



Your Post Natal Health

“Secret Women’s Business”. After childbirth: The things that nobody tells you.

Lochia*

While your uterus contracts and returns to normal size and condition after delivery, you will have a vaginal discharge know as lochia.

Lochia is the normal vaginal discharge from a healing uterus. The duration of lochia loss varies widely from woman to woman. The average duration is about 21 days, although it may be as short as 14 days or continue for up to six weeks. Breastfeeding helps to reduce the duration of lochia production, because oxytocin that triggers the let-down reflex also causes uterine contractions and these help the uterus to shrink back to its normal size, cutting down on bleeding.

However long it continues, lochia secretion goes through three distinct stages as the placental site heals. For the first three or four days, the lochia is bright red, then it gradually reduces in quantity and changes to pink or brown as the uterine lining is shed, and by about the tenth day it becomes yellowish-white or colourless.

Lochia should have a fresh, blood-like odour; if it becomes foul-smelling you should tell your doctor immediately because such a change indicates an infection. You should also tell your doctor if the flow suddenly becomes bright red again. This usually means that the placental site is not healing properly, perhaps because you are over-exerting yourself. Your doctor will probably recommend that you rest for a couple of days and generally take things easier.

Because there is a risk of infection, you should not use tampons until about six weeks after delivery, so you will need to use sanitary pads until the lochia flow ceases.

Episiotomy Wound*

The pain from an episiotomy wound, the cut in the perineum made to enlarge the opening during delivery, gets worse before it gets better. The wound is positioned where fluid can accumulate in the cut edges. The skin then swells, with the result that the stitches become tighter and tighter and bite into the tender skin surrounding the wound. Good hygiene is vitally important while the wound is healing, so make sure it is kept clean. Most stitches dissolve after five or six days.

Warm baths and showers, and special perineal pads that fit between your sanitary pad and the wound, are soothing and encourage the healing process, as do pelvic floor exercises. You may also find that ice packs or local anaesthetic creams are helpful. Your doctor or midwife will advise you on their use.

Don't use antiseptics in your bath as they can cause irritation. After bathing, dry the area thoroughly with a hairdryer instead of using a towel, which will cause pain.

If you sit down when use the lavatory, urine, which is strongly acid, will run over the episiotomy wound and make the raw skin sting. Standing up will probably help as this will reduce the contact with the wound. You should also try pouring warm water over yourself as you're passing urine, in order to dilute the acid and reduce the sting. Drinking plenty of fluids will also help dilute your urine.

Caesarean Wound*

If you have had a Caesarean section, you should avoid beginning any abdominal exercises until the wound has completely healed. It is better to avoid lifting heavy weights; try not to climb stairs more than once a day; be careful how you move when you are getting up from a lying to a sitting position; and generally try not to put too much strain or pressure on your abdominal muscles.

Afterpains*

All women feel uterine contractions throughout their fertile lives. During menstruation they are known as menstrual cramps, during pregnancy as Braxton Hicks' contractions, and following delivery as afterpains. After delivery, the uterine contractions are stronger and more painful than usual because they are the means by which the uterus contracts down to its former non-pregnant size; the faster and harder it contracts down, the less likelihood there is of any postpartum bleeding. Afterpains are usually more noticeable if you have had a child before, because the muscles of your uterus would have been stretched by your previous pregnancy and so will have to work harder to help get your uterus down to its non-pregnant size. You may also feel these muscular spasms when you breastfeed, as the hormone oxytocin involved in the milk let-down reflex also causes uterine contraction. They usually disappear after three or four days.

Bowels and Bladder*

You should get out of bed to use the toilet as soon as you possibly can after delivery. However, the bowels have often been cleared out prior to delivery so you may not want to move them for 24 hours or more, and this is quite normal. When you move your bowels you may feel the urge to bear down. Any pressure in the perineal region will stretch your tissues and cause pain if you have an episiotomy wound. To prevent stretching, hold a clean pad firmly against the stitches and press upwards while you bear down. Do everything you can to prevent constipation and the need to strain. Eat lots of roughage, vegetables, and fruit, especially prunes and figs, and drink lots of water.

Drinking plenty of water, in addition to getting up and walking about, will help to get both your bowels and your bladder working normally. There may be some hesitancy before the urine starts to flow for the first time. This is nothing to worry about and is usually the result of swelling of the perineum and tissues that surround the bladder and urethral opening. A good way to start to pass urine is to sit in some water and try out the pelvic floor exercises, passing urine into the water. This is not as unhygienic as you may think because urine is sterile. Just remember to wash yourself down afterwards. Urine flow is often triggered by turning on the bath taps and letting them run while you stand over the lavatory pan.

Piles*

Haemorrhoids (piles) are quite common after childbirth; they are caused by the great strain imposed on the veins in the pelvic floor during labour and delivery. They appear as lumpy swellings just inside your anus, and with proper care (consult your doctor or midwife) they will eventually shrink away.

Fatigue*

Getting enough rest and sleep is essential if you are to combat the inevitable fatigue of the first weeks of caring for your newborn baby.

Try to rest whenever you can, especially during the first week or so when you will still be recovering from the exhaustion of labour. Avoid climbing stairs and heavy lifting as much as possible, and get your partner or someone else to help you with the baby and the housework. Take advantage of your baby's daytime naps – rest or nap yourself then, and make the most of these valuable opportunities for rest rather than catching up on the housework.

Ensure that you get enough sleep. At night, go to bed half an hour or so before you plan on going to sleep, and unwind by sipping a warm, milky drink and listening to the radio, watching television, or doing a little light reading to relax you physically and mentally before you sleep. If you are breastfeeding, express milk into bottles so that your partner can share the night-time feeding duties just as he should if you are bottle feeding.

A healthy diet is an essential part of combating fatigue, but avoid eating too much late at night because digesting it might interfere with your sleep pattern.

Constipation*

Many women suffer constipation after birth. After delivery, the passage of faeces through your bowels tends to slow down, and this can lead to constipation. The slowing down occurs mainly because your abdominal muscles are relaxed and stretched and so the pressure within your abdomen is lower than normal. Relaxation of the bowel muscles themselves, because of the high level of progesterone during pregnancy, may also slow down bowel movements. If you have had an episiotomy you might, consciously or unconsciously, hold back from passing stools for fear of causing pain.

Medication, such as laxatives, stool softeners, or suppositories, can help to get things moving again, but if you are breastfeeding it is best to avoid taking anything by mouth because it can be passed on to your baby via your milk, and can cause stomach cramps and watery stools.

The best remedy for constipation (and a good way to prevent it) is to eat dried prunes or figs. It helps to drink plenty of fluids; eat plenty of fibre-rich foods; avoid inactivity by getting out of bed and walking around; and, after the lochia discharge has ceased, exercise your abdominal muscles to restore their tone. Practising your pelvic floor muscles exercises will return tone to your anal muscle and the anal sphincter.

Postnatal Depression

You may find that you need extra help and support after the birth. It helps if you know what to expect – and where to find the information you need.

Postnatal depression (PND) is quite common. It affects about 15 per cent of new mothers, but many more feel tired, low, occasionally distressed, isolated and lonely. It usually starts about three weeks or so after the birth.

Isolation does seem to be part of postnatal depression. It can be hard to get out and about and to stay in touch with friends when you have a new baby. Or when you do get out, everyone seems to be coping better than you are – and you feel even worse than before.

It could be that guilt and disappointment are part of depression. Maybe you feel bad because you don't think you love your baby as much as you feel you should. Or you thought being a mum would be wonderful – and it just isn't.

Some experts think the cause might be connected with your changing hormones. These are some of the feelings you might have if you have postnatal depression:

- You wake up feeling exhausted, every day, even after a long sleep.
- You find it hard to concentrate on something, or organise yourself, or other simple tasks.
- You feel you're a failure as a mum.
- You can't feel much, as if experiences are happening to someone else.

- You find yourself feeling tearful, and sometimes weeping, and you aren't sure why.
- You lose track of time, and find hours go by and you can't be sure what you've been doing.

You need help if you have any of these symptoms often enough to worry you. Everyone feels tired, sad and a bit weepy from time to time – but if this is the usual thing for you, then you may have postnatal depression.

Who to ask for help:

Your baby health centre is trained to offer support to women with postnatal depression, and to advise when further help from your doctor or elsewhere would be useful. They may be able to put you in touch with other mums.

Your doctor may prescribe anti-depressants, or refer you to other forms of help. Friends, your partner and family can also help and support you. You don't need to hide how bad you feel – you deserve a lot of support at this time. A counsellor or psychotherapist (via your doctor) can also help.

The important point is that PND is curable – with the right help.

Your baby needs you to feel okay, too. Long-term, postnatal depression has been shown to have an effect on babies' development and learning.

Don't confuse postnatal depression with the 'baby blues' some women have after the birth for no more than a few days.

About one new mum in every 500 has an especially severe form of postnatal mental illness called puerperal psychosis. This means she may have hallucinations, or stay awake for days, or be extremely 'high' and energetic. It's always obvious to the people around the mum that something's not right. This form of illness is not postnatal depression, and it needs immediate medical help. Some women need to be in hospital for the right sort of help.

Return of Your Period

If you are not breastfeeding your period usually returns 4-8 weeks after the birth.

If you are fully breastfeeding, that is no supplementary feeds, it is likely you will not get your period until you have started to reduce the number of feeds your baby is having. This is not a rule and some women find their period returns quickly.

Although you may not have had a period, it is still possible to ovulate and fall pregnant before you start menstruating again, so you should consider your contraception method if you are not ready for another baby.

It is not uncommon for a woman's menstrual cycle to change after childbirth. Many women report heavier bleeding, while others say their period is lighter and doesn't last as long. Your cycle may be irregular at first, as ovulation may be erratic. It really is an individual response.

If you are concerned about the amount of blood you pass while menstruating, seek advice from your doctor.