

What You Should Know About The Postpartum Period

After carrying your baby for 9 months, you're probably more than ready to deliver and get your body back to normal. But it doesn't happen quite that way. Recovery from pregnancy and childbirth takes time, and it helps to know what to expect. Here's what's normal in the first few weeks after a vaginal delivery, what's not (call your health care provider for these), and what you can do to deal with the normal postpartum changes.

Cramps

What's normal. In the first few days after delivery, you might experience pains that feel like menstrual cramps. These are uterine contractions called afterbirth pains, and they serve a purpose: They help your uterus shrink back down (to about the size of a grapefruit), and they help prevent excessive bleeding by clamping down on the blood vessels of the uterus. These pains may last for several days after you deliver.

What's not. A fever or a tender abdomen could mean a uterine infection.

What you can do. Take warm showers as often as you can. Lie on your front, and put a pillow or a warm pack under your stomach. Empty your bladder often, because a full bladder puts pressure on the uterus which can worsen cramping. If the cramps are severe, ask your health care provider about medication to help.

Vaginal Discharge

What's normal. You can expect to have vaginal discharge and bleeding, called lochia, for as long as 2 months after delivery (although it may stop sooner). It starts off heavy and bright red for the first few

days, then turns brown, and then gradually lightens in both color and amount. In the beginning, you may find that you have a gush of discharge when you sit or stand up after lying down.

What's not. Let your health care provider know if you are soaking one or more pads an hour, if you pass clots that are larger than a plum, or if you feel dizzy. Tenderness of your abdomen, discharge that has a foul odor, or a fever of 100.3°F or higher could be signs of infection.

What you can do. To avoid infection, don't use tampons. Use sanitary pads instead.

Perineal Pain

What's normal. Pain and soreness in the area between the vagina and the rectum is quite common after delivery, especially if you've had an episiotomy or the area tears during delivery.

What's not. Call your health care provider if the pain gets worse or if the area becomes hot and swollen and you notice a pus-like discharge. These may be signs of infection.

What you can do. Sitz baths, cold packs, or warm water poured over the area from a pitcher or squirt bottle can be soothing. You can also try applying witch-hazel pads; chill them for an even



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more soothing effect. If sitting is uncomfortable, try using a donut-shaped pillow or inflatable ring.

Difficulty Urinating

What's normal. Swelling in the area around the bladder can make it difficult to pass urine for a while after delivery. You may also be anxious about the stinging caused when urine touches the sore perineal area.

What's not. Having to urinate very frequently or feeling pain when you urinate could be signs of a urinary tract infection.

What you can do. Make sure you're getting enough fluids by drinking eight to 10 glasses of water a day. To relax the opening of your bladder, breathe slowly and deeply. You can also try running tap water, or pouring warm water over your perineal area to stimulate the flow of urine.

Leaking Urine

What's normal. Because pregnancy and delivery strain the muscles and nerves around the bladder you may find that you leak urine when you laugh, cough, or sneeze.

What's not. This problem usually clears up by itself within 3 months, but let your health care provider know if it doesn't.

What you can do. Kegel exercises can help strengthen the muscles around the opening of the bladder. In the meantime, sanitary pads can catch the leaking urine.

Constipation

What's normal. You probably won't have a bowel movement for 2 to 3 days after delivery. And it may be very uncomfortable when you strain to have your first one.

What's not. Let your health care provider know if you don't have a bowel movement within 7 days of delivery.

What you can do. To get things going again, drink eight to 10 glasses of water a day, eat a

diet high in fiber (whole grains, fruits, and vegetables), and take a stool softener if your health care provider recommends it. If straining is uncomfortable, hold a clean sanitary pad against your perineum and press upward while you bear down to relieve pressure on the area.

Sore, Swollen Breasts

What's normal. About 3 to 5 days after delivery, your breasts will fill with milk. This process, called engorgement, can cause your breasts to become swollen, heavy, tender, and hard.

What's not. If the engorgement doesn't go away in 3 days, or if your breasts are hot to the touch or very reddened, call your health care provider.

What you can do. Wear a supportive bra, and try placing an ice pack under each armpit to reduce the swelling. To get your milk flowing, stroke your breasts gently but firmly toward the nipple. Expressing the milk, preferably by feeding your baby, can help. If your breasts are so engorged that your baby can't latch on and breastfeed, call a lactation consultant for some guidance. (Most hospitals and birthing centers have one.)

Hair Loss

What's normal. High hormone levels during pregnancy act to prevent normal hair loss. But once those levels drop, your hair will too.

What's not. The shedding shouldn't last more than 6 months. After that point, your hair should be back to normal.

What you can do. Don't overbrush your hair and try to stay away from products with strong chemicals, curling irons, and hair dryers.

Red Flags: When to Call for Help

In addition, call your health care provider if you experience any of the following symptoms:

- Leg tenderness or redness
- Coughing or chest pain
- Nausea or vomiting
- Feeling depressed for more than 2 or 3 days
- Suicidal thoughts, or thoughts of harming your baby.

Resources

- Mayo Clinic
<http://www.mayo.org>
- 4Women.gov
<http://www.4women.gov>
- University of Iowa Health Care
<http://www.uihealthcare.com>
- Ohio State University Medical Center
<http://Medicalcenter.osu.edu>

This Patient Handout was prepared by Nancy Morgan Andreola, RN, using materials from Walters KC, Wing DA. Misoprostol and postpartum hemorrhage. The Female Patient. 32(7);2007: 53-58; the Mayo Clinic Web site; the KidsHealth Web site; the University of Iowa Health Care Web site; the 4Women.gov Web site; and the Ohio State University Medical Center Web site.