

Maternity

Care for mothers after birth

After your baby/babies' birth, you will be looked after by a team that may include:

- Midwives
- Student midwives
- Midwifery support workers
- Health visitors
- Doctors
- Specialists
- Physiotherapists
- Your GP (family doctor)

The midwifery team will give you support and advice. They will work with you to make a care plan that includes your choices and decisions. They may visit you at home, call you on the phone, or ask you to come to a community hub or clinic.

At each check-up after the birth, your midwife will check on your recovery and ask about any problems or symptoms you might have.

Please talk to your Midwife, GP, Obstetrician, specialist, or health visitor if you have any worries or questions.

If you notice any of the symptoms listed, contact your Midwife, GP, or Labour Ward Triage on 02476 967 333.

Infection

Depending on the type of birth you had, the midwife may check your:

- Temperature
- Pulse
- Blood pressure
- Breathing rate
- Sutures/ staples/ clips

This is done to look for signs of infection.



Patient Information

Practice good personal hygiene by washing your hands properly:

- before and after preparing food
- after using the toilet
- after sneezing or blowing your nose

Try staying away from people who have an infection, like diarrhoea or vomiting, cold or flu, or any illness that causes a rash.

What to look out for:

- High/ Low temperature
- Fast pulse
- Fast breathing
- Pain when passing urine
- Diarrhoea or sickness
- Rash on your body
- Painful wound on your tummy or perineal area

Sepsis

This is the immune system's overreaction to an infection or injury. Sepsis is a rare but serious condition which can look like flu at first, sickness, diarrhoea (gastroenteritis), or a chest infection.

If sepsis is found early, it can be treated with antibiotics. If not treated quickly, it can cause organ failure and death.

What to look out for:

- Slurred speech or confusion
- Bad shivering or muscle pain
- Severe breathlessness
- Feeling like you might die
- Not passing any urine for a day
- Your skin is red, blotchy (mottled), or discoloured

Blood pressure

Your midwife will monitor your blood pressure after birth.

Some women have tension headaches or migraines after the birth. These usually go away with mild pain relief, drinking enough water, and rest.

Pre-eclampsia or pregnancy induced hypertension usually happens during pregnancy. But it can happen for the first time after birth. Pre-eclampsia usually disappears after the baby is born in some women, but it can take longer for blood pressure to return to normal.

If your blood pressure is raised after birth, you may need to stay in hospital for longer. This is so your healthcare team can 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 develop a headache which gets worse when you are standing or sitting up, it could be a symptom of epidural complications. You should contact your midwife right away for advice. You may also feel sick or dizzy (nausea) and experience vomiting and ringing in the ears.

Breasts

The following information describes some of the problems you may have when your milk 'comes in' at around three days. This information applies whether you decide to breastfeed or not.

Engorgement

Engorgement is when the breasts become very full of milk, blood flow, and fluid. This happens around 3 – 5 days after birth and can make the breast feel hard or swollen and may make it harder for your baby to latch.

Swelling caused by extra fluid around the breast and nipple area is sometimes called oedema, but you can think of it simply as swelling.

Patient Information

Reverse Pressure Softening (RPS)

Reverse Pressure Softening helps soften the area around the nipple so your baby can latch more easily.

How to do it:

1. Wash your hands.
2. Place the pads of your fingertips (or thumb and first two fingers) around the base of your nipple.
3. Gently press inwards toward the chest wall for 1–3 minutes.
4. This moves the extra fluid away from the nipple area and helps the nipple soften.
5. Try to breastfeed immediately afterwards while the area is softer.

Tip: You can also use gentle, steady pressure with all your fingertips circling the nipple if that feels easier.

If your breasts are engorged, you should continue to breastfeed. It is important to make sure your baby is attaching to the breast correctly and seek help. It is important you reduce oedema because this will make it easier for your milk to flow. Your Midwife or a maternity support worker can help you with this.

What can help:

- Feed baby when they show signs of hunger at least 8-12 times a day
- If baby is not feeding well express milk by hand or using a pump to make it easier for baby to latch on
- Avoid using bottles or dummies
- Wear a well-fitted nursing bra
- Between feeds, apply ice packs wrapped in lightweight towels (to protect your skin) for 10 to 15 minutes to reduce pain and swelling
- Before feeds, a warm compress such as a warm damp towel can help milk flow
- Take paracetamol or ibuprofen at the recommended dose

After 2 to 3 days, the breasts may become full and tender. This usually gets better by itself. Contact your midwife or breastfeeding specialist if:

- if it worsens, or
- you develop flu-like symptoms, and
- the breasts are hard and have a red mottled appearance

Patient Information

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 correctly.

Blocked milk ducts

Sometimes a milk duct can become blocked. You may notice a small, tender, hard lump.

Things to help include:

- Feeding baby more often
- Changing position when you are feeding
- Ensure baby is deeply latched
- Gently massaging the lump from behind the sore area toward the nipple when you are feeding
- Just before feeding, applying warm flannels, have a warm shower or put breasts in a bowl of warm water for up to 2 minutes to help milk flow
- Cold compresses in between feeds
- Avoid long gaps between feeds
- Make sure your bra and clothes are not too tight

Mastitis

Mastitis is inflammation of the breast; it's often caused by milk not draining well. The breast will appear red, brown, or purple if you have a darker skin tone. There may be pain, redness, warmth or swelling.

Mastitis can cause flu like symptoms such as:

- High temperature
- Headache
- Nausea (feeling sick)

Mastitis does not always need treatment with antibiotics. You can try self-help techniques such as those above for blocked duct.

If the symptoms do not resolve after 8 hours of self-help, you will need to see your doctor. You may need antibiotics.

Mastitis can happen if you choose not to breastfeed.

If you are breastfeeding, it is important to feed your baby often from the affected side. This clears the infection and is not harmful to the baby.

Patient Information

Get support from your midwife to make sure the attachment is correct and consider changing positions to ensure breasts are emptied.

Applying cold compresses will help reduce swelling and inflammation. Take anti-inflammatory medicines such as ibuprofen. Consider a breast massage to encourage milk flow before feeding your baby.

Only consider pumping if your baby is not removing milk from your breasts. If your baby is removing milk from your breasts, you do not need to express because this can make symptoms worse.

It is important to rest and drink enough water.

Thrush

There are many causes of nipple and breast pain. Thrush is one cause, but it is often over-diagnosed. It can make feeding painful even after your baby has latched well.

Thrush is a yeast infection. It's more likely to happen if:

- You have previous nipple damage
- You have been treated with antibiotics
- You take the contraceptive pill
- You have anaemia or diabetes
- Another family member has a thrush infection
- You have used bottles or dummies in the early weeks after birth

Thrush is diagnosed by looking at both mother and baby. Some signs for you include:

- A burning feeling in your breasts after every feed
- Itchy, shiny, or sore nipples or areola
- Nipple skin and areola may be red on lighter skin and purple or grey on darker skin tones
- There may be a loss colour in the nipple or areola and pain on both sides of the breasts.

Some signs for baby include:

- White patches on the cheeks, gums, roof of mouth or tongue
- Nappy rash
- Fussing during and between feeds because of pain

Patient Information

A white coating on the tongue alone is not a sign of thrush. Most babies have a white coating on their tongue.

If you think you have thrush, contact a breastfeeding specialist and your GP. Both you and your baby may need treatment.

Uterus (womb)

After the birth, your uterus should slowly go back to its normal size. This can take about 10 days. Your midwife might check your recovery by gently feeling your abdomen. Sometimes it takes longer, and in most cases it's normal. Sometimes, this is a sign that blood or tiny pieces of the placenta are still inside your body. Usually, this problem goes away by itself.

What to look out for:

- Heavy bleeding
- Tummy (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. This bleeding is called lochia. It is a mix of blood and other products from inside the uterus. At first it is bright red, then it changes to pink or brown and later becomes a cream colour. It can be heavy at first, needing several changes of sanitary pads a day.

After the first week, it slows down. It can last 3 to 4 weeks before it stops. Sometimes, fresh red blood loss is normal after a breastfeed.

You should not use tampons until after your 6-week postnatal check-up at your GP surgery. Inserting a tampon can increase the chance of infection.

What to look out for:

- Losing fresh red blood or clots
- Tummy (abdominal) pain
- Bad smelling discharge
- High temperature
- Feeling your heart race (palpitations)
- Dizziness
- Fast pulse
- Sweating

Patient Information

Legs and blood clots (thrombosis)

All pregnant women have a slightly higher chance of getting blood clots (thrombosis) during pregnancy, and in the first weeks after the birth.

This risk increases if you:

- are over 35
- have a BMI of more than 30
- smoke
- have certain medical conditions
- have a family history of thrombosis

What to look out for:

- Pain, redness or swelling in your legs. This can 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 peeing painful at first, but it should get better quickly. Drinking plenty of fluids to keep the urine diluted helps.

If you have problems peeing after the birth, a warm bath or shower might help. But if this continues, your midwife will refer you for medical advice.

Sometimes, people leak wee (urine) when they cough or sneeze. This is known as stress incontinence.

What to look out for:

- not being able to pass urine at all
- Leaking urine without meaning to (incontinence)
- Pain when peeing

You should do pelvic floor exercises to strengthen your pelvic floor muscles. If you are having incontinence, speak to your midwife or GP. They can refer you to a specialist if causes like infection have been excluded.

Bowels - passing poo (faeces)

Constipation is 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
- 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 might check your perineum to make sure it is healing, especially if you have had a tear or stitches. The stitches usually take about 2 weeks to dissolve. During this time, your perineum should continue to heal. Regular pain relief will help with any discomfort.

Try not to get constipated.

It might be easier to lie on your side instead of your back, especially when breast feeding.

This area can get infected easily, so it is important to keep it clean and dry.

Pain

Most people have some pain after birth. The amount of pain depends on the type of birth you have had. It can be mild and helped by warm baths and pain relief like paracetamol, or it can be stronger and need pain medicine from a doctor.

If you have any type of pain, always tell your midwife, who will help with what to do to.

Sleep

Taking care of a new baby means waking up a lot during the night, so it is important to catch up on sleep when you can. Your body is still recovering from the birth. Try and rest when your baby is asleep. It might be tempting to use this time to do housework, but rest is important. Ask friends or family to help with housework, shopping, or looking after your baby.

Caesarean section

After your caesarean section, midwives will often check your blood pressure, pulse, temperature, breathing rates and pain. 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 when the midwife says it is safe.

You will be given regular pain medicine, either as tablets, liquid, or a suppository.

A tube that helps empty your bladder (catheter) is usually taken out within 1 to 2 days after your operation. This usually happens when you can get out of bed and move around safely.

You might have a drain in the wound to let fluids out so it can heal better. It usually stays in for 1 to 2 days before being gently removed.

Some women feel numb around the wound or the tummy for a while. This happens because the nerves and muscles need time to heal.

Midwives will explain how to look after your wound and how to stop it getting infected. They will check it regularly.

What to look out for:

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

It is important to finish any antibiotics and to take pain medicine as advised.

Patient Information

Have a bath or shower every day to keep the wound clean. Make sure your wound is carefully washed and dried. Wear loose, comfortable clothing and cotton underwear to stop the wound area from getting sweaty and irritated.

Going home after a caesarean section

Women usually stay in hospital for 1 to 2 days after the birth. If you and the baby are well, you might be able to go home earlier. When you go home, you should keep taking regular painkillers. You should expect to be visited by a Community Midwife the following day. Please call Ward 25 on 024 7696 7315 if you have not had this first visit.

There might be some things you can't do straight after the birth, like drive a car, lift heavy things, and some exercises. Check with your car insurance provider about driving after a caesarean section. Some insurance companies want your GP to say you are fit to drive.

You will need to have a 6-week postnatal check to make sure that your body has recovered from your operation. This is usually done by your GP.

Most women who have had a caesarean section can safely have a vaginal delivery for their next baby. This is known as vaginal birth after caesarean (VBAC). They may need extra monitoring during labour to make sure everything is okay. Some women might be advised to have another caesarean if it's the safest option for them and their baby.

Care of the pelvic floor and perineum

The pelvic floor is a group of deep muscles at the bottom of your pelvis. They support the womb (uterus) and help to control the bladder and bowel. During pregnancy, the pelvic floor helps support your baby.

During birth, these muscles stretched a lot. This can cause problems like:

- Leaking pee or poo
- pelvic organ prolapse
- less feeling or satisfaction during sex

Doing pelvic floor muscles during pregnancy and after birth can help prevent these problems. These exercises are easy to do 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. Do not hold your breath. Feeling some slight tension in your lower abdominal muscles (tummy) is normal.

To find the pelvic floor muscles:

- Tighten the muscles around your back passage like you're trying not to pass wind.
- At the same time, tighten the muscles around your front passage, like you're trying not to pee. These muscles should feel like they 'lift and squeeze' inside your body.

Once you have found the right muscles, you can start exercising them.

Pelvic floor exercise routine:

- Squeeze and lift your pelvic floor muscles as hard as you can.
- Hold it for 10 seconds. If 10 seconds is too hard, start with a shorter time, and build up the time slowly.
- Do this 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.

Try to do these exercises 3 times every day.

- Try to squeeze and lift your pelvic floor muscles when you pick up anything heavy (like your baby or a car seat)
- Squeeze before you cough or sneeze. This helps your pelvic floor muscles to support the downward pressure on your body.

It is safe to start gently if you feel a bit sore or have stitches, but if you have a catheter, wait until this is removed and you are peeing normally.

At first, it might be hard to feel your pelvic floor muscles working. It can take weeks to make these muscles strong again. Go slowly at first but keep trying and you will soon feel your pelvic floor muscles working.

Try to fit these exercises into your daily routine. Maybe in the bath, when resting in bed, or while feeding or cuddling your baby.

Patient Information

You need to do pelvic floor exercises regularly to see improvement.

- After 6 weeks of doing the exercises 3 times a day, you should notice a difference.
- After that, you can do them once a day.
- You need to do these exercises every day for the rest of your life.

If the exercises feel too hard, or don't seem to be working after 6 weeks, talk to your midwife, health visitor, or GP. They can refer you to a women's health physiotherapist, an expert in strengthening pelvic floor muscles.

Chest pain

Some women have symptoms of coronary heart disease for the first time after having a baby. The chance of heart disease is higher if you:

- smoke
- have high blood pressure
- have high cholesterol
- are overweight
- have diabetes

Call **999** immediately if:

- You have bad chest pain that spreads to your jaw, arm, or back
- Your heart keeps beating extremely fast
- You are out of breath even when resting, especially when lying down
- Fainting during exercise

Backache

Backache is very common after giving birth and usually gets better with pain medicine and normal activity. Your midwife can show safe ways to lift, hold, and feed your baby to help protect the back.

If the pain spreads down one or both legs, this could be nerve root pain (sciatica), and you should see your GP for advice.

Painful sex (dyspareunia)

After childbirth, sex can be uncomfortable at first. This is one of the reasons many couples don't want to have sex for a while.

Patient Information

Using water based lubricant gel can help reduce soreness. Good contraception can also help reduce worries about getting pregnant again.

If sex continues to be painful, see your GP. They can check what's causing the pain and decide if you need to see a specialist.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us on 02476 967315 and we will do our best to meet your needs.

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Document History	
Department:	Maternity
Contact:	27315
Updated:	December 2025
Review:	December 2028
Version:	3
Reference:	HIC/LFT/2548/20