

Maternity

Postnatal care after the loss of your baby

The healthcare team caring for you after the birth of your baby may include 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 create a personalised care plan based on your needs, choices, and decisions about your care.

At each post-natal assessment, your midwife will check for any problems or symptoms that may be affecting your physical or emotional wellbeing.

Grief management

Grief can affect people in many ways. Some parents feel anger, shock, disbelief, sadness, emptiness, disappointment, or guilt. Everyone experiences loss differently, and your feelings may change over time.

Some people find comfort in talking about their feelings, while others may prefer to keep their emotions private. Both are completely normal.

It is natural to feel any of these emotions, or others, after the loss of your baby. Hormonal changes can sometimes make these feelings even stronger. While grief is sometimes described in stages, it is important to remember that there is no set pattern and no right or wrong way to grieve. Your feelings may be very intense at times or come and go in waves.

Try to take time for yourself to acknowledge how you are feeling and to do things that bring you comfort.

Grief has a long-lasting emotional impact, and there is no timeline for how you should feel. If you ever feel overwhelmed by your emotions or are finding it difficult to cope with day-to-day life, there is help available.



Patient Information

You can contact:

- Your GP (family doctor)
- A bereavement support group
- Your community midwife or bereavement midwife

There are different types of support available, including talking therapies and, if appropriate, medication.

Backache

Backaches are common after birth and usually improve with pain relief and gentle, normal activity.

If you feel pain that spreads (radiates) down one or both legs, this could be sign of nerve root pain (sciatica). If this happens, please see your GP for advice.

Lactation

During pregnancy, your body prepares for your baby's arrival by producing colostrum or breast milk. After the loss of a baby, this can be physically and emotionally difficult to cope with.

Because breastmilk can be an unwanted reminder, you may be offered a medicine called Cabergoline to stop breastmilk production. This is taken as a single tablet, if you agree to have it.

You can also help reduce breast milk naturally by:

- Wearing a supportive, non-wired bra day and night for the first few days after the birth.
- Avoiding stimulating of the breasts, such as expressing or touching them.

If your breasts become red, hot, swollen or very painful, this may be a sign of inflammation, engorgement or infection. Please see a doctor or midwife as soon as possible.

Patient Information

Blood loss (lochia)

It is normal to have vaginal bleeding straight after giving birth. Your midwife will check and record this in your notes.

Vaginal discharge after birth is called lochia. It is a mix of blood and other tissue from inside the uterus (womb).

- At first, it is bright red.
- It then changes to pinkish or brown, and later to a cream or yellowish colour.
- It can be quite heavy in the first few days, so you may need to change your sanitary pads several times a day.
- It usually slows down after the first week, but it can last for 3 to 4 weeks before stopping completely.

Important:

- Use sanitary pads only. Do not use tampons until you have had your 6-week postnatal check-up with your GP surgery.
- Using tampons too soon can increase the risk of infection.

When to get medical advice

Contact your midwife, GP, or maternity unit straight away if you notice any of the following:

- Passing fresh blood or blood clots after the bleeding has been slowing down
- Abdominal pain (pain in your tummy)
- Vaginal loss with bad or unpleasant smell
- High temperature or fever
- Palpitations
- Dizziness or feeling faint
- Rapid pulse or sweating

Patient Information

Uterus (womb)

After birth, your uterus (womb) will slowly shrink back to its pre-pregnancy size.

- This can take about 10 days.
- Your midwife may gently feel your tummy to check that your uterus is shrinking as expected.
- Sometimes it can take longer, which is usually normal.
- Occasionally, it can be a sign of a problem, such as retained blood or small fragments of placenta or membranes. In many cases, this will clear on its own.

When to get medical advice

Contact your midwife, GP, or maternity unit straight away if you notice any of the following:

- Heavy bleeding
- Abdominal pain (pain in your tummy)
- High temperature or fever

Bladder care (passing urine)

It is common to feel soreness after birth, which may make passing urine uncomfortable at first:

- This should improve quickly.
- Drink plenty of fluids to keep your urine diluted, which can help reduce discomfort.
- A warm bath or shower may also make passing urine easier.
- If you continue to have difficulty, your midwife will refer you for medical advice.
- Sometimes you may notice leakage of urine, when you cough, sneeze or laugh. This is called stress incontinence. Doing pelvic floor exercises can help strengthen the muscles and improve control.

Patient Information

When to get medical advice

Contact your midwife, GP, or maternity unit straight away if you notice any of the following:

- You are unable to pass urine
- Pain or burning when passing urine
- Ongoing leakage (incontinence) that is not improving.

If you are experiencing incontinence, speak to your midwife or GP. They can check for other causes, such as infection, and refer you to a specialist if needed.

Bowels (passing poo)

Constipation (finding it hard to poo) is very common after giving birth.

- It can be made worse by haemorrhoids (piles), which are small lumps around your bottom (anus).
- Piles can be treated with good hygiene, creams for hemorrhoids, medicines such as Lactulose to soften stools and pain relief if needed.

To help prevent constipation:

- Eat a high-fibre diet with plenty of fresh fruit and vegetables.
- Drinking plenty of fluids.
- When opening your bowels, it may feel more comfortable to hold a clean sanitary pad gently against the area between your vagina and anus (perineum).

When to get medical advice

Contact your midwife, GP, or maternity unit straight away if you notice any of the following:

- Sudden urgency to pass wind or poo (faeces)
- Difficulty getting to the toilet in time

Perineum (area between the vagina and anus)

Your midwife may check your perineum to see how it is healing, especially if you had a tear or stitches during birth.

- Stitches usually dissolve by themselves within about 2 weeks.
- During this time, the area should keep healing and become less uncomfortable
- Regular pain relief can help with discomfort
- Avoid constipation, as straining can slow down healing and increase pain.

It may feel more comfortable to lie on your side rather than on your back. The perineum is a common area for infection, so it is important to keep it clean and dry.

Care of the pelvic floor and perineum

How to exercise your pelvic floor

It's important to use the correct muscles when exercising your pelvic floor.

- Do not use your legs, buttocks or tummy muscles.
- Do not hold your breath. Feeling a slight tension in your lower tummy is normal.
- Tighten the muscles around your back passage (as if stopping yourself passing wind) and draw them up and forwards.
- At the same time, tighten the muscles around your front passage (as if stopping urine).
- You should feel a 'lift and squeeze' inside.

Once you have found the right muscles, try this routine:

1. Squeeze and lift your pelvic floor muscles as hard as you can.
2. Hold for a count of 10 seconds. If your muscles are too weak, build up the time slowly.
3. Repeat up to 10 times.
4. Squeeze and lift quickly, then relax.
5. Repeat up to 10 times.

Patient Information

Aim to do these exercises 3 times a day, every day.

- Squeeze and lift your pelvic floor muscles each time you pick up anything heavy, cough, or sneeze. This helps your pelvic floor support the downward pressure on your body.
- It is safe to restart exercises gently, even if you feel sore or have stitches.

You may not feel your pelvic floor muscles working at first. It can take weeks to build strength, so take it slowly at first. Find times that work for you, for example, while in the bath or when resting in bed.

Consistency is important:

- It may take weeks of regular exercise to improve your pelvic floor.
- It could take several months to regain previous strength.
- You should notice a difference after about 6 weeks if you do exercises 3 times a day.
- After this, you can reduce to once a day but continue exercises daily for life.

If exercises are difficult or not working after six weeks, speak to your midwife or GP. They can refer you to a women's health physiotherapist, who are experts in pelvic floor muscle exercises and training.

The following QR code links to an NHS approved resource which can support pelvic health, with a section specifically for those who have experienced baby loss:



Patient Information

Pain

It is common to have some pain after giving birth. The amount of pain can depend on the type of birth you had.

- Pain may be minor discomfort, which can be eased by bathing or pain relief such as paracetamol.
- After an operative (such as caesarean section), you may need prescribed pain relief from your doctor.

If you experience any type of pain, always tell your midwife. They will advise you on how to ease the pain safely.

Infection

The midwife will check your temperature, pulse, blood pressure and breathing as needed to look for signs of infection.

Practice good personal hygiene:

- Wash your hands properly before and after preparing food, using the toilet, or blowing your nose.
- Try to avoid contact with people who have infections, such as diarrhoea, vomiting, colds, flu or rashes.

When to get medical advice

Contact your midwife, GP, or maternity unit straight away if you notice any of the following:

- High temperature
- Rapid pulse
- Faster breathing
- Pain when passing urine
- Diarrhoea or sickness (vomiting)
- Rashes on your body
- Painful wound (abdominal or perineal)

Patient Information

Sepsis

This is the body's overreaction to an infection or injury. It is rare but serious. At first, it may look like flu, sickness, diarrhoea, or a chest infection. If not treated quickly, sepsis can cause organ failure and even death. With early diagnosis, sepsis can be treated with antibiotics.

When to get medical advice

Contact your midwife, GP, or maternity unit straight away if you notice any of the following:

- Slurred speech or confusion
- Extreme shivering or muscle pain
- Not passing urine for a day
- Severe breathlessness
- Feeling like you are going to die
- Skin that is red, blotchy, or discoloured

Blood pressure

Your midwife will check your blood pressure after birth. Some women may get tension headaches or migraines, which usually improve with mild pain relief, drinking enough water and rest.

High blood pressure (pre-eclampsia or pregnancy-induced hypertension) usually happens during pregnancy but can sometimes start for the first time after birth. For most women, it returns to normal after a few days, but some may take longer. If your blood pressure is high, you may need to stay in hospital longer for monitoring. Some women may need medicines to lower blood pressure.

When to get medical advice

Contact your midwife, GP, or maternity unit straight away if you notice any of the following:

- Severe headaches
- Blurred vision
- Spots in your vision
- Nausea (feeling sick) and vomiting (being sick)
- Pain like heartburn

Patient Information

If you had an epidural and then develop a headache that gets worse when you sit or stand but improves when lying down, this could be a sign of epidural complications. Contact your midwife immediately. You may also feel sick or dizzy (nausea) or hear ringing in your ears.

Legs and blood clots (thrombosis)

All pregnant women have a slightly higher risk of developing blood clots (thrombosis) during pregnancy and in the first weeks after birth. The risk is higher if you are:

- Over 35 years old
- Overweight (BMI over 30)
- A smoker
- Have certain medical conditions
- Have a family history of blood clots

When to get medical advice

Contact your midwife, GP, or maternity unit straight away if you notice any of the following:

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

Caesarean section

Some women may feel numbness around the wound or in the abdomen for a while after a caesarean. This is normal, as the nerves and muscles need time to heal. Your midwives will advise you how to care of your wound and prevent infection. They will also check your wound for signs of infection.

When to get medical advice

Contact your midwife, GP, or maternity unit straight away if you notice:

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

Patient Information

It is important to:

- Complete any prescribed antibiotics
- Take regular pain relief as recommended
- Have a bath or shower daily, washing and carefully drying your wound.
- Wear loose, comfortable clothing and cotton underwear to keep the wound area cool and dry.

After a caesarean, there may be things you should avoid for a while, such as driving, lifting heavy things and some exercises.

Check with your car insurance provider about driving after a caesarean, as some insurance companies require a GP certificate confirming you are fit to drive. You will also have a 6-week postnatal check with your GP to make sure you have recovered from the operation.

Chest pain

Some women can experience symptoms of heart problems for the first time after giving birth. The risk is higher if you:

- Smoke
- Have high blood pressure
- Have high cholesterol
- Are overweight or obese
- Have diabetes

Get urgent medical help by calling 999 immediately, if you notice any of the following:

- Severe chest pain that spreads to your jaw, arm or back
- Persistent racing heart
- Severely breathlessness at rest, especially when lying down
- Fainting during physical activity

Painful sexual intercourse (dyspareunia)

It is common to be uncomfortable after birth, and many couples may have less enthusiasm for sexual activity for a while. Using a water-based lubricant can help ease soreness. If the pain continues, speak to your GP, who can check if you need referral to a specialist.

Returning to sexual activity after loss is a personal choice. Emotional and psychological factors can affect sexual intimacy. Grief is different for everyone and can change day to day. It is important that both partners feel ready before having sex.

- Open and honest communication can help reduce confusion and anxiety.
- Some people may find physical intimacy comforting, while others may feel overwhelmed.
- Take time to process your feelings without pressure and wait until you feel physically and emotionally ready.

Information adapted from:

[Perinatal Institute 2020 Postnatal notes for mother](#)

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 02476967310 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback



Document History

Department:	Maternity
Contact:	27310
Updated:	March 2026
Review:	March 2029
Version:	2
Reference:	HIC/LFT/3077/25