

Postnatal wellbeing of the mother

Routine care to promote physical health and well-being

This information leaflet is designed to give you advice on aspects of care immediately after the birth of your baby. If you think you may have a problem the information on this leaflet may help you to deal with the concern yourself or advise you when you should seek a health professional's advice.

Headache

If you had raised blood pressure or Pre-Eclampsia during your pregnancy, tell your Midwife if you have any severe headaches, visual disturbances, nausea and vomiting. If you had an epidural or spinal anaesthesia you should advise your Midwife of any unusual or severe headaches, particularly one which occurs while sitting or standing. If you suffer with tension or migraine headaches, your midwife will be able to advise you on relaxation techniques and ways to prevent the onset of headaches by making possible life-style changes.

Fatigue (tiredness)

If you feel that persistent fatigue is becoming a concern, talk to your Midwife, Health Visitor or GP about your general well-being. They will be able to discuss with you issues such as diet, exercise and planning activities, including spending time with your baby.

If you had a large blood loss at delivery and you are experiencing persistent fatigue you may be anaemic. Your haemoglobin (anaemia/Iron) levels should be checked. If found to be low, you will need to be treated with iron tablets or liquid iron that is sometimes easier for some women. Dietary advice will be given as well. This will enable your haemoglobin (anaemia/Iron) levels to return to normal as soon as possible.

Preventing, identifying and treating breastfeeding concerns

Nipple Pain

If your nipples are painful or cracked, it is probably due to your baby not latching on properly to the breast. If nipple pain persists after repositioning and re-attachment, ask your Midwife to check the feeding positioning and attachment. She may also assess you and your baby for signs of thrush as this can make breastfeeding very painful. This will need to be treated as soon as possible.

Damaged nipples should be treated as wounds – purified lanolin can be applied sparingly following feeds. This does not need to be washed off prior to a feed. The Midwife can observe further feeds to help with good positioning and attachment to prevent further pain and discomfort.

Engorgement (full firm breasts when your milk has come in)

Your breasts may feel tender, firm and painful when milk 'comes in' at or around three days after birth. To make you more comfortable, wear a well-fitting bra that does not restrict your breasts. Breast engorgement should be treated with:

- Frequent unlimited breastfeeding including prolonged feeding from the affected breast.
- Breast massage and, if necessary, hand expression.

- Analgesia (pain relief such as paracetamol).

Expressing and storage of breast milk

All breastfeeding women should be shown how to hand express their colostrum or breast milk. If you need to be shown how to do this please ask your Midwife for guidance and support. She will also advise you on how to correctly store and freeze it.

Mastitis (Infection in the Breast)

Any signs and symptoms of mastitis such as flu like symptoms, red, tender or painful breasts should be reported urgently to your Midwife or GP.

When you have signs and symptoms of mastitis, you will be offered assistance with positioning and attachment and advised to:

- Continue breastfeeding and/or hand expression to ensure effective milk removal. If necessary, this should be done with gentle massaging of the breast to overcome any blockage.
- Take analgesia (pain relief) compatible with breastfeeding, for example paracetamol.
- Increase fluid intake (drink plenty of water).

If signs and symptoms of mastitis continue for more than a few hours of self-management, you should be advised to contact your healthcare professional again, as you may need a course of antibiotics to treat the infection

Backache

If you suffer with persistent back pain following the birth of your baby, you should discuss this with your GP. You will not be treated any differently than if your backache had not been caused by pregnancy and birth and your GP will take all possible causes into consideration and refer you for further investigations if required.

Lochia (blood loss from your womb after you given birth to your baby)

This is the technical name given to the vaginal blood loss that happens after the birth of your baby and the delivery of the placenta, whether you have a vaginal birth or Caesarean Section. The blood loss lasts from anything between two and six weeks and usually varies in colour over that time. It tends to go from bright red to brownish pink to pale pink but will be different for each woman.

The quantity of blood loss may also vary and may contain small clots. The lochia may be heaviest in the morning or after lying down, as the blood pools in the uterus and vagina and will be passed when you stand up. It may also increase with breastfeeding as the oxytocin released makes the uterus (womb) contract.

Although lochia is perfectly natural, you should seek medical help if the vaginal blood:

- Soaks more than one sanitary towel an hour.
- Remains heavy and bright red after the first week.
- Returns to bright red four or more days after birth and does not improve with bedrest.
- Has large blood clots (bigger than a 50p piece).
- Has a foul smell and you come down with a fever and/or chills.

Urinary retention (when you are unable to empty your bladder)

If you do not pass urine within six hours after the birth, efforts to assist urination may be discussed with you for example: maybe taking a warm bath or shower.

If urine has not been passed by six hours after the birth and measures to encourage you to empty your bladder are not immediately successful, let your Midwife know and she will be able to advise you on a course of action that may include a scan of you bladder to assess the volume and if a catheter is needed for a time to relax the bladder and reduce any pain and discomfort.

Urinary incontinence (leaking of urine)

If you sometimes can't help losing a little urine, you can get help. Incontinence is a very common problem and may affect you during and after pregnancy. In many cases it is curable, so if you have a problem, talk to your doctor, midwife or health visitor, or ring the confidential Continence Foundation Helpline on 0845 345 0165, Monday to Friday, 9.30am to 1.00pm.

Perineum: - this is the area of tissue between the back of the vagina and the back passage (the anus)

Caring for the perineum following a vaginal birth:

Following the birth of your baby it is important to frequently change your sanitary pads washing your hands before and after doing this and to take a daily bath or shower to keep the perineal area clean as this aids healing.

At each postnatal visit by your midwife you will be asked if you have any concerns about the healing process of your perineal wound; this might include experience of pain, discomfort or stinging, or an offensive (smelly) odour.

The Midwife may offer to assess the perineum if you have any pain or discomfort. You will be advised on different methods of pain relief. External cold therapy, for example crushed ice or gel pads, are effective methods of pain relief for perineal pain. If oral analgesia (Pain Relief) is required, Paracetamol should be used in the first instance unless contraindicated. If cold therapy or Paracetamol is not effective, your GP may need to prescribe an alternative.

Fever, shivering, abdominal (tummy) pain and/or vaginal loss, may be suggestive of an infection in the perineum or in your uterus (womb). Bleeding from the tear or stitches may be significant.

It is important that you seek advice from a healthcare professional as soon as possible if you experience any of those previously mentioned symptoms.

Haemorrhoids (piles)

Piles or haemorrhoids are swollen veins around the anus (back passage) which may itch, ache or feel sore. You can usually feel the lumpiness of the piles around the anus.

Piles may also bleed a little and they can make going to the toilet uncomfortable or painful. They occur in pregnancy because the veins relax under the influence of pregnancy hormones. Piles usually go shortly after delivery.

If you suffer from piles:

- Eat plenty of food that is high in fibre, like wholemeal bread, fruit and vegetables, and drink plenty of water. This will prevent constipation, which can make piles worse.
- Avoid standing for long periods.
- Take regular exercise to improve your circulation.
- Sleep with the foot of the bed slightly raised.
- Use an ice pack to ease discomfort. Hold it gently against the piles (but not directly against the skin), or use a cloth rinsed in iced water and wrung out.
- If the piles stick out, push them gently back inside using a lubricating jelly.
- Ask your doctor, midwife or pharmacist if they can suggest a suitable ointment

Constipation

Women should be asked if they have opened their bowels within three days of the birth. If you are constipated and uncomfortable your midwife should discuss your diet and fluid intake with you. She will be able to advise you on how to improve your diet and that a good fluid intake (meaning plenty of water) will make a considerable difference. A gentle laxative (sometimes a liquid called Lactulose or maybe tablets) may be recommended if dietary changes are not effective.

Deep vein thrombosis (DVT)

Your Midwife should ask you at each visit about your legs. If you start to develop calf pain, redness or swelling of one or both legs, shortness of breath or chest pain, you must seek help immediately from your midwife or GP.

Faecal incontinence

If you sometimes can't help soiling yourself, you can get help. Incontinence is a common problem and may affect you during and after pregnancy. In many cases it is curable, so if you have a problem, talk to your doctor, midwife or health visitor, or contact the confidential Continence Foundation helpline on 0845 345 0165, Monday to Friday, 9.30am to 1.00pm.

If you suffer faecal incontinence at any time after you have had your baby you should be assessed for severity, duration and frequency of symptoms.

If symptoms do not resolve themselves, please see your GP as further assessments and referrals to an expert in this condition may be required.

If you experience any involuntary leakage of a small volume of urine, inform your midwife and she will be able to teach you some pelvic floor exercises. If this does not solve the issue and the involuntary leakage of urine continues or becomes worse you will need to be seen by an Obstetric Physiotherapist.

Contraception

Women can become pregnant again in their postnatal period. It is important to use contraception if pregnancy is to be avoided. During one of your visits your midwife can discuss contraception with you and your partner.

Immunisation

Anti-D immunoglobulin will be offered to every non-sensitised Rh-D-negative woman within 72 hours following the delivery of an RhD-positive baby.

If you are found to be sero-negative on antenatal screening for rubella, you should be offered an MMR (measles, mumps, and rubella) vaccination following giving birth. See your GP.

MMR vaccine may be given with anti-D (Rh0) immunoglobulin injection provided that separate syringes are used and the products are administered into different limbs. If not given simultaneously, MMR should be given three months after anti-D (Rh0) immunoglobulin.

Pregnancy should be avoided for one month after receiving MMR, but breastfeeding may continue.

Six to eight week check

At the end of the postnatal period you will have a six to eight week check to ensure that you are physically, emotionally and socially well. Screening and medical history should also be taken into account. This is usually done with your GP.

Dyspareunia (Painful Intercourse)

If you have any concerns or problems about resuming sexual intercourse and the possibility of dyspareunia (painful intercourse) discuss this with your Midwife or GP. A water-based lubricant gel to help ease discomfort during intercourse may be advised, particularly if a woman is breastfeeding. Reasons for this may need to be explored including possible assessment of the perineum.

Mental Health and Wellbeing

Changes in your hormone levels may make you feel tearful, irritable, depressed and tired. Often, between three and five days after the birth you may feel particularly low and emotional.

This time is referred to as the 'baby blues' and thought to be caused by sudden changes in your hormone levels. It should only last for a few days. Try to rest as much as you can, eat healthily and accept offers of help.

If you often feel depressed and despondent over a period of weeks or months, it is important to talk to one of your health care team (Midwife, Health Visitor or GP).

Sources of information

National Childbirth Trust - Alexandra House, Oldham Terrace, London, W3 6NH. Telephone 0208 992 8637.

Breastfeeding:

Association of Breastfeeding Mothers - PO Box 207, Bridgewater, Somerset, TA6 7YT. Telephone 0207 813 1481.

La Leche League - BM 3424, London WC1N 3XX. Telephone 0207 242 1278.

For depression and stress:

Association for Postnatal Illness - 25 Jerdan Place, London, SW6 1BE. Telephone 0207 386 0868.

MAMA (Meet-a-mum Association) - 26 Avenue Road, South Norwood, London, SE25 4DX.
Telephone: 0208 771 5595.

Anonymous telephone helpline:

Parentline - Telephone 0808 800 2222. Helpline 9.00am-9.00pm Monday-Friday; 9.30am-5.00pm Saturday; 10.00am-3.00pm Sunday.

For twins and multiple births:

The Multiple Births Foundation - Queen Charlotte's and Chelsea Hospital, Goldhawk Road, London, W6 OXG. Telephone 0208 383 3519.

Twins and Multiple Births Association (TAMBA) - Harnott House, Little Sutton, South Wirral, L66 1QQ. Telephone 0151 348 0020.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: (01424) 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Gayle Clarke, Specialist Midwife Practice Development.

Reference to: National Institute for Clinical Excellence (NICE) - Postnatal guideline (2007)
Website: **www.nice.org.uk**

The Pregnancy Book: 2006 edition Department of Health

The Clinical Specialty/Unit that have agreed this patient information leaflet:
Maternity Guideline implementation Group, Women's Focus Group.

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