

## Information for Patients

# Postnatal Discharge Information

**This information is to help your discharge home run smoothly.**

The Midwife who discharges you from hospital will ensure the Community Midwife and your GP know you are going home.

Please make sure we have the correct address to which you are going, as well as a contact telephone number.

### First night

If you need any help or have any concerns regarding yourself or your baby, for example, if you are having problems feeding your baby you can contact a Midwife before your visit the next day by ringing (0161) 276 6246. If you are experiencing excessive blood loss you can ring Triage on (0161) 276 6567 (24 hours).

### First day

The Midwife will visit you at home the day after you leave hospital. This may be anytime between 8.00 am and 6.00 pm.

### Future visits

Your Midwife will visit you as often as needed until the tenth day after your baby is born. She can continue visiting for up to 28 days if necessary. You can discuss this with your Midwife. If you intend to go out during the day, please inform the Midwife to avoid a visit being missed.

### Fifth postnatal day

On or around this day you will be offered a blood test for your baby, which is a simple heel prick. This test is to screen for rare metabolic disorders such as Phenylketonuria (PKU), Medium Chain Acyl-CoA Dehydrogenase Deficiency (PCADD), Cystic fibrosis and Hypothyroidism. Although these conditions are serious, if detected they can be treated successfully.

## Contraception

Following the birth of your baby the method of contraception you choose may have changed from the method you may have used previously. You can access information regarding contraception on the NHS website [www.nhs.uk](http://www.nhs.uk). Remember that you ovulate before your first period returns and you can get pregnant again as soon as you resume intercourse. Please contact your GP or visit your local Family Planning Centre to arrange for suitable contraception.

## Breastfeeding

To ensure you receive the help and support you may need, you can access the Saint Mary's website at <http://www.cmft.nhs.uk/saint-marys/our-services/maternity-services/our-services-and-clinics/postnatal-care/breastfeeding-support-in-the-north-west-area> for telephone numbers you may find helpful. You will also be shown how to hand express your milk if you wish.

## Safety

If going home by car we strongly advise you to use a well-fitting car seat for your baby and to have read the manufacturers installation instructions before fitting the car seat.

## Health Visitor

Your Health Visitor will introduce herself to you following your discharge from hospital.

## Six week postnatal appointment

If your consultant has indicated that he/she would like to see you again after your discharge, you will be sent an appointment in the post. Otherwise you will need to arrange your own appointment with your GP.

## Important information about your postnatal recovery

A postnatal examination is the name of the assessment carried out by your midwife to identify health problems or symptoms which may affect you after the birth. Please discuss any worries or questions that you may have with your midwife.

## Preventing infection

To reduce your risk of infection it is **vital** to wash your hands **before and after** passing urine, any bowel motion, changing your sanitary pad and when changing your baby's nappy.

The midwife will check your temperature and pulse as required, depending on the type of birth you have had. A high temperature and rapid pulse may be a sign of infection. This is more likely if you are experiencing other symptoms such as pain on passing urine, a

painful perineum or abdominal wound, and/or abdominal tenderness. Breast tenderness accompanied by flu-like symptoms may be a sign of milk engorgement rather than an infection (see below).

## **Blood pressure (hypertension)**

Pregnancy induced hypertension or pre-eclampsia may occur up to 3 days after the delivery. High blood pressure may cause severe headaches or flashing lights. This is very rare, but if any of these symptoms occur you need to inform your midwife or doctor immediately. Your blood pressure (BP) will be checked after the birth and subsequently as required.

## **Breasts (engorgement)**

Women still produce milk in their breasts whether breast or bottle feeding. After two to three days the breasts may become very full and tender, accompanied by flu-like symptoms and a red, mottling appearance of the skin; this is called breast engorgement. It will resolve spontaneously, and your midwife will advise you on how to relieve the discomfort.

## **Uterus (womb)**

Your uterus can take more than 10 days to reach its non-pregnant size. By gently feeling your abdomen your midwife can assess this recovery process. It may take longer which in most cases is normal but occasionally may be a sign of retained blood or fragments of the placenta or membranes. Often this problem resolves spontaneously, however if any heavy bleeding, abdominal pain or a high temperature occurs then referral to your doctor for antibiotics or further treatment may be required.

## **Blood loss (lochia)**

Vaginal discharge after childbirth is called lochia – a mix of blood and other products from inside the uterus. At first it is bright red, and then becomes a pinkish brown, turning to cream. It can be quite heavy at first, requiring several changes of sanitary pads a day. After the first week it slows down, but you may find it lasts three or four weeks before finally disappearing. If you start to lose fresh red blood or clots, have abdominal pain or notice an offensive smell, you should inform your midwife or doctor. However, some fresh red blood loss is normal after a breastfeed.

## **Legs (thrombosis)**

All pregnant women are at a slightly increased risk of developing blood clots (thrombosis) during pregnancy and in the first weeks after the birth. This risk increases if you are over 35, overweight, a smoker or have a family history of thrombosis. You are advised to see your midwife or doctor if you have any pain or swelling in your legs, or pain in your chest, which is accompanied by shortness of breath or coughing up blood.

## **Bladder (passing urine)**

Soreness after the birth can make passing urine painful initially, but it should resolve quickly. Drinking plenty of fluids to keep the urine diluted helps. If you have problems passing urine after the birth then a warm bath or shower might also help, but if it persists your midwife will refer you for medical advice. Sometimes leakage of urine may occur on coughing or sneezing; this is known as stress incontinence. Some women may need to wear protective pads. If so, let your midwife, health visitor or GP know. They can refer you to a continence adviser once other underlying causes such as infection have been excluded.

## **Bowels (passing motions/faeces)**

Constipation is very common after childbirth. This can be made worse by piles (haemorrhoids), which can be treated using good hygiene, haemorrhoid cream, lactulose and effective analgesia. A high fibre diet including fresh fruit and vegetables and adequate fluid intake can help to resolve these problems. It may feel more comfortable if a clean maternity pad is held against the perineum when passing a motion. Occasionally women may experience urgency, both of wind and motions or incontinence. Your midwife, health visitor or GP can refer you to the appropriate specialists if any of these problems occur.

## **Perineum (area between the vagina and anus)**

Your midwife will check the healing of your perineum as required, especially if you have had a tear or stitches. The stitches usually take about two weeks to dissolve and throughout that time your perineum should continue to heal. It may take up to six months to heal completely. Avoiding constipation helps and regular pain relief will help with any discomfort. It may be easier to lie on your side rather than on your back initially, especially when you are breast feeding. The perineum is a common area for infection and should be kept as clean and dry as possible.

## **Pain**

Pain in the postnatal period can take various forms, from minor discomfort, relieved by bathing and paracetamol, to post-operative pain requiring prescribed pain relief by your doctor. If you develop any type of pain after the birth, always tell your midwife and she will advise you on the most appropriate action to take.

## **Sleep**

Finding time to catch up on your rest at this exhausting time is essential. Not only will your nights be disturbed but your body is recovering from childbirth. Try to have a sleep or a proper rest at least once a day when your baby is sleeping. Resist the temptation to catch up with chores.

## Care of the pelvic floor and perineum

### What is the pelvic floor?

Layers of muscle stretch like a hammock from the pubic bone in the front of the pelvis to the bottom of the backbone. These firm supportive muscles are called the pelvic floor. They help to hold the bladder, womb and bowel in place, and to close the bladder outlet and back passage. The muscles of the pelvic floor are kept firm and slightly tense to stop leakage of urine from the bladder or faeces from the bowel. When you pass urine or have a bowel motion, the pelvic floor muscles relax. Afterwards they tighten again to restore control. Pelvic floor muscles can become weak and sag because of childbirth.

### Pelvic floor exercises

Pelvic floor exercises can strengthen these muscles so that they once again give support. This will improve your bladder control and improve or stop leakage of urine. Like any other muscles in the body, the more you use and exercise them, the stronger the pelvic floor will be.

### Performing pelvic floor exercises

To do your pelvic floor exercises first get into a comfortable position (any position will do). Imagine that you are trying to stop yourself from passing wind and at the same time trying to stop the flow of urine. The feeling is one of 'squeeze and lift', closing and drawing up the back and front passages. This is called a pelvic floor contraction. Remember – you should start gently and stop if it hurts. Do not pull in your stomach excessively, squeeze your legs together tighten your buttocks or hold your breath. This programme is designed to build up the endurance of the pelvic floor muscles, so that they will be able to work harder and longer.

Firstly though, you will need to determine your 'starting block'. Tighten your pelvic floor muscles as previously described and hold for as many seconds as you can (maximum of 10 seconds). Release the contraction and rest for 4 seconds. Then repeat the 'tighten, hold and release' movement as many times as you can (up to a maximum of 10). For example, if you can hold the contraction for 2 seconds and repeat four times, this is your 'starting block'. Now perform the basic pelvic floor exercise – but squeeze and lift more firmly, then let go. This is called a quick contraction and will help your muscles react quickly when you laugh, cough, sneeze, exercise or lift. Aim to increase the number of quick contractions, up to a maximum of 10.

### Help and support at home

You will probably need a lot of full time help at first, not just with the cooking and housework, but also to give you emotional support. The more you can share your baby's care, the more you will enjoy your baby. You are bound to feel 'up and down' and get tired easily in the early days. Your partner can help with bathing, changing, and dressing as well as cuddling and playing. If you are on your own, or your partner is unable to be with you, perhaps your mother or a close friend can be there. Even with help you will probably

get tired. You may find it helpful to discuss any problems or worries you may have with your midwife, health visitor or GP.

Adjusting to a new baby can leave parents drained, especially in the first few months. Loss of sleep and all the new challenges in understanding how to meet your baby's needs can add to the pressure. There is often little or no time for you and your partner to spend time together and attempting to be 'super parents' may leave you both exhausted. Keep meals simple, try to space visitors out and if you need extra help – ask. You may also want to talk to mothers in a similar situation. Your health visitor has information about child health clinics or mother and baby groups in your area. Other contact numbers and support groups are available.

It is recommended that you do not have intercourse until after the bleeding has stopped for a few days and you feel ready. This allows time for healing to take place and to prevent infection. It may take longer depending on your own recovery and if you have had stitches or a caesarean section. It is very common during the early months to experience a reduction in sexual desire, due to many factors such as tiredness and adjusting to your new role in life. Returning to normal sexual relations is very dependent on the individual. If you are experiencing difficulties such as painful intercourse (dyspareunia), mention it to your midwife, health visitor or GP.

## Family Planning

Helpful family planning information can be found at [www.nhs.uk](http://www.nhs.uk).

## Folic acid

When you are trying to get pregnant again, you should take a 400 microgram (mcg) folic acid supplement each day, from the time you stop using contraception until the twelfth week of pregnancy, to protect your baby from spinal defects. If you have a personal, previous pregnancy or family history of spinal defects, see your GP who can advise you according to your individual circumstances.

## If you get any of the following symptoms contact your midwife or GP:

### 1. Abnormal vaginal bleeding

Varying amounts of blood loss during and after the delivery affect women in different ways. If, during or following a heavy blood loss, you begin to develop symptoms including:

- Palpitations
- Dizziness
- Rapid Pulse
- Weakness
- Sweating
- Restlessness
- Pallor

You should contact your midwife immediately.

## **2. Infection**

Signs of infection to look out for following childbirth are:

- Fever and chills
- Lower abdominal pain and tenderness
- Offensive, foul-smelling vaginal discharge; and a tender uterus (womb).

If you develop any of these, tell your midwife.

## **3. Headache with neck stiffness, fever and visual disturbances**

Many women may suffer from tension headaches and/or migraines after the birth. These usually resolve with mild pain relief such as paracetamol and rest. Relaxation exercises may also help to get rid of tension. If, however, you have a sudden onset severe headache with neck stiffness and a high temperature you should contact your midwife or GP straight away. If the severe headache occurs within 3 days of the birth and is accompanied with heartburn-type pain, blurred vision and 'flashing lights', nausea or vomiting, you should also contact your carers as this may indicate a sudden rise in blood pressure, which may require treatment. If you had an epidural and then develop a headache which worsens when you are upright and is relieved when you lie down, accompanied by nausea and vomiting and ringing in the ears, this could be symptomatic of epidural complications and should be reported to your midwife.

## **4. Red, painful area on the breast**

This is most common in women who are breastfeeding and falls into two categories – infective and non-infective mastitis. Symptoms are similar for both – a high temperature and flu-like symptoms. Non-infective mastitis is usually caused by blocked milk ducts and is managed by wearing a well-fitting bra and ensuring your baby is correctly positioned at the breast. Infective mastitis is a bacterial infection, usually caused by a cracked nipple, and will require referral to your GP as treatment is often with antibiotics. Neither is a reason to give up breastfeeding and your midwife will show you how to ease the symptoms by massaging the breast, taking paracetamol, increasing fluids and resting.

## **5. Breathlessness, faintness, dizziness, tingling fingers and toes**

These are all symptoms of anaemia, which is caused by too little haemoglobin (Hb) in the red blood cells. Diagnosis is by a simple blood test and can be treated with iron supplements and dietary advice. A further feature of anaemia is fatigue, over and above that which would be expected following childbirth. If you are concerned, discuss this with your carers.



## Backache

Backache is common after childbirth and is likely to improve with mild pain relief and normal activity. Your midwife will advise you on the correct posture when handling, lifting and feeding your baby. If you experience pain radiating down one or both legs, this could be nerve root pain (sciatica) and you should consult your GP.

## Painful intercourse (dyspareunia)

After childbirth it is not unusual for intercourse to be uncomfortable initially and may be one of the reasons why many couples find enthusiasm for sex reduced for a time. Lubricant gel may ease the soreness and effective contraception may relieve the added concern of another pregnancy. However, if the pain persists see your GP, who can assess whether you may need to be referred to a specialist.

## Screening

If you did not have screening for your Haemoglobin (a test to see if you require iron), blood group, antibodies, rubella, hepatitis B, syphilis, HIV, sickle cell and Thalassaemia in the antenatal period, then it can be done postnatally. Ask your midwife for more details.

## Healthy eating and drinking

With a new baby it can be difficult finding the energy to cook or eat properly. A healthy, balanced diet usually means eating plenty of bread, breakfast cereals, potatoes, pasta, and rice to give you energy, as well as fruit and vegetables. Lean meat, chicken, fish, eggs and pulses are good sources of protein. Dairy foods, such as milk, cheese and yoghurt contain calcium as well as protein. If you are breastfeeding make sure you eat and drink plenty and avoid caffeine, alcohol and going on a weight reducing diet. Small regular meals will keep up your energy levels without adding to your weight. It is also important that you are a healthy weight for your height before you get pregnant again. If you have concerns about your weight, contact your GP.

## General postnatal exercise

Postnatal exercises are very important and should be tailored to your individual needs dependent on the type of birth you have had. They include abdominal, leg and breathing exercises as well as relaxation techniques. Please ask your carers for more information.

## Domestic abuse

1 in 4 women experience domestic abuse at some point in their lives and many cases start or worsen during pregnancy or after the birth. It may take the form of physical, sexual, emotional or psychological abuse. Domestic abuse risks both your health and that of your baby. You can speak in confidence to your healthcare team who can offer help and support, or you may prefer to contact a support agency such as Women's Aid.



## Prescriptions and NHS dental treatment

These are free for 12 months after you have given birth. Your child also gets free prescriptions until the age of 16. To claim after your baby is born (if you did not claim whilst you were pregnant) ask your midwife or GP for the appropriate form and you will be sent an exemption certificate.

## Work and benefits

Booklets on the Government's latest provision on maternity rights and benefits and how to get financial help for low income families can be obtained from your local Social Security office or your midwife. Your employer should provide information about your options regarding returning to work and maternity leave entitlements. Child benefit is also available for each child from birth until at least age 16 and can be claimed by the mother or the person responsible for the care of the child. You should receive a claim pack for this after the birth.