

## **POSTNATAL CARE - What to Expect**

Most women stay in the hospital for 24 to 48 hours after giving birth (or 3 to 4 nights after a caesarean section). This will of course depends on the condition of the mother and baby.

The physical changes that occur with pregnancy usually resolve by the end of 6 weeks, although some may resolve much earlier than this. It is important to know all these changes, as it will help you cope better and lessen your worries. Emotional support and much needed help from your spouse and family members is equally important to assist you in facing these changes and coping with the arrival of a new member into the family.

### **1. PAIN**

Pain after childbirth is to be expected and usually tolerable. Fortunately, this is only for a few days and responds well to simple analgesics. The pain is due to the uterine contractions, when the uterus contracts back to its normal size and help to reduce the blood loss. The genital area may be painful or sore, especially if there is stitching resulting from either an episiotomy or a tear. Inform your healthcare provide if you have significant pain, so that a stronger painkiller medication can be given. You can shower as usual and dry the stitched area gently with a clean and soft towel. Soaking with salt water is useful for relief and will help in the healing process.

### **2. WEIGHT**

New mothers generally lose 5 to 6 kg with the baby's birth and another 1 to 2 kg in the first few days after delivery. Additional weight loss continues for 6 to 8 weeks, when you should be back to normal weight. Breast-feeding mothers usually have more of a dramatic weight loss than non-nursing mothers.

### **3. DIET**

In general, there is no specific dietary restriction. Unfortunately, Asian cultures have a long list of food restrictions and taboos, which has no scientific basis for it. Use your common sense to decide what is best for you and your baby. Discuss this with your doctor if you are not sure. This is an important period when you need proper diet to help you to recover and to ensure successful breast-feeding. Therefore, you should aim for a healthy and balanced diet. If you are breast-feeding, do avoid alcohol, and don't smoke. Drinks plenty of fluids. You should drinks at least a glass full or more of fluids after each feeding. This is to avoid dehydration, which can affect milk production.

### **4. BOWEL MOVEMENTS & URINATION**

It may take several days before the first postpartum bowel movement occurs. Abdominal muscles were stretched during delivery and the bowel may have been traumatized also. In many women, there is a psychological fear that the bowel movement will be painful and tear stitches. Try not to worry; eat a high-fiber diet; drink plenty of fluids and start a mild exercise routine. Avoid straining. A stool softener laxative such as lactulose will be helpful. If narcotic pain medicines are used, they can sometimes cause constipation. Urination may be painful. Sometimes, there may be no urge, or an urge with no urination. It's important to urinate within 8 hours of delivery to avoid infection. Getting up and moving can help. After 24 hours, there is an increase in urination as the excess body fluids from the pregnancy is excreted.

## **5. BATHING**

You may shower and shampoo at any time after delivery, as long as you are steady on your feet.

## **6. BREASTS**

The milk “comes in” on the third or fourth postpartum day and there is some initial discomfort with the engorgement and fluid retention (edema) in the breasts along with milk leakage. Nursing mothers will have instructions on how to initiate the breast-feeding process while in the hospital. For non-nursing mothers, the engorgement will start to decrease after 2 to 3 days. Pain and discomfort can be eased with the use of ice packs, mild pain medicine and wearing a support bra. Special drugs to suppress lactation are not given routinely.

## **7. PERINEAL CARE**

Discomfort from an episiotomy or hemorrhoids can be a problem. Symptoms may sometimes persist up several weeks. For relief of discomfort caused by the episiotomy, use warm-water cleansing and salt-water bath (10 to 20 minutes, two to three times a day in water 10 cm deep in the tub). Hemorrhoid discomfort can be treated by warm salt-water baths, non-prescription topical hemorrhoid medications, suppositories and oral pain medications.

## **8. VAGINAL BLEEDING & MENSTRUATION**

Vaginal bleeding (known as lochia) will occur for 2 to 6 weeks following delivery. The flow is bright red, heavy and may contain clots at first, then turns pink to brown and decreases in amount. Use sanitary pads and not tampons. If you do not nurse your baby, you can expect to menstruate again within 4 to 8 weeks. The first menstrual flow tends to be heavy and contain clots; it may start, stop, and start again. The second period should be more or less normal. If you are fully breastfeeding, you will not have your period.

## **9. EXERCISE & BACK CARE**

Your abdominal wall and the muscle will be slack. Discuss postnatal exercises with the ward staffs prior to your discharge. A good way to tighten and tone muscles is to hold your stomach in. Practice pulling it in while you take several natural breaths; then relax. Repeat this throughout the day and make it a permanent habit. Women who had cesarean deliveries should wait a week before exercising.

## **10. MEDICATION AND IMMUNISATION**

Pain relief medication and a mild laxatives is usually prescribed upon discharge. You should continue taking your antenatal multi-vitamin (containing iron) for at least a month to replenish the blood loss during delivery. Continue your calcium tablets if you are breastfeeding. If you are still not immunized against Rubella or Hepatitis B, you can request the vaccination prior to discharge.

## **11. SEXUAL INTERCOURSE**

In general, sexual intercourse can be resumed after the fourth week postpartum, provided the bleeding has stopped and the perineum (area between the vagina and rectum) is comfortable for the woman. Many women report a low or absent sexual desire during the first few weeks after delivery. Reasons may involve fatigue, weakness, pain with intercourse, vaginal discharge or concern about injury. Discuss this issue with your spouse if you have problems. Most couples resume sexual intercourse by 6 to 8 weeks after delivery. Sexual intercourse can cause some discomfort for the woman because of vaginal dryness (especially in breast-feeding women). Using a water-based gel lubricant (e.g., KY Jelly) will help.

## **12. CONTRACEPTION**

You should discuss this with your doctor. You do not need additional protection if you are fully breastfeeding (no supplementation with infant formula at all). However, it will not be reliable once infant formula is introduced or weaning takes place. If you are providing mixed feeding to your baby, have your partner use a condom until another type of birth control is selected.

The choice of hormonal methods of contraception will depend on whether the woman is breastfeeding or not. Contraceptives that contain oestrogen are not suitable for breastfeeding mothers. You should discuss your needs and preferences with your doctor. The intrauterine device, hormonal implants or injections can usually be initiated at the 6-week postpartum check-up.

## **13. THE POSTNATAL “BLUES”**

For some women, the first few weeks at home seem to be quite different and not what is expected. They have adjustment problems and appear depressed. Everyone expects the woman to be happy but she is not. This may be aggravated by the fatigue, lack of sleep and sometimes lack of support from family members and friends. Taking care of a newborn for the first few weeks can be a demanding task, especially for the first-time mother. She may have increasing doubts about her ability to cope with the 24-hour-a-day demands of mothering. Some women may be weepy and withdrawn. All these changes are due to the adjustment of the body to the sudden drop in the female hormones following delivery. Therefore, it is not uncommon for many women to feel this way. Luckily, this is self-limiting and will often resolve completely within a few weeks. Full support from the husband, family members and friends will help in minimizing the severity and hasten recovery. For some women, professional help may be required if the problem persists or worsens.

## **FIRST POSTNATAL VISIT**

The first visit is usually at 6 weeks after delivery. However, you may be asked to come back for review much earlier if there are complications during the antenatal, delivery or postnatal period. During the 6-week visit, you will be asked about your general health, vaginal bleeding and any problem with breast-feeding. Physical examination will be performed, including a Pap smear test if it is due. Contraceptive choices should be discussed and a decision made with regards to the type that is acceptable to you and your partner.

## **Disclaimer**

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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