

# RECOVERING IN POST-PARTUM PERIOD

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## INTRODUCTION

The postpartum period begins with the expulsion of the placenta and continues until the maternal reproductive organs have returned to their normal, non-pregnant state. This period varies for each patient as the maternal systems continue to change during the first 6 weeks after birth. During the postpartum period, the uterus undergoes involution and other maternal reproductive organs return to their non-pregnant state. In addition, the breasts and the cardiovascular, respiratory, endocrine, urinary, gastrointestinal, integumentary, musculoskeletal, neurologic, and immune systems also must go through multiple changes.

Monitoring during the postpartum period should be dictated by the type of events during delivery, the type of anesthesia or analgesia used, and any complications identified. Nursing assessment helps detect problems early in order to initiate interventions in a timely manner and thus prevent serious complications. Postpartum infections can be prevented with adequate patient care techniques, hand hygiene, and the appropriate use of antibiotic therapy. The nurse incorporates education into assessments, instructing the patient and support person about what to expect during the postpartum period. The patient and support person must be taught what to report to the practitioner once the patient goes home because the postpartum patient is susceptible to postpartum hemorrhage and infection for several days after giving birth.

Along with all the physiologic changes in the postpartum period, the patient and support person are also undergoing psychosocial changes as they adapt to the newborn. This bonding and integration process is essential to a positive outcome for the postpartum period. The nurse is also responsible for performing psychosocial assessments based on skillful observation and interviewing at regular intervals throughout the inpatient stay.

Maternal assessments related to the prevention of hemorrhage include vital signs, uterine fundal location and tone, bladder, lochia, and perineal and labial areas. The maternal temperature should be assessed at the beginning of the immediate postpartum period and blood pressure, pulse, and respirations should be assessed every 15 minutes for approximately 2 hours after the birth. Assessment of the uterine fundus and lochia should be performed with each vital sign assessment. Ongoing postpartum assessments should be performed at least once per shift, and more frequently if complications are encountered, according to the organization's practice. Periodic assessments should be completed to detect deviations from normal, determine the level of patient discomfort, ensure patient safety, assess the transition to parenting, and provide appropriate patient and support person education.

All postpartum units should have standardized postpartum hemorrhage medication procedures. Additionally, practitioners should stay up-to-date regarding the use of uterotonic agents. Uterotonic medications such as oxytocin, methylergonovine, misoprostol, and carboprost should be readily available for a postpartum hemorrhage emergency. All postpartum units should be equipped with a cart or kit to be used in a postpartum hemorrhage emergency. A cart should include all instruments needed to treat a postpartum hemorrhage before a hysterectomy is considered.

**Vaginal delivery** recovery, also called postpartum recovery, takes time. Some women don't feel like their pre-pregnancy selves again for a few months, though many feel mostly recovered after 6-8 weeks.

Two-thirds of babies in the U.S. are born through vaginal delivery. Whether you're in **labor** for 2 hours or 2 days, your body will need a few weeks to recover fully.

A post-partum woman has just done one of the most remarkable things it will ever do: grow another human being. After 9 months of waiting, she is probably excited to finally be home with her new baby. Much of her focus and energy during the coming weeks and months will be on baby, but remember that she also need to take care of herself.

The delivery may have been complicated or easy. A woman may have had a cesarean birth (C-section) or vaginal delivery. May be she has labored for a few hours or a few days. No matter what her delivery looked like, her body has been through a trauma just the same. It is going to need time to recover.

The postpartum recovery won't be just a few days. Fully recovering from pregnancy and childbirth can take months. While many women feel mostly recovered by 6-8 weeks, it may take longer than this to feel like yourself again. During this time, she may feel as though her body has turned against. Try not to get frustrated. Remember that your body is not aware of your timelines and expectations. The best thing you can do for it is rest, eat well, and give yourself a break.

During this time, the hormones also will be fluctuating. You may not be thinking clearly and will be more emotional. Again, give yourself time for this to pass. However, if at any time you think about hurting yourself or your baby, tell someone.

## CARE AND EDUCATION TO POST-PARTUM MOTHER

- Provide developmentally and culturally appropriate education based on the desire for knowledge, readiness to learn, and overall neurologic and psychosocial state.
- Instruct the patient and support person regarding assessments, procedures, and their purposes.
- Instruct the patient regarding the initiation of self-care measures:

### 1. Breasts

- Instruct regarding breastfeeding, if indicated. The first few days of breastfeeding, it is normal for women to have sore nipples and breasts. If the soreness continues beyond a few days, it could be that the baby isn't latching correctly. Try changing positions or consult a lactation expert (breastfeeding expert) for help. Do this before your nipples develop painful cracks, which could sideline your breast feeding. The American Academy of Family Physicians (AAFP) recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life. Breastfeeding should continue with the addition of complementary foods throughout the second half of the first year.
- Instruct a patient who will be breastfeeding to wear a comfortable supportive nursing bra without an underwire.
- Instruct a patient who will not be breastfeeding to avoid stimulation of the breasts, including running warm water over them, newborn suckling, or pumping the breasts, and to wear a well-fitted support bra.
- Instruct regarding potential complications and breast self-examinations.
- You need plenty of sleep, lots of fluids, and good nutrition, especially if you're breastfeeding. An easy way to stay on top of drinking enough fluids is to have a glass of water whenever your baby nurses. At least until your milk supply is well established, try to avoid caffeine, which causes loss of fluid through urine and sometimes makes babies wakeful and fussy.
- If you have any breastfeeding problems, talk to your doctor, midwife, or a lactation specialist. Your clinic or hospital lactation specialist can advise you on how to deal with any breastfeeding problems. Relieve clogged milk ducts with breast massage, frequent nursing, feeding after a warm shower, and warm moist compresses applied throughout the day.
- If you develop a fever or chills or your breast becomes tender or red, you may have an infection (mastitis) and need antibiotics. Call your doctor if this happens. Continue nursing or pumping from both breasts, though, and drink plenty of fluids.
- Engorged breasts will feel better as your breastfeeding pattern becomes established or, if you're not breastfeeding, when your body stops producing milk — usually within a few days.

### 2. Uterus

- Instruct regarding uterine palpation and massage if needed. Instruct regarding uterine involution, or the process during which the uterus returns to pre pregnancy state.
- **After pains.** After giving birth, your uterus will continue to have contractions for a few days. These are most noticeable when your baby nurses or when you are given medication to reduce bleeding.

- Afterbirth pains are belly cramps you feel as your uterus (womb) shrinks back to its regular size after pregnancy. The cramps should go away in a few days. Right after you give birth, your uterus is round and hard and weighs about 2½ pounds. By about 6 weeks after birth, it weighs only 2 ounces.

### **3. Perineal care**

- Instruct regarding changes in lochia (color, consistency, discharge) and at what intervals to anticipate changes in vaginal discharge.
- Instruct regarding when to expect the next menstrual period. Continue sitz baths (sitting in just a few inches of water and covering the buttocks, up to the hips, in the water) using cool water for the first few days, then warm water after that. Squeeze the cheeks of your bottom together when you sit to avoid pulling painfully on the stitches. Sitting on a pillow may be more comfortable than sitting on a hard surface.
- Use a squirt bottle with warm water to wash the area with water when you use the toilet; gently pat dry. After a bowel movement, wipe from front to back to avoid infection. Reduce swelling with ice packs or chilled witch hazel pads. Local anesthetic sprays also can be helpful.
- Talk to your doctor about taking an anti-inflammatory drug like ibuprofen to help with the pain and swelling.
- Instruct on care of episiotomy or laceration, if indicated.
- Perineum soreness. The perineum is the area between your vagina and anus. Many times, this area will tear during childbirth. Other times, your doctor may have to make a small cut in this area to widen your vagina for childbirth. Even if neither of these things happened during your vaginal birth, your perineum will be sore and possibly swollen postpartum. You may feel discomfort in this area for several weeks. While you recover, sitting on an icepack several times a day for 10 minutes will help relieve the pain. This is especially good to do after going to the bathroom. During the first week postpartum, also use a squirt bottle to rinse the perineum with warm water after using the toilet. Notify your doctor if your perineum area does not get less sore each day or you have any sign of infection. Stitches. If you have stitches due to a torn or cut perineum (see “Perineum soreness,” above), it will take 7-10 days to heal. The stitches will absorb over time. It is important that you keep the stitches from getting infected by gently cleaning them with warm water after each time you use the toilet. Do this by using a squirt bottle to rinse the area and pat it dry. Do not wipe the area with toilet paper or you could irritate the stitched area. No matter how eager you are to check the healing progress, try to keep your hands off the stitches. If the area begins to hurt worse or the stitches seem weepy, contact your doctor. It could be a sign of infection.
- If you have stitches from a cesarean birth (C-section), these heal in varying degrees. The stitches in the skin should heal in 5-10 days. The underlying stitches in your muscle layer will take longer to heal. These won't completely heal for 12 weeks. For the stitches that you can see, make sure to watch for any signs of infection. These signs include if the incision area is red, swollen, or weeping pus; or if you have a fever.
- Vaginal bleeding and discharge. After giving birth, it is common that you will have vaginal bleeding and discharge (this is called lochia), even if you had a C-section. This is your body's way of eliminating the extra blood and tissue that was used to grow and nourish your baby. Expect for this to be heavier at first (up to 10 days), but then taper off. Light bleeding and spotting can last up to six weeks after delivery. It is important that you use only sanitary pads during this time. Using tampons can introduce bacteria and lead to infection. Also expect to pass some clots, especially the first week. If clots are bigger than a quarter, you should contact your doctor

### **4. Emotional status**

- Instruct regarding normalcy of frequent emotional changes. You are so excited and happy to bring baby home. The next minute, though, you are sad. It can be confusing, especially to new moms. Know that many women (70-80%) struggle with feeling sad the first few weeks after having a baby. It is commonly called the “baby blues” and is caused by hormone changes. It is nothing to be ashamed of. In fact, confiding in a friend or family member can often make you feel better. If these feelings last more than a few weeks or you are not able to function because of them, you could have postpartum depression. Postpartum depression is more serious than baby blues. If you have severe feelings of sadness or hopelessness, you should call your doctor.
- Instruct regarding signs and symptoms of postpartum depression that should be reported to the practitioner. Like Excessive mood swings, Feelings of not being a good mother, Having difficulty bonding with the

newborn, Withdrawal from family and friends, Loss of appetite or eating more than usual, Inability to sleep or sleeping too much, Overwhelming fatigue or loss of energy, Thoughts of harming herself or the baby, Thoughts of suicide, Diminished ability to think clearly, concentrate, or make decisions, Severe anxiety or panic attacks, Reduced interest and pleasure in activities that previously were enjoyable, Confusion, Hallucinations, Instruct regarding normalcy of fatigue and need for frequent rest periods.

- Hormonal shifts. Besides fueling your mood swings (see “Baby blues,” above), hormones are also responsible for other postpartum symptoms. You may be sweating more, especially at night when you sleep. Just make sure that your sweating is not accompanied by a fever. That could be a sign of infection. Hormonal changes also cause hair loss for many new moms. This is only temporary. When your estrogen levels increase, your hair will return to its normal thickness.

##### **5. Water retention and weight loss**

- You may be eager for that swelling you noticed during your pregnancy to go away. It won't, though, for a while longer. Also known as postpartum edema (swelling), your body will continue to hold on to water because of an increase in a hormone called progesterone. You may notice the swelling in your hands, legs, and feet. It shouldn't last much longer than a week after delivery. If it does or if it seems to get worse over time, be sure to tell your doctor.
- Weight loss. If you were hoping for immediate weight loss after your baby was born, you were probably very disappointed. No mother is that lucky, no matter what you read in the tabloids. You can expect to lose about 6-12 pounds (depending on the size of your baby) during the birth. After that, your weight loss will slow considerably. Depending on how much weight you gained during pregnancy (the average is 25-35 pounds), it may take several months to lose the baby weight. For many women, breastfeeding seems to help promote weight loss. Other moms don't see weight loss associated with breastfeeding. Try to keep your nutrition consistent while you are breastfeeding and do not get frustrated if it takes longer than you'd hoped to lose the weight.

##### **6. Urinary and bowel function**

- Instruct the patient to increase fluid intake and to consume high-fiber foods to prevent constipation.
- Constipation. It is very common to be constipated in the days following childbirth. There are several things that could cause this. If you received any pain-relieving drugs in the hospital, they could slow down your bowels. If you had anesthesia (a pain blocker) for any reason, that also can cause it. Sometimes, postpartum constipation is brought on simply by fear. This is true especially if you have stitches because you had an episiotomy (a surgical cut between the vagina and anus to widen the vaginal opening for childbirth) or tore this area during delivery. You may be afraid of damaging the stitches or be afraid that a bowel movement will cause even more pain in that area. To help ease constipation, drink plenty of water and try to eat foods that offer a lot of fiber. In many cases, you may want to talk to your doctor about prescribing a stool softener. If you haven't had a bowel movement by four days postpartum, call your doctor.
- Hemorrhoids. You may have developed hemorrhoids (painful swelling of a vein in the rectum) during your pregnancy. If not, you may have gotten them from the strain and pushing during delivery. They can cause pain and bleed after a bowel movement. They also itch. You can get some relief from the pain and itching by applying witch hazel to your hemorrhoids. This is especially effective if you keep the witch hazel in the refrigerator. Your hemorrhoids should shrink over time. If not, contact your doctor.
- Diarrhea- you might have the opposite problem. The muscles and tissue in your rectum can be stretched or torn during childbirth, so you could leak gas and poop. Hemorrhoids that come out of your anal opening can also make it easier for poop to escape. It usually gets better within a few months after delivery.
- Depending on what's causing it, your doctor may prescribe medication to control diarrhea or gas. Watch what you eat: Dairy, gluten, or fatty foods and artificial sweeteners can cause diarrhea for some people. Kegel exercises, where you tighten your pelvic muscles as if you're stopping your pee mid-stream, can help, too.
- Trouble bladder function- Vaginal delivery stretches out your bladder and can cause nerve and muscle damage for a short time. That can make it hard to go to the bathroom even when you feel the urge. Try pouring water over your genitals while you're sitting on the toilet to lessen the sting from pee. You may also notice that you leak a little every time you cough or laugh. This should get better on its own. You can speed recovery with Kegel exercises. Try tightening your muscles for 5 seconds, five times in a row. Work up to 10 times in a row, until you're doing at least three sets of 10 reps daily.

### 7. Sexual activity, family planning and contraception

- If you're not breastfeeding, your period may start again 6 to 8 weeks after giving birth. If you are breastfeeding, it may not start again for months. Some women don't have a period again until they stop breastfeeding. When your period returns, it may not be the same as before you were pregnant. It may be shorter or longer than it was. Over time it often returns to the way it was before you got pregnant.
- When can you get pregnant again. Many health care providers recommend waiting 4 to 6 weeks after giving birth to give your body time to heal before you have sex. When you're ready for sex, be careful – you can get pregnant even before your period starts. This is because you may ovulate (release an egg) before you get your period again.
- What you can do: Use birth control to help make sure you don't get pregnant again until you're ready. Birth control helps keep you from getting pregnant. Examples of birth control include intrauterine devices (also called IUDs), implants, the pill and condoms. Talk to your provider about which birth control to use, especially if you're breastfeeding. Some types of birth control can reduce your milk supply. Breastfeeding is not birth control. It does not prevent pregnancy.
- For most women, it's best to wait at least 18 months (1½ years) between giving birth and getting pregnant again. Too little time between pregnancies increases your risk of premature birth (before 37 weeks of pregnancy). Premature babies are more likely to have health problems than babies born on time. Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy.
- Sexual Relations-Your body needs time to heal. Doctors usually recommend waiting 4-6 weeks to have sex to reduce the risk of infection, increased bleeding, or re-opening healing tissue. You'll probably notice reduced vaginal lubrication (this is due to hormones and usually is temporary), so a water-based lubricant might be useful. Try to find positions that put less pressure on sore areas and are most comfortable for you. Tell your partner if you're sore or frightened about pain during sexual activity — talking it over can help both of you to feel less anxious and more secure about resuming your sex life.

### 8. Skin and hair changes

- You may have stretch marks on your belly where your skin stretched during pregnancy. Some women also get them on their thighs, hips and bottom. They may not disappear after giving birth, but they do fade over time. Use creams or lotions on your skin. They don't make stretch marks go away, but they can help reduce itching that comes with stretch marks.
- Your hair may have seemed thicker and fuller during pregnancy. This is because high hormone levels in your body made you lose less hair during pregnancy. After your baby is born, your hair may thin out. You may even lose hair. Hair loss usually stops within 6 months after you give birth. Your hair should regain its normal fullness within a year. Eat lots of fruits and vegetables. The nutrients in fruits and veggies may help protect your hair and help it grow. Be gentle with your hair. Don't wear tight ponytails, braids or rollers. These can pull and stress your hair. Use the cool setting on your hair dryer.

### 9. Exercise

- Exercise as soon as you've been cleared by your doctor to help restore your strength and pre-pregnancy body, increase your energy and sense of well-being, and reduce constipation. Begin slowly and increase gradually. Walking and swimming are excellent choices.

### 10. When to consult a doctor

- Encourage questions and answer them as they arise. and understand When to Call the Doctor
- You should call your doctor about your postpartum health if you:
  - have a fever of 100.4°F (38°C) or above
  - soak more than one sanitary napkin an hour, pass large clots (larger than a quarter), or if the bleeding increases
  - had a C-section or episiotomy and the incision becomes very red or swollen or drains pus
  - have new pain, swelling, or tenderness in your legs
  - have hot-to-the-touch, reddened, sore breasts or any cracking or bleeding from the nipple or areola (the dark-colored area of the breast)

- your vaginal discharge becomes foul-smelling
- have painful urination, a sudden urge to pee, or are unable to control urination
- have increasing pain in the vaginal area
- have new or worsening belly pain
- develop a cough or chest pain, nausea, or vomiting
- have bad headaches or vision changes
- become depressed or have hallucinations, suicidal thoughts, or any thoughts of harming your baby
- While recovering from delivery can be a lot to handle, things will get easier. Before you know it, you will be able to fully focus on enjoying your new baby.

## CONCLUSION

Remember, Wonder Woman is fiction. It took your body months to prepare to give birth, and it takes time to recover. Your baby's finally here, and you're thrilled — but you're also exhausted, uncomfortable, on an emotional roller coaster, and wondering whether you'll ever fit into your jeans again. Many discomforts and body changes after giving birth are normal. But sometimes they're signs or symptoms of a health problem that needs treatment. Go to all of your postpartum checkups, even if you're feeling fine. These are medical checkups you get after having a baby to make sure you're recovering well from labor and birth. At your checkups, your health care provider can help spot and treat health conditions. Postpartum care is important because new moms are at risk of serious and sometimes life-threatening health complications in the days and weeks after giving birth.

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