



Postpartum Physical and Emotional Recovery

Scenario

As you study this section, keep the scenario below in mind.

Sara is a first time mother and one week postpartum when you begin working with her. She says she is struggling to get her usual tasks done. She had an uncomplicated vaginal delivery and thought she would be able to get back to life as normal shortly after she returned from the hospital. She expressed concerns about still experiencing period like bleeding and thought she would only bleed for a short period of time.

Sara's partner, John, is really caring but cannot understand why she isn't up for going to a family BBQ in a couple days. He shares how he thought delivery went really well and the baby is eating well. He wants his family to get to meet the baby.

Sara called you to help a couple times a week. She did not think she would need a lot of help because she had a typical pregnancy and uncomplicated delivery. She is surprised by how tired she is and how she is struggling, physically, to get up and out.

How would you support, educate and help Sara and John?

Physical Recovery

A Postpartum Doula helps to answer questions a new mother may have about care for herself as her body returns to normal. A new mother can feel reassured by any information offered by her Postpartum Doula.

Involution and Lochia

- Involution refers to the uterus returning to its normal pre-pregnancy size, about the size of your fist. When the placenta was separated from the uterus, blood vessels where it was attached begin to bleed into the uterus. After the placenta is delivered, the uterus continues to contract with “afterbirth contractions” which closes off those blood vessels. This discharge is called lochia which is red at first similar to a period, then becoming more pink and finally light yellow. It lasts for up to six weeks. The doula reassures the mother that these contractions are normal and will only last a few days. Afterbirth contractions are more common in subsequent pregnancies as the uterus has to work harder to return to its pre-pregnant state. By the end of the week after birth, the fundus or top of the uterus should be almost down to the hairline.
- The hormone oxytocin helps the uterus to contract down so the afterbirth contractions may be felt while nursing. Warm compresses can give relief and the same deep breathing she used during labor can help her work through these contractions.
- During the first two days after birth, the fundus (top of the uterus) can be felt at about the level of her navel and will be about the size and firmness of a grapefruit. Deeply massaging the fundus down through your lower abdomen several times a day, helps to ensure that it stays firm and keeps contracting, minimizing the chance of hemorrhage or the formation of large blood clots and decrease cramping. If there is any pain or tenderness during massage, or the uterus feels soft or flaccid, she should notify her caregiver.
- As she massages downward, she may feel a gush of lochia which is helping her uterus to return to its normal size again. The flow of lochia in the first few days is fairly heavy and red and may contain small clots. A fleshy odor is normal. Over time the amount of the flow lessens and the color fades to a brownish red to a whitish discharge which continue for about six weeks. A return to a heavier flow or brighter red color is a warning sign that she may be overexerting and will need to slow down and avoid climbing steps
- If the lochia bleeds through a pad, has a foul smelling odor, has large blood clots or if the woman develops a fever, she should notify her care provider. A woman should refrain from using tampons, or having sexual intercourse during the time of the lochia. If there is heavy bleeding, she should notify her care provider immediately.
- If she was on bed rest before pregnancy, she may feel low energy but assure her this will improve and she will gain strength again.
- If she has had a perineal tear, episiotomy, vaginal laceration, or hemorrhoids, sitz baths, witch hazel pads, and any ointments and cream can be helpful. Ice packs directly on the perineum can also provide relief. Squirted warm water on the perineum while urinating can help decrease the

sting from a vaginal tear or episiotomy. Direct sunlight on the perineum, or a peri-light (special heat lamp) can help her stitches heal more quickly and provide comfort, as can a cool hair dryer blowing onto the stitches. The mother may see if she feels more comfortable sitting on a firm surface or an inflatable donut pillow. She should also lie down frequently with her feet elevated.

Hemorrhoids

Hemorrhoids are swollen veins that protrude from the rectum. They can be painful and are often a result of forced pushing during labor. All but the most extreme cases improve within a short time. As the extra blood volume from pregnancy begins to subside, the hemorrhoids should eventually disappear. Relief can occur by taking a cotton ball soaked in witch hazel and/or aloe vera and applied directly to the hemorrhoids. Straining during bowel movement should be avoided as that can aggravate hemorrhoids. The mother can eat foods that are natural stool softeners such as prunes, dates, whole grains, and raisins to avoid constipation. She should also drink plenty of fluids.

Most care providers agree that it is fine for new mothers to take tub baths after birth and on into the postpartum period. The bath can be therapeutic, with the warm water soothing any perineal tears and easing swollen hemorrhoids. It can also help her to relax in her home setting.

Sexuality

Sexual desire varies from woman to woman. It is generally advised to wait to resume sexual activity until the lochia bleeding has ended, about six weeks after birth. However, the standard recommendation to abstain from sexual intercourse for the six-week postpartum recovery period is only a guideline. A more practical approach is to do what feels right. Once stitches have healed, soreness has diminished and the vaginal discharge has lessened, it is safe to resume intercourse.

Many women fear painful intercourse with penetration. If women feel pain, they should stop and wait until any lacerations in their vagina have healed. Vaginal dryness due to a decrease in estrogen during breastfeeding is common because of the hormonal changes of childbirth and breastfeeding, so many women use special lubricating gel to prevent discomfort. Gentle lovemaking with longer foreplay may help increase estrogen. Using a lubricant such as K-Y Jelly can be helpful. Milk may leak from the breasts during lovemaking.

Since childbirth can be emotionally and physically draining for some women, compounded by stitches, lochia, exhaustion and a whole new set of responsibilities and challenges, it may take time to feel sensual and loving again. If intercourse is still painful, there are other ways to show love for each other. Some women prefer to approach lovemaking slowly, favoring emotional intimacy to physical intimacy. They may be more comfortable starting with cuddling, reserving intercourse for when they feel more healed and energetic. On the other hand, some women are very ready to return to an active sexual relationship soon after birth.

Men and women often differ in their needs. It is important for the woman's partner to be aware of the range of possibilities, be patient and sensitive, and for them both to approach this topic with a sense of humor. A lack of sexual desire at this time has nothing to do with how much a woman loves her partner, but is a consequence of all the transformations she is going through.

Exercise

Moderate exercise can help to alleviate aches and pains following childbirth and help to restore abdominal muscle tone. Lower back pain and soreness around the sacrum and tailbone is not uncommon, especially for a woman who experienced back labor. Epidural anesthesia can cause long-term backache, and sore hip joints are common from overextension of the joints during second stage. Application of hot or cold compresses may be helpful. Moderate exercise, including pelvic tilts, can be beneficial.

Fevers

Women are susceptible to infection especially if they have had a cesarean where the incision can become infected. Mastitis can also cause a fever and is usually accompanied by breast tenderness. A fever can also develop with a urinary tract infection (UTI) with symptoms of burning during urination. Her care provider should be contacted.

Hormonal Changes

If she has worked through her labor without numbing drugs, she will have secreted beta endorphins which induce a state of euphoria. The body is kind and reduces these endorphins over the period of involution and lochia. She also has adrenalin which was secreted by her body to do the work of birthing her baby. These hormones keep her alert and energized initially and then gradually things return to normal. She may experience this as depression but with understanding of the process she will be more accepting of the changes.

Her body may experience other signs of hormonal changes such as hair loss and skin changes. She can consult with her care provider if necessary to rule out any other reasons such as a possible thyroid condition.

Soreness

Whether or not she has stitches, she is likely to feel sore in her perineum and vagina after giving birth vaginally. An ice pack directly on her perineum can help decrease swelling, and then warm sitz baths are very comforting. Squirting warm water or herbal mixtures on the vagina while urinating or a warm hair dryer on the perineum after bathing and urinating can help provide comfort. A foul odor at the perineum is a reason she should contact her care provider.

Urination

The fear of urinating after birth can be similar to the fear of labor pain for many women. In the first day after birth she has experienced so many symptoms in her vaginal area that she may not even recognize the need to pee. Helping her to just sit on the toilet can help her to relax and allow her urine to flow.

Urinating may be difficult because of a sore or swollen urethra from bruising or a urinary catheter, or

the urine may sting near stitches or scrapes. The hospital will provide her with a peri-bottle (a plastic bottle with a squirt cap) so that she can spray warm water over her perineum as she tries to urinate, or she can pour warm water over her perineum with a clean cup. She may find the peri-bottle spray less irritating than toilet paper, to clean herself. She might also find it easier to urinate in the shower or bathtub. Relaxed abdominal breathing can be helpful.

Bowel Movements

- Many women fear having a bowel movement in the first days after birth because the first ones may be uncomfortable especially if there is a sore perineum or hemorrhoids. They have just birthed a baby and the size of their bowel may feel tiny.
- Some women experience constipation in the first days after birth. Avoid constipation by walking, drinking plenty of fluids, and eating plenty of fruits, vegetables, and whole grains. Her caregiver may prescribe a stool softener. Recommend that she eat high fiber foods and drink plenty of fluids to help. She can also be advised to spray warm water on her bottom.
- If she has stitches, she should not strain too hard to avoid tearing the stitches. Suggest that she sit on the toilet and breathe deeply to relax and be patient until the bowels move. She should wipe from front-to-back after a bowel movement to minimize the chance of infection.

Night sweats, hair, teeth and gums

There are a number of changes that can occur in a woman's body after birth that may come as a surprise to many women. The mother's fluid volume is more than 50% greater in pregnancy and after birth become greatly reduced. It is not uncommon for women to sweat so much in the night that they actually soak a sheet during the early days at home as the fluid volume which nearly doubled in pregnancy, returns back to normal. It is very important for her to drink plenty of fluids to balance her fluid volume.

Some women experience hair loss after birth as a result of reduced hormones. This can be decreased or prevented by eating foods such as leafy greens, foods rich in minerals, and getting plenty of rest. If clumps of hair are lost, she should contact her care provider as there can be a thyroid condition. There can also be a darkening of skin tone and extra hair growth on the face and arms. The line up the middle of her belly and other symptoms described here all disappear in a couple of months. There may also be stretch marks that will fade and even disappear but some may remain. A visit to the dentist is also in order during the postpartum period as calcium may be lower during pregnancy affecting her teeth in some way.

Weight Loss

One of the perks of breastfeeding is that a woman can eat more to support lactation, however, her meals need to be well balanced and nutritious. She also needs to be sure to drink more fluids again to support lactation. The Postpartum Doula can help a new mother to eat and drink well. The baby "eats" whatever the mother eats so avoiding dairy products, caffeine, and gaseous foods such as broccoli, cauliflower, or asparagus is recommended. A woman can experiment to see what foods are affecting her baby and avoid them for a while. Dairy products eaten by the mother may cause digestive problems in some newborns. Caffeine can cause irritability.

Cesarean Recovery

All women need time to rest and heal following childbirth. The hospital stay after an uncomplicated cesarean birth is usually three or four days. Women who have had cesarean births will need even more time and attention as cesarean section is a major abdominal surgery and sufficient healing time is necessary. The pain from a cesarean recovery can affect breastfeeding, bonding, and even a new mom's confidence. A cesarean mother will definitely need extra assistance for a while at home.

Here are some ways to assist and facilitate healing:

- Be a safe place for the mother to process her birth experience. Validate her feelings and remind her that if she feels disappointed about her birth, it is okay and is not a reflection of her feelings towards her baby.
- Abdominal surgery causes a buildup of gas in the body, and can cause significant pain. Walking helps to release the gas.
- Simple activities can be painful and difficult to accomplish. Remind her to use the pressure of a pillow on her incision to support it when laughing, coughing, sneezing sitting up, rolling over, standing and walking.
- Extra care must be taken to support the abdominal incision, move slowly and carefully, and use an assistant, the furniture, or walls while moving about. Although it may be uncomfortable, it is wise to begin moving sooner than later.
- Resume Kegel exercises immediately after birth to increase the blood flow to the perineum, which will promote healing.
- Breastfeeding can be more of a physical challenge because of a sore abdomen. Pillows between the baby and the abdominal incision are helpful, as is nursing while sidelying or using the football hold.
- Provide practical support such as household organization, meal prep, and infant and sibling care.
- Encourage the mother to use the stairs only when absolutely necessary and not to lift anything heavy for at least two to three weeks. Post cesarean mothers especially need to resist the urge to resume normal activity too soon after birth as overexertion may open her incision and the risk of infection.

Warning Signs to Report to Your Careprovider

- Temperature over 100.4° F
- Heavy bleeding (soaking a maxipad in one hour)
- Passing large clots
- Foul-smelling vaginal discharge
- Separation or oozing of the incision
- Increased pain at incision site
- Severe pain (head, chest, leg, pelvis, or lower abdomen)
- Sore, swollen, red area on the leg
- Burning sensation when urinating
- Inability to urinate
- Bloody urine
- Bleeding nipples
- Sore, red area on the breast accompanied by a fever
- Rash or hives
- Persistent “blues” that interfere with your ability to function
- Anxiety, panic, anger, or uncontrollable crying
- Persistent sleep problems

- If she develops a fever, notices changes in her incision such as swelling, oozing fluid or red and painful, or if she experiences more incision pain than when she left the hospital, instruct her to call her care provider.
- Assist in finding comfortable feeding positions that keep the baby off of the incision. Side lying and football positions with the use of pillows often work well.
- Set her up before your visit ends. Be sure her baby is close, she has diapers, wipes, blanket, etc. Leave the mother with a drink and snack. Set siblings up with an activity and snack.
- Educate family and friends about the need for recovery. Show them ways they can help. Encourage them to set her up before leaving the home.
- Encourage her to follow her provider's instructions in regards to medications, including stool softeners.
- Provide information for [ICAN \(International Cesarean Awareness Network\)](#)

Breast Engorgement

We will learn more about this in the Breastfeeding section of this training but it has a place in postpartum recovery. Breast engorgement occurs for many women whether they breast or bottle feed. The full feeling is not from milk but from swollen tissue not used to the increase of milk production. Although some management is the same, it does vary a bit between breast and formula feeding mothers.

For the breastfeeding mother

- Encourage feeding on demand.
- Suggest a warm compress or hot shower before a feed or pumping session.
- Suggest a cool compress after feeding to help with any swelling.
- Since milk production is supply and demand, she should express just enough for comfort so as to not encourage extra milk production, unless she is exclusively pumping or pumping a feed instead of feeding at the breast.
- Recommend that she avoid tight tops and underwire bras and seek supportive bras that are comfortable.
- When engorged, expressing just a little bit of milk to relieve pressure might help with baby latching on.
- A low grade fever can be normal with engorgement but fevers over 100.4 should be reported to provider to rule out infection from delivery or mastitis.

For the formula feeding mother

- Nipple stimulation should be avoided as milk is a supply and demand process. Aside from expressing very small amounts for comfort, any stimulation will encourage the body to continue

- producing milk
- While warm compresses might bring relief from engorgement, cool compresses are recommended as warmth can encourage let down and milk production.
- When showering, the mother should keep her back to the water as warm water might encourage a let-down of milk.
- Some find eating fresh sage can assist with drying.
- Any fever over 100.4 should be reported to rule out mastitis.
- Depending on the circumstances, and with S.U.P.P.O.R.T. in mind, this might be a time when you can gently remind the mother that babies are the most efficient emptiers of the breast and she can offer her breast to the baby. It does not mean she needs to continue, but for some moms just giving it a try for relief can turn into a nursing relationship.

Postpartum Emotions

Pregnancy and birth are life altering events accompanied with much emotion. Later in this program you will learn more about postpartum mood disorders but here we will highlight some common emotions during the postpartum period. During pregnancy and birth a woman has elevated hormones. After delivery her estrogen and progesterone both drop causing physical and emotional effects. In the immediate postpartum period she may experience elevated levels of oxytocin and adrenaline. As these levels decrease she may go from being very alert and overjoyed to fatigued and feeling blue. As many as 80% of postpartum women experience postpartum blues.

Some typical postpartum emotions

- Occasionally feeling overwhelmed by the demands of a new baby.
- Concern about physical appearance.
- Excitement about bringing the baby home.
- Feeling left out or isolated when guests focus only on the baby.
- Weepy or sensitive.
- Feeling a close bond with their partners and feeling lonely in their absence.
- Confidence and a sense of accomplishment about giving birth.
- Feeling disappointment about the birth experience.
- Missing pregnancy or feeling empty.

Take a Babymoon

Other cultures encourage the new mother to spend much more time resting in postpartum than the American culture. For example, in India, a woman is to stay at home for 40 days to fully recover from her birth. In the USA women often return to work in two weeks. We encourage new mothers to spend the first week or two of their postpartum recovery nesting with their baby and partner. Similar to a honeymoon taken by newlyweds, the babymoon is a time for the new parents to focus all their attention exclusively on one another and their relationship—mother, baby and father, too. Encourage the new parents to nestle in with their baby even creating a “do not disturb” zone, keeping nightclothes on and allowing themselves to be pampered. They should limit visitors and phone calls and allow themselves to fall in love all over again.

Returning to Work

For those women who are planning to return to work within weeks of the baby's birth, postpartum recovery may seem rushed. Arranging for baby care, revising schedules, and preparing for the extra demands of working and parenting can all interfere with a woman's ability to concentrate on her own recovery and getting to know her baby. Whether returning to work is a necessity or a desire, it requires careful planning. If possible, consider alternatives or options that may make transitioning into the role of a working mother less stressful. Set up practical arrangements (such as baby care) during pregnancy, rather than waiting until the last minute.

Practical Hints

As adorable and endearing as new babies are, even the most loving parents sometimes wonder why they got themselves into this fix! The day-in, day-out demands of parenting take their toll. It is extremely helpful to develop a plan of action, deciding who will be responsible for which household chores, cooking, shopping, baby care, finances, etc., as you develop your new lifestyle. The best approach to time management is to do the least amount necessary for survival in the most expedient way.

- Lower your standards.
- Ask for help, or at least accept the help offered by friends and family.
- Consider hiring a postpartum doula.
- Limit activities--eliminating those that are not appealing.
- Set boundaries.
- Focus your life on what is most gratifying to you, including people, places and things. Nurture your core.
- Enjoy yourself.
- Laugh at yourself.
- Find many reasons to smile everyday.

Alternative and Traditional Healing

In some cultures there are traditional garments, foods, and other practices to facilitate postpartum healing. The following links provide more information and are optional for you to explore during this program, and they also serve as a resource to share with your clients.

Traditional belly binding:

<http://motherwiselife.org/2014/03/03/belly-binding-for-prenatal-comfort-and-postpartum-healing/>

Placental encapsulation:

<http://americanpregnancy.org/is-it-safe/placental-encapsulation/>

Traditional 40 days

<http://www.peggyomara.com/2014/01/22/ayurvedic-postpartum/>

Traditional after birth nutrition

<https://choicesinchildbirth.wordpress.com/2013/03/07/traditional-after-birth-care-theory-and-nutrition/>

Application and Understanding

1. How would you support, educate and help Sara and John in the scenario above?
2. Name three things you can do to help facilitate rest for a mother healing from a cesarean including how you can help make breastfeeding more comfortable for her considering she has had major abdominal surgery.
3. What is involution:
4. What is the term for postpartum bleeding and discharge? Describe what it is, how long may it last and how it changes?
5. Your five days postpartum client says she is not really sad but says she seems to keep crying over silly things. How would you address her concerns? What is a physiologic reason that might be a reason for her feeling this way?
6. The new mom says her partner wants to have sex but she doesn't know if it is safe as she is only three weeks postpartum. What advice might you give her?
7. What is a babymoon and its importance to birthing parents?
8. What can you advise a new mother who is having difficulty making bowel movements in the early weeks after birth?

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