

Maternity

After birth (Postnatal) care for mothers

The healthcare team that provide care after the birth of your baby includes: midwives, student midwives, midwifery support workers, health visitors, doctors, specialists, physiotherapists and your GP (family doctor). The midwifery team will offer support and advice and work with you to develop a personalised care plan including your choices and decisions about your care. They may visit you at home, complete a telephone assessment or arrange for you to attend a community hub or clinic. 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/questions with your midwife, GP, obstetrician, specialist or health visitor. If you find you have any of the symptoms listed, please contact your midwife, GP or Labour Ward Triage (02476 967 333).

Infection - The midwife will check your temperature, pulse, blood pressure and breathing rates as required, depending on the type of birth you have had, to look for signs of infection. Practice good personal hygiene by washing your hands properly before and after preparing food, using the toilet, sneezing/blowing your nose. Wherever possible keep away from people with an infection e.g. diarrhoea and sickness, cold/flu or any rash illness.

What to look out for:

- High temperature
- Rapid pulse
- Increased breathing rate
- Pain when passing urine
- Diarrhoea and sickness
- Rashes on your body
- Painful wound – abdominal or perineal



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Sepsis - This is the immune system's overreaction to an infection or injury. This is a rare but serious condition which can look like flu at first, sickness and/or diarrhoea (gastroenteritis) or a chest infection. If not treated immediately, sepsis can result in organ failure and death. With an early diagnosis, it can be treated with antibiotics.

What to look out for:

- Slurred speech or confusion
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- You feel like you are going to die
- Your skin is red and blotchy (mottled) or discoloured.

Blood pressure - Your midwife will monitor your blood pressure after birth. Some women suffer from tension headaches and/or migraines after the birth. These usually resolve with mild pain relief, drinking adequate water and rest. Pre-eclampsia or pregnancy induced hypertension usually occur in pregnancy, but it can occur for the first time after birth. It usually disappears after the baby is born, but in some women, it can take longer for the blood pressure to return to normal. If your blood pressure is raised after birth, you may need to stay in hospital longer for your healthcare team to monitor you closely. Some women need treatment or medication to lower their blood pressure.

What to look out for:

- Severe Headaches
- Blurred vision
- Spots in vision
- Nausea and vomiting
- Heartburn type pain

If you had an epidural and then develop a headache, which gets worse when you are standing or sitting up but is relieved when you lie down, it could be a symptom of epidural complications and you should contact your midwife immediately for advice. You may also feel sick or dizzy (nausea) and experience vomiting and ringing in the ears.

Breasts - All new mothers produce milk in their breasts whether they choose to breast or formula feed. After two to three days the breasts may become full and tender, but this generally fixes itself. . 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

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should contact your midwife/breastfeeding specialist for advice. 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. Wearing a well-fitting bra will help to support your breasts. Whether you are breast or formula feeding your midwife will advise you on how to relieve the discomfort.

Red and painful areas on the breast are common in women who are breast feeding, and may be due to infective or non-infective mastitis. Symptoms are a high temperature, feeling generally unwell and flu-like symptoms. Non-infective mastitis is usually caused by blocked milk ducts. It is relieved by frequent feeding and making sure your baby is attached to your breast effectively when feeding. If the symptoms persist after a couple of feeds, there may be an infection present, especially if you have cracked nipples and you may need 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 correctly and will show you how to relieve the symptoms by massaging your breast and how to hand express milk between feeds. Pain killers will help to relieve the symptoms and it is important to rest and drink plenty of fluids.

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

Uterus (womb) - After the birth your uterus should gradually return to its non-pregnant size. This can take about 10 days. Your midwife may check this recovery process by gently feeling your abdomen. 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 goes away by itself.

What to look out for:

- Heavy bleeding
- Abdominal pain
- High temperature

Blood loss (lochia) - Some vaginal bleeding straight after birth is normal. Your midwife will measure this and record it 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

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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. However, some fresh red blood loss is normal after a breastfeed. The use of tampons is not recommended until you have had your 6 week postnatal check-up at your GP surgery. Inserting a tampon can increase the chance of you developing an infection.

What to look out for:

- Losing fresh red blood or clots
- Have abdominal pain
- Offensive smelling loss
- High temperature
- Palpitations
- Dizziness
- Rapid pulse
- Sweating

Legs and blood clots (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 (BMI >30), a smoker, have certain medical conditions or have a family history of thrombosis.

What to look out for:

- Pain, redness or swelling in your legs. This may be a sign of a DVT (deep vein blood clot)
- Pain in your chest, with shortness of breath or coughing up blood. This may be a sign of a blood clot in the lung (pulmonary embolism)

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.

What to look out for:

- Passing no urine
- Incontinence
- Pain when urinating

You should perform pelvic floor exercises to strengthen your pelvic floor muscles. If you are experiencing incontinence, speak to your midwife or

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GP who can refer you to a specialist, once other underlying causes such as infection have been excluded.

Bowels- passing poo (faeces) - Constipation is very common after childbirth. This can be made worse by lumps in and around your bottom (anus) called haemorrhoids (piles). Piles can be treated using good hygiene, haemorrhoid 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 area between vagina and anus (perineum) when having your bowels open.

What to look out for:

- Urgency passing wind and poo (faeces)
- Difficulty getting to the toilet in time

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 because of the type of birth you have had. It can vary from minor discomfort, which is eased by bathing and pain relief e.g. 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 and rest when your baby is asleep. It may be tempting to use this time to catch up with housework, but rest is very important. Ask friends/family to help with housework/shopping or looking after your baby whilst you have a nap/rest.

Caesarean section - After your caesarean section your blood pressure, pulse, temperature, breathing rates and pain level will be monitored

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frequently. This is to check you are recovering from your anaesthetic and the birth. If you are well and have no problems, you should be able to eat and drink. If you are hungry or thirsty, your midwife will advise you when it is safe to do so. You will be offered regular pain-relieving medication either in a tablet/liquid form or suppository. A tube which keeps your bladder empty (catheter) will be removed usually within 24-48 hours after your operation, usually when you are out of bed and mobilising. You may have a drain in the wound to allow fluids to drain away to help with healing. It usually remains in place for 24-48 hours and will gently be removed. Some women experience numbness around the wound and even in their abdomen for some time after the operation. This is normal as the nerves and muscles need time to heal. The midwives looking after you will discuss with you how to look after your wound and how to prevent it getting infected. They will regularly check your wound for signs of infection.

What to look out for:

- Redness, heat and swelling around the wound
- Increased pain
- Feeling unwell
- The wound starts to open
- Foul smelling discharge or pus from the wound
- High temperature

It is important to complete any prescribed antibiotics and to take regular pain relief as recommended by your healthcare team. Have a bath or shower daily, ensuring your wound is carefully washed and dried. Wear loose, comfortable clothing and cotton underwear to help keep your wound area from getting too hot and sweaty.

Going home after a caesarean section - Women usually stay in hospital for 2-3 days after the birth. If you and the baby are well, you may be able to go home earlier than this. When you go home, you should continue to take regular pain killers. There may be some things you can't do straight after the birth, such as driving a car, lifting heavy things and some exercises. Check with your car insurance provider about driving after a caesarean section. Some insurance companies require your GP to certify you are fit to drive. You will need to have a 6 week postnatal check to ensure that your body has recovered from your operation. This is usually with your GP. Most women who have had a caesarean section can safely have a vaginal delivery for their next baby, known as vaginal birth after caesarean (VBAC). However, you may need some extra monitoring during labour just to make sure everything is progressing well. Some women may be advised to have another caesarean if they have another baby. This

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depends on whether a caesarean is still the safest option for them and their baby.

Care of the pelvic floor and perineum - The pelvic floor is made up of the deep muscles that cover the bottom of your pelvis. They support the womb (uterus) and help to control the bladder and bowel. Throughout pregnancy, your baby is supported in the pelvis by your pelvic floor muscles. During birth, the same muscles become very stretched, which can then cause many common pelvic floor problems including loss of bladder and/or bowel control, pelvic organ prolapse and reduced sensation or satisfaction during sex. Exercising the pelvic floor muscles during pregnancy and after the birth of your baby can help to prevent problems happening. Pelvic floor muscle exercises are easy to perform and can be done anywhere.

How to exercise your pelvic floor - It's important to concentrate on the right group of muscles when exercising your pelvic floor. You shouldn't be working the muscles in your legs, buttocks or above your tummy button and you mustn't hold your breath. Feeling some slight tension in your lower abdominal muscles is normal. Tighten the muscles around your back passage (as if trying to stop yourself passing wind) and draw them up and forwards. At the same time, tighten the muscles around your front passage (as if trying to stop passing urine). You should feel a 'lift and squeeze' inside. Once you have found the right muscles, try and see what they can do. Work towards being able to complete the following routine:

- Squeeze and lift your pelvic floor muscles as hard as you can.
- Hold for a count of 10 seconds. If your muscles feel too weak to hold for 10 seconds, aim to build up the time slowly.
- Repeat this exercise up to 10 times. Tighten and lift your pelvic floor muscles as quickly and as strongly as you can, then relax.
- Do this up to 10 times.

Aim to perform these exercises three times a day, every day. Try to squeeze and lift your pelvic floor muscles each time you pick up anything heavy (e.g. your baby, car seats) and before you cough, or sneeze. This helps your pelvic floor muscles to support the downward pressure on your body. It is safe to gently restart your exercises even if you feel a bit sore or have stitches. If you have had a catheter (tube to drain urine from your bladder) wait until this is removed and you are passing urine normally. Initially you may find it difficult to feel your pelvic floor muscles working. It

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takes some weeks to build their strength back up. Take the exercises slowly at first but do keep trying because you will soon be aware of the pelvic floor muscles contracting and relaxing. Remember to include these exercises as part of your daily routine. Find times that work for you, perhaps in the bath, when resting in bed, or whilst feeding or cuddling your baby. It will take weeks of regular exercise to improve your pelvic floor muscles and perhaps several months to regain their previous strength. If you do your exercises three times a day, you should notice a difference after about six weeks. You can then reduce to doing the exercises to once a day. You need to do these exercises, every day, for the rest of your life. If you find the exercises difficult and they don't seem to be working after six weeks, talk to your midwife/health visitor or GP. They can refer you to a women's health physiotherapist for extra help. Chartered women's health physiotherapists, along with physiotherapists are experts in pelvic floor muscle exercise and training.

Chest Pain – Some women can experience symptoms of coronary heart disease for the first time following the birth of their baby. The risk of heart disease is increased if you smoke, have high blood pressure, have high cholesterol, overweight/obese or have diabetes. Therefore, it's essential that if you develop any of the following symptoms you seek **urgent medical attention by calling 999**:

- Severe chest pain spreading to your jaw, arm or back
- Your heart is persistently racing
- You are severely breathless when resting, especially when lying down
- Your experience fainting while exercising

Backache - This is common after childbirth and is likely to improve with pain killers and normal activity. Your midwife will advise you on your posture when handling, lifting and feeding your baby. If you feel pain radiating down one or both legs, this could be nerve root pain (sciatica) and you should see your GP for advice.

Painful sexual intercourse (dyspareunia) - After childbirth, it is not unusual for intercourse to be uncomfortable at first and may be one of the reasons why many couples find enthusiasm for sex reduced for a while. Water based lubricant gel may ease the soreness. Effective contraception may relieve the added concern of another pregnancy. However, if the pain

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persists see your GP, who can assess whether you may need to be referred to a specialist.

Information adapted from:

Perinatal Institute 2020 *Postnatal notes for mother*. Available at:
http://www.preg.info/PostnatalNotes/PDF/pn_mother_bookmarked.pdf
(Accessed 18th November 2020).

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