

POSTNATAL PERSONAL CARE FOR MOTHER

In the past nine months, your body has changed to prepare you to give birth to your child. Now, various mechanisms are kicking in to help you regain your pre-pregnancy condition and functioning (Gagnière, Diane et al., p. 13, 2001).

This period, known as post-partum, lasts for about six weeks, but adjusting emotionally and socially to your new role can take as long as one year.

You must therefore be patient and allow your body and mind the time it needs to adjust to these many changes.

The following are the physical and emotional changes you can expect to see during this period, and the personal care recommended.

POST-NATAL BLEEDING

The vaginal bleeding that follows child birth consists of blood and tissue from the uterus. This discharge will be bright red and a little heavier in the first two days than your regular period. It will gradually diminish, and change from red to pink and eventually a yellowish-white.

The bleeding usually lasts from two to six weeks. It is important to change your sanitary napkin often, every 3 to 4 hours, and to wait for your first period to begin before using tampons.

In the first few days, the discharge may contain small clots. This often occurs in the morning, after you have been lying down for a few hours.

Bleeding may also increase during breastfeeding due to uterine contractions.

UTERINE CRAMPS

After your child is born you may experience cramping. This is normal and helps your uterus return to its pre-pregnancy size.

Cramping is more frequent in the first week and occurs more often in women who have had more than one child. It often happens during breastfeeding because the hormone responsible for releasing mother's milk is the same hormone that causes uterine contractions: oxytocin (Health Nexus Santé, p. 3, 2011).

Here are a few suggestions for relieving the pain:

- Practice breathing techniques and relaxation;
- Lie face-down;
- Take a warm bath;
- Apply heat;
- Take an analgesic if necessary (acetaminophen and/or ibuprofen).

PERINEUM

The perineum is the area between the vagina and anus. It can remain sensitive and sometimes sore for a while after a birth, especially if you required stitches (Institut national de santé publique du Québec, p. 169, 2012). The stitches dissolve on their own and disappear within two weeks. Full healing of the tissue takes from four to six weeks.

You can apply an ice pack to the perineum for 20 minutes every two or three hours, especially in the first 24 hours, to reduce swelling and relieve pain.

Warm baths or a sitz bath (shown to you in hospital) is also recommended two or three times a day for about 15 minutes.

It is extremely important to wash the perineum with gentle, scent-free soap and dry the area well. To avoid infection, rinse the area with warm water after each urination or bowel movement, and pat yourself dry from front to back to minimize irritation and discomfort.

For pain relief, you may have to use a cream prescribed by your physician or midwife and take an analgesic.

Kegel exercises are important to restore muscle tone in your perineum. These exercises involve contracting your pelvic floor muscles, as though you were holding in urine or gas. These exercises not only reduce swelling and discomfort, they also speed up the healing process.

For more information about Kegel exercises, follow the *“Mothers in motion”* link on the Family Birthing Centre (FBC) website.

HEMORRHOIDS

Hemorrhoids result from the swelling of blood vessels in the anus and rectum. They commonly occur during the late stages of pregnancy and while you are pushing during labour. They often resolve on their own in less than two weeks (Gagnière, Diane et al., p. 19, 2001).

Here are a few tips for relieving the discomfort of hemorrhoids:

- Take a sitz bath two or three times a day for 15 minutes;
- Apply a topical cream or ointment as recommended by your physician or midwife;
- Do pelvic floor muscle exercises (Kegel);
- Eat a high-fibre diet to relieve constipation;
- Drink plenty of water;
- Avoid standing for long periods of time;
- Sit on a pillow with your feet raised on a stool.

URINARY FUNCTION

In the first few days after delivery, you may experience some difficulty in urinating due to swelling of the perineum, tearing near the urethra or the use of a urinary catheter during your labour. Try to urinate often to avoid over filling your bladder (Health Nexus Santé, p. 7, 2011). A distended bladder can prevent the uterus from contracting properly and cause a heavier blood flow.

To help you begin urinating, try:

- Turning on a tap;
- Squirting warm water on the perineal region using a squeeze bottle;
- Urinating in the shower or on a bath seat.

Some women may experience temporary urinary incontinence (accidental urine leaks) caused by weak pelvic floor muscles. To help you tone up these muscles, Kegel exercises can help.

BOWEL FUNCTION

Women usually go without having a bowel movement for two or three days after their baby's birth. This may be caused by weak abdominal muscles, pain medication, sluggishness and reduced food and liquid intake during labour (Health Nexus Santé, p. 7, 2011).

To help return your bowel function to normal, try the following:

- Drink plenty of liquids;
- Eat a high-fibre diet;
- Engage in mild forms of exercise such as walking;
- Massage the abdomen;
- Take a stool softener as needed (100 mg of docusate sodium (Colace), twice a day).

BREAST CARE

For breastfeeding mothers, refer to the booklet *Breastfeeding Your Baby*, developed by the Ottawa Public Health Department, given to you by your nurse while you were in the hospital.

For mothers who are not breastfeeding, your breasts will require special care in the first few weeks after the birth since you will still produce milk.

For your comfort we recommend that you:

- Wear a well-fitting bra, even at night;
- Use ice packs on your breasts for 10 minutes every hour when your breasts are engorged;
- Apply a refrigerated and washed cabbage leaf to your breasts for 20 minutes twice a day;
- Avoid simulating your breasts and do not express your milk;
- Take an analgesic as needed.

N.B. This care is intended only for mothers who are not breastfeeding; in this case, engorgement usually lasts only two or three days.

C-SECTION WOUND CARE

The incision must be cleaned gently with mild, unscented soap, rinsed and thoroughly dried. The wound is left exposed to the air unless your physician asks that it be bandaged.

Staples are removed before your discharge unless your physician instructs that they be removed at his or her office a few days later. Wound closure strips (small white adhesive bandage) are applied after the staples are removed. They detach in 7 to 10 days. Remove them yourself after 10 days if they do not come off on their own.

Once you are back home, continue to carefully clean the incision, even when closure strips are used. Pain, swelling and bruising around your incision is normal. This will last a few weeks and then gradually fade (Queensway Carleton Hospital, p. 11).

PHYSICAL ACTIVITY AFTER A C-SECTION

Resume physical activities gradually after a C-section. Ideally, someone should be on hand to help you in the first two weeks. This will make your recovery easier (Gagnière, Diane et al., p. 35, 2001).

Some of our suggestions include:

- Support your incision with your hand or a cushion when you cough or change position;
- Avoid climbing stairs frequently;
- Do not lift objects that weigh over 20 pounds / 9 kg in the first month;
- Avoid housework such as vacuuming and any other activity that engages the abdominal muscles;
- Resume driving a car once you feel safe;
- Engage in mild exercise, such as walking;
- Wait for your physician's approval at your follow-up appointment at about the sixth week before you resume more strenuous activities.

DIET

After your child is born, a balanced, varied diet is recommended according to Canada's Food Guide. Weight-loss diets are not recommended during the post-partum period or at any time while you are breastfeeding. Give yourself one year to slim down to your pre-pregnancy weight.

SLEEP AND REST

It is perfectly normal to feel fatigued and exhausted after giving birth. It may take several weeks before your energy level returns to normal. Regular rest periods are recommended; try to nap while your baby is sleeping (Régie régionale de la santé et des services sociaux (RRSSS), Montréal Centre, p. 19, 2003).

In the first few weeks, you will focus on caring for your newborn. Gradually, you will resume your normal activities.

Do not hesitate to ask for help when you need it. Plan to have someone around to help you in the first few weeks if possible.

PERSONAL HYGIENE

You may bathe or shower at any time after a vaginal birth or C-section.

The bathtub must be clean, and avoid using scented oils or foams which can cause irritation.

POSTNATAL EXERCISES

You can begin some exercises, like Kegel exercises, as early as the day after the birth.

Two weeks after a vaginal birth and six weeks after a C-section, you can begin an exercise program.

Consult the "Mothers in motion" link on the FBC website for information about the various postnatal exercises recommended.

SEX AND CONTRACEPTION AFTER CHILDBIRTH

Couples can begin having sex again whenever they decide the time is right.

Bear in mind that exclusive breastfeeding for the first six weeks is a method of contraception. If this does not apply to you, the use of a condom and spermicide is recommended if you start having sex again before your first medical visit.

MENSTRUATION

If you are not breastfeeding, your period will begin again in four to eight weeks after the birth.

For breastfeeding mothers, it may take several months for your period to return, even after you stop breastfeeding.

Your first few periods may be heavier than normal. Their normal flow will resume after a few cycles.

EMOTIONAL WELLBEING

The birth of a child is a positive but emotional experience that can sometimes be difficult. There is nothing unusual about feeling sad, angry, irritable, or overwhelmed by all of the feelings associated with your new role as mother, or to have crying episodes commonly called the “baby blues”. This emotional upset is normal and affects anywhere from 50% to 80% of women. These feelings usually disappear without treatment within two weeks. However, if symptoms worsen or persist and you feel unable to cope with daily life and your baby’s care, you may be experiencing a post-partum depression. In this case, it is very important to consult a health care professional. If a mother refuses to discuss the matter or feels uncomfortable about doing so, people close to her are encouraged to voice their concerns to a health care professional.

Here are a few tips to help you through this adjustment period:

- Openly discuss your feelings and concerns with your spouse or a loved one;
- Have your spouse help out with caring for the baby;
- Accept help from people close to you;
- Engage in activities outside your home;
- Take care of yourself: get dressed, do your hair and put on make-up;
- Take time to rest;
- Talk with other parents;
- Give yourself time to adjust to your new life.

Consult a health professional if you exhibit any of the following symptoms:

- **Heavy vaginal bleeding, 1 sanitary napkin soaked per hour over more than two hours;**
- **Significant and persisting abdominal pain;**
- **Foul-smelling vaginal discharge;**
- **Pain, redness, heat, swelling (perineum, C-section wound, breasts or lower limbs);**
- **Pus in the perineum or C-section wound;**
- **Fever ($\geq 38.0C / 100.4F$);**
- **Wound reopening (perineum or C-section);**
- **Bleeding from C-section wound;**
- **Pain or burning sensation upon urinating, or frequent urination;**
- **Generalized discomfort (you feel that something is not right);**
- **Persistent "baby blues", anxiety and problems in coping with daily life and baby’s care;**
- **Emotional instability, insomnia, suicidal thoughts or fear of harming the baby.**

REFERENCES

Gagnière, Diane et al. (2001). *Au fil des jours...après l'accouchement*, Hôpital Sainte-Justine collection for parents, Éditions de l'Hôpital Sainte-Justine, Montreal, 86 pages.

Health Nexus Santé (2011). Best Start - Prenatal Education Program, Post-partum changes, pp. 1-25.

Health Nexus Santé (2011). *A Healthy Start for Baby and Me: After the Baby is Born*, Best Start, p.55-60.

Institut national de santé publique du Québec (2012). *Mieux vivre avec notre enfant de la grossesse à deux ans : l'accouchement*, p.168-173.

Ottawa Hospital (2009). *Information for the New Mother and Her Family: Vaginal Birth and C-section*, 26 pages.

Queensway Carleton Hospital. *The Childbirth Centre: Information Booklet for the New Mother and her Family*, 43 pages.

Régie régionale de la santé et des services sociaux de Montréal-Centre (2003). *Guide de santé postnatale : neuf mois plus tard...* Montréal: RRSSS Montréal, 168 pages.

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