that these symptoms are reduced by applying ice packs or cool gel pads during the first 24-72 hours after the birth. Research has also

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found that adding an antiseptic such as 'Savlon' or salt in bath water is not effective in reducing perineal pain, though the use of water as a soothing and comfort measure can benefit your overall body and perineal hygiene.

Ultrasound or pulse electromagnetic therapy may be offered by the physiotherapy services, although studies about the effectiveness of these are inconclusive.

### Bladder function

Once your baby is born your body naturally tries to get rid of the extra fluid you have been carrying around for the past few months, which is why your urinary output is an important part of your post birth care. Therefore, in the first 24 hours or so after the birth you may find you pass large quantities of urine frequently. Some women may have some temporary injury to the tissues around their bladder (eg because they've had a forceps or ventouse delivery), or have a loss of bladder sensation because they have had an epidural and are unable to pass urine. While this usually resolves itself within a few hours of the birth, some women continue to have problems. It's recommended that you should pass urine within six hours of giving birth. If this doesn't happen, you may be encouraged to take a warm bath or shower to help. If you still cannot pass urine, the midwife may examine you to see whether there is urine left in your bladder. If this appears to be the case, the midwife will advise that they drain the urine away by passing a small tube (catheter) into your bladder. The catheter may be left in place for 24-48 hours to let the tissues recover and you should not have any further problems.

### Pelvic floor exercises

Research has shown that doing pelvic floor exercises can improve your muscle tone and prevent you developing stress incontinence.

### Bowel function

Being able to open your bowels after giving birth, especially if you have had stitches to the area around your birth canal, may cause you great anxiety because you may be worried that your stitches may split. In addition, because of the hormonal influences, many women have already suffered from constipation and/or piles (haemorrhoids) in pregnancy and these difficulties may continue for a while after the birth of your baby. There are some remedies that can help apart from taking laxatives, although senna and lactulose are effective and can be taken if required. It is advisable to seek advice from a midwife or GP before taking any medication to relieve constipation. Haemorrhoid preparations can also help to relieve swelling and discomfort. Your diet, as well as a possible reduced fluid intake just before and around the time of birth, may also contribute towards constipation in the first few days after the birth.

The best advice is to maintain a diet that is rich in fibre and to drink plenty of fluids. Constipation that has been a problem in pregnancy should resolve within a few weeks of the birth. If it continues beyond this, it would be advisable to see your GP.

### Other concerns

Headaches are also one of the most common symptoms reported by women in the postnatal period and it's believed that the cause is often related to the lifestyle changes of motherhood. In the first day or so after the birth, the reasons for this can include having had insufficient fluids in labour and becoming dehydrated, or they can occur as a result of complications from having an epidural. If you had an epidural, your headache is likely to get worse when you are standing and get better when you are lying down. You should tell your midwife or GP if this applies to you. Headaches can also be a symptom of lack of sleep, and irregular or missed meals and drinks which is common when you are caring for a new baby. There is also the increased anxiety associated with the care of the new baby and the changes in hormone levels now the

pregnancy has ended. However, headaches can also indicate a bigger problem when they are associated with a history of high blood pressure (called 'hypertension') and if the headache does not get better after taking a regular pain killer, it is important to contact your midwife or GP so that your blood pressure can be checked. For further information see the Informed Choice leaflet *Epidural pain relief in labour*.

## Skeletal problems

The hormonal influences of pregnancy affect the muscles of your pelvis, which assist your baby's passage through the birth canal. The movement in the pelvic bones can cause a painful condition called 'symphysis pubis dysfunction' to develop. If you experienced this during your pregnancy you will also need ongoing care after your baby's birth, including possible referral to a physiotherapist.

Research has found that problems with backache are also common after childbirth. While the link to the use of epidurals and backache has not been proved, it is possible that your position in labour and lack of mobility might lead to back pain. At present there is no consistent advice on how to help and relieve backache, although a range of conventional pain relieving drugs and treatments, as well as use of complementary therapies have been suggested.

## Other problems

### Blood clots (thromboembolism)

If you are at an increased risk of developing blood clots, eg because you are significantly overweight, smoke or aren't very mobile, your midwife and doctor will keep a close eye on you to observe for signs that a clot is developing in the veins of your leg. If it is thought that you are at increased risk of developing thromboembolism you can wear specially designed compression stockings, which promote increased blood flow. However, further

research is needed in this area. If one leg is painful, especially around your calf, or one ankle is swollen more than the other, you should seek advice from your midwife or GP.

## Breastfeeding

If you experience breastfeeding problems such as sore or cracked nipples, breast engorgement (where the breasts are very full of milk and become hard and painful), blocked milk ducts and mastitis (inflammation of the breast), you will require referral and specialist support, as this can lead to serious infection. At the first signs of any possible problem you should ask your midwife for more help and advice.

## Fatigue

Sleep is fundamental to physical and psychological health yet, postnatally, you may find rest in the hospital environment somewhat challenging, being disturbed by your own or other babies at night and a noisy, busy hospital during the day.

Once you're at home, early parenthood will also severely affect your sleeping patterns and this can be an area of anxiety, especially if you are unaware of the realities of early motherhood. Your fatigue can be eased if your partner, friends and family all help support you in caring for your new baby. Research also shows that, if you are breastfeeding, resting while your baby is asleep can help alleviate extreme tiredness.

The relationship between lack of sleep and feelings of fatigue or tiredness can also be complicated by having a low iron count (called 'anaemia'). This is more likely to occur if you have had heavier than normal blood loss at the time of your baby's birth, or in the early days. Anaemia leads to low energy, dizziness and feelings of exhaustion that can make you feel depressed and then affect your sleep patterns. For further information see the Informed Choice leaflet *Anaemia – preventing, detecting and treatment in pregnancy and beyond*.



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### Diet and exercise

There are now more women entering pregnancy overweight or obese, but the birth of the baby can offer an opportunity for you to lose weight and to begin an exercise regime that will benefit both you and your baby in the future. Another advantage of taking regular exercise is the chance it gives you to get out of the house and meet other women, whether in a postnatal exercise class, or when taking exercise with your baby, such as swimming together. Overall, the proactive nature of exercise and its ability to help you get back in shape can all help to improve your physical and psychological well-being.



### Six week check

You are advised to visit a health professional, usually your GP, between six to eight weeks following the birth to check on your overall health and that of your baby. The six week check is also viewed as an opportunity to undertake cervical smears. Recent surveys on postnatal contraceptive advice suggest that such advice is being offered to the majority of women prior to their GP visit and that at least half of women have resumed having sex before their six week check.

Information about contraception choices after the birth of your baby can be found in the Informed Choice leaflet *Sexual health and contraception – before and after childbirth*.

### Adjustment to motherhood

You might have had a clear idea of what you thought life would be like with your new baby and now you have found that the reality is very different. This mismatch between your expectations and the reality, including your choices for the birth, has been found to affect how well you adjust to motherhood. In addition, tiredness can make coping more difficult and you may not be able to be the mother you think you should be. This is well recognised and however 'busy' you might think your midwife, health visitor or GP might be, they will all be willing to discuss this with you and help put your mind at rest.

### What we don't know

Further research is needed about what interventions might improve women's experiences of the postnatal care they receive in hospitals.

To find out more about your options, please discuss this leaflet and any questions you may have with your midwife or doctor. More detailed information can be found in the professionals' version of this leaflet.

## Questions you may want to ask

After reading this leaflet there may be some things you are still not sure about. You can use this space to write down any questions you may have and any things you would like to discuss with your midwife or doctor

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