Recovery After Vaginal Birth

Recovery After Vaginal Birth Information and Discussion Guide

Brought to you by the Australasian Birth Trauma Association

ThinkNatal™ ANTENATAL EDUCATION & SUPPORT

About ThinkNatal™

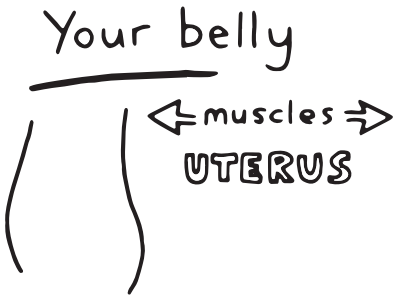
THINKNATAL™ is a series of educational resources aimed at providing support and information on a variety of topics that are often excluded or underrepresented in existing antenatal education. This is in collaboration with consumers and a range of clinicians involved in maternity care, such as midwives, obstetricians, women's health physiotherapists and mental health clinicians.

This guide explains some of the typical physical and emotional changes that can happen following a vaginal birth, as well as tips and advice for a healthy recovery. You can use this information to help guide conversations with your health professionals, family and friends, and ask informed questions.

Recovering after a vaginal birth

A vaginal birth can be a huge challenge, both physically and mentally. Even if you've had a trouble-free birth, you will likely feel quite different from how you normally feel as your mind and body go through some big changes. Knowing what to expect, what's normal, and when to seek help, is important for your recovery.

Even though you've given birth to your baby, placenta and fluid, your tummy will be bigger than before you were pregnant for some time.[1] It can take your uterus (womb) some time to shrink back to normal size.[1] Some women experience cramping pain in their tummy after birth. This is the uterus contracting and is also known as 'after pains'.[1]



Your tummy[1]

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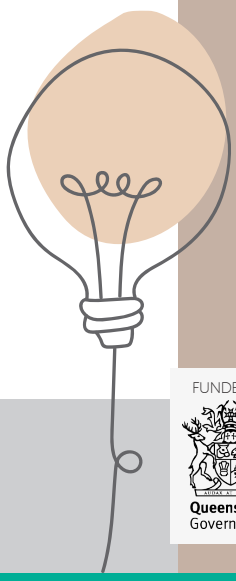
'After pains' often only last two or three days after birth and are more likely if it is not your first birth. You may notice 'after pains' when you are breastfeeding as it releases the hormone oxycontin which can cause your uterus (womb) to contract. Over-the-counter pain medicine or a heat pack on your lower tummy can ease the pain if needed.

Your breasts[1]

When your milk 'comes in' your breasts will feel full and large. This is usually between day 2 and 3 post birth but can be delayed which is more likely if your birth was very stressful or you have certain medical conditions. Breastfeeding is a learnt skill for both you and your baby and it is not uncommon for your nipples to feel tender during this time or for you to encounter other challenges.

There is support available for breastfeeding from your midwife, a lactation consultant, your maternal child health clinic or the Australian Breastfeeding Association helpline 1800 686 268.

Not everyone can or will choose to breastfeed. Speak to your midwives about options for lactation suppression (limiting your milk coming in) if this is your path.



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Going to the toilet

It is not uncommon to feel worried about going to the toilet for the first time after a vaginal birth. Even if you have stitches, it is still very safe to go to the toilet.[1,2]

You may experience stinging when you pass urine for the first few days.[2] This can be reduced by drinking more water or pouring water over your perineum (area between your vagina and anus) while you wee which both dilutes your urine.[2] Let your midwife or doctor know if you are finding it difficulty passing urine.

It is important for your pelvic floor (muscles that support the pelvic organs) recovery to avoid constipation.[3] Constipation is when your poo becomes hard and dry, is difficult to pass and requires straining on the toilet.[4]

Drinking 1.5 - 2 litres of water spread throughout the day and eating high fibre foods such as fruits, vegetables and wholegrains can assist.[3,4] Speak to a health professional such as your midwife, doctor or pharmacist if you think you need some extra assistance such as a stool softener or laxative to do a poo.

Top tips for doing a poo:

- Lean forward, with your tummy relaxed[3,4]
- Rest your elbows on your knees[3,4]
- Position your knees higher than your hips by putting your feet on a step[3,4]
- Keep your breathing relaxed[3,4]
- Go when you get the urge[3,4]
- Support your stitches by a holding a pad of clean tissue against them[2-4]

A women's health physiotherapist can provide advice if you experience issues with using your bladder and bowels after birth such as urinary or faecal incontinence (leaking urine or poo).

Haemorrhoids

Haemorrhoids are swollen veins located in your lower rectum or anus (back passage).[1] They are quite common after birth and are linked to pushing during labour, pregnancy hormones, increased weight of pregnancy and straining on the toilet.[1,2]

There are over-the-counter creams available to treat haemorrhoids available from the pharmacy.[1] You can also discuss prescription creams with your doctor if you are not getting relief.[1]

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Stitches

You may need stitches if you have had a perineal tear (tear in the area between your vagina and anus) or an episiotomy (a cut made to make the vagina opening bigger). These stitches are usually dissolvable.[1] If you are uncomfortable, you can take over-the-counter pain relief.[1,2] Let your midwife or doctor know if your stitches suddenly become more painful, the area becomes newly red and swollen or there a smell or ooze from the wound which could be signs of infection.[2]

Bleeding after birth

After the birth you will bleed from your vagina for up to six weeks.[1] The bleeding may be quite heavy at first and will require very absorbent 'maternity' sanitary pads.[1] Initially the bleeding is bright red similar to a very heavy period and will darken and reduce over time before it stops.[1] Speak to your midwife or doctor if you are worried about your bleeding, are passing very large clots, feel unwell such as have a temperature or feel dizzy.[2]

Top tips to help with your recovery [3]

To assist with swelling and reduce pain after the birth you can:

- Lie down for half an hour, twice a day
- Ice your perineum for 20 minutes, every 2 or 3 hours. The ice can be placed inside a pad or be wrapped in a thin towel.
- Wear firm supportive underwear

Pelvic Floor[3]

Your pelvic floor, which is weakened during pregnancy and birth, are the most important muscles to exercise after birth. You can start gentle pelvic floor exercises in the first few days after birth. Re-training the pelvic floor can prevent accidental or involuntary loss of urine (wee) from the bladder (also known as urinary incontinence), faeces (poo) or flatulence (wind/fart) from the bowel (also known as faecal incontinence) and prolapse (when one of the pelvic organs slip down into the vagina).

To do these exercises, squeeze and lift the muscles around vagina and anus (like trying to stop urine or wind coming out) and hold for as long as you can. You may start with 1 - 3 second holds and gradually build up to 8 - 10 seconds over a few weeks. Rest for 5 seconds between squeezes and aim to repeat the exercise 10 times in a row. Complete the exercises 3 times a day. It is important to also squeeze and lift the pelvic floor before you sneeze, laugh, cough or do things that require effort such as lifting.

You can commence gentle walking as soon as you are comfortable and slowly increase your distance and speed. Seek advice before commencing high impact exercises such as running, heavy weights and tummy exercises such as sit-ups.

Your midwife or doctor may refer you to a women's health physiotherapist for advice about your pelvic floor and care before you go home.

Access our Pelvic Floor Resources on our website birthtrauma.org.au/thinknatal

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Recommendation

It is recommended, where possible, that all women see a women's health physiotherapist at approximately 6 weeks after the birth. The women's health physiotherapist can assess your pelvic floor, review and progress your pelvic floor exercises, provide advice on returning to exercise that is specific for you and address any other concerns or problems you may be encountering such as urinary or bowel incontinence (leaking urine, poo or wind) or feelings of heaviness or a lump in the vagina.

If your birth didn't go as planned

Pregnancy and birth does not always go as you or your partner may have expected or hoped.[5] This can leave you or your partner experiencing feelings of disappointment, shock, frustration, anger, numbness, and grief.[5] This can affect how you or your partner bond with your new baby.[5] Sometimes the real feelings about the birth don't arrive until weeks or months later, when you've had time to think about what happened. The feelings may come in a rush and be overwhelming.

If this happens to you, you are not alone, and there is help available.

Don't be afraid to ask questions and seek support from a health professional if something doesn't feel right physically. Not all physical injuries are identified at the time of your birth, and you may be the first person to notice that something is not right.

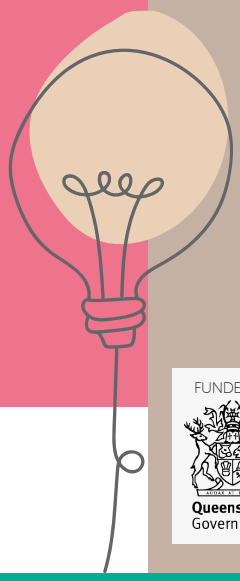
What can a partner do to support you?

Your partner can assist with your recovery. Some ways they can help include:

- Checking in regularly with you to just listen, rather than to 'fix'
- Sharing the care of the baby and house with you
- Giving you regular time to look after you including leisure time for yourself as well as time to seek professional support for your recovery.

If your birth has left you distressed you can:

- Seek a debrief from your health professionals, where you receive clear information about the details surrounding the birth and have the opportunity to ask questions
- Speak to a trusted health professional about your birth experience such as your midwife, doctor or a maternal child health nurse
- Have a conversation with your GP about your birth experience and what support and referrals would be best for you
- Seek counselling from an experienced professional such as a perinatal psychologist
- Seek peer support from the Australasian Birth Trauma Association (ABTA)
- Find birth-related trauma resources available on birthtrauma.org.au



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The information contained in this document is intended to support informed decision making and provide you with the confidence to speak to your health professional. This information is not designed to replace that of your health professional but instead guide you to seeking advice and support relevant to your wants and needs. You should be involved in discussions about all aspects of care that are available to you throughout pregnancy, labour and birth. Please speak to your midwife or obstetrician if you have questions about this information.

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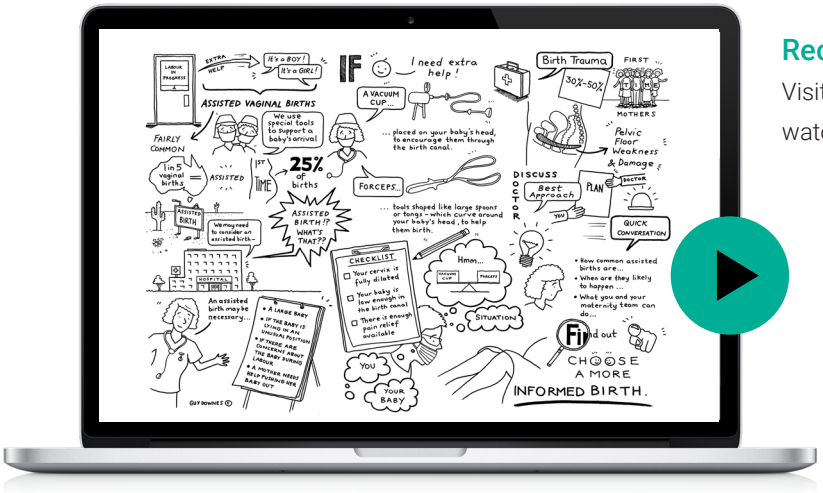

Recovery after Vaginal Birth Video

Visit our website or our YouTube Channel to watch our latest resource.

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Downloadable A4 Poster for health professionals

You should be involved in discussions about all aspects of care that are available to you throughout pregnancy, labour and birth. Please speak to your health care provider if you have questions about this information. You can visit birthtrauma.org.au for further information and support options.

To find our THINKNATAL™ resources visit birthtrauma.org.au/thinknatal

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