



## Your important health information

# Postnatal information

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You will experience some changes to your body as you start to recover after birth. Your midwife can talk to you about normal changes following birth. Please discuss any concerns you have with your midwife, doctor or maternal or child health nurse.

## Your body

After birth you will have vaginal bleeding. It is heavy and bright red at first, becoming lighter in flow and colour until it goes away after a few weeks. The bleeding can be heavier when you are breastfeeding or after you have been lying down. Use pads, not tampons, and change them at least every four hours during the day, or if soaked.

### You may:

- have stomach cramps or period like pain. This is common, especially if you are breastfeeding and means that your uterus is returning to its before pregnant size. A hot pack often assists with this type of pain.
- have a sore perineum (the stretch of skin between your anus and vagina) if you gave birth vaginally. Ice packs may reduce swelling and bruising in the first couple of days. Good hygiene is important for healing - a hand held shower may be helpful. You may choose to wash also after a bowel action. Dry the area gently using a pad or soft towel. You can use a mirror to check how the area is looking and how well it is healing. Medication such as paracetamol will help to relieve any pain or discomfort

### Seek advice from your general practitioner (GP) or midwife if:

- you pass large blood clots
- you have persistent bright red bleeding after one week
- your vaginal bleeding has an unpleasant smell
- you have a high temperature
- you have increasing pain.
- there is increasing redness or swelling in your wound, if you had a caesarean delivery.

## After a caesarean birth

Your wound may be slightly bruised, tender or numb for some time. Continue your prescribed pain relief in the first few days after discharge.

Keep your elastic stockings on until walking normally to reduce the risk of blood clots in your legs. Shower as normal, and pat dry the wound area. Don't lift anything heavier than your baby and try to organise some help with household chores for 6 weeks.

Do not drive until you can sit comfortably, work the controls, wear a seatbelt, look over your shoulder, make an emergency stop, and are not using any medication that makes you tired.

## Passing urine after birth

It is important to go to the toilet when you feel an urge to pass urine. If you do not have an urge, you need to try to pass urine every two to three hours during the day.

While you are in hospital, you will be asked to measure the amount of urine when weeing after birth.

If passing urine is uncomfortable, try pouring warm water over the area whilst you are on the toilet or pass urine when you are having a shower.

**Seek advice from your GP or midwife if you:**

- don't feel an urge to pass urine
- can't pass urine or have trouble emptying your bladder
- leak urine, or have burning or stinging when passing urine.

**Bowels**

To encourage regular bowel actions, drink plenty of water (8-10 glasses a day) and eat fresh fruits and vegetables.

If you have haemorrhoids, these may be soothed by using icepacks initially.

**Seek advice from your GP or midwife if you:**

- are unable to control wind/gas
- become constipated or experience faecal leakage.

**Swelling in your legs and feet**

Swelling in your legs and feet usually resolves within the first week or two. You can reduce swelling by keeping your feet up when possible.

**Seek advice from your GP or midwife if:**

- one leg is more swollen
- you feel pain, swelling, hot/red area and lumps in your legs or calves (back of legs)

**Healthy eating**

Aim to drink a large glass of water every time you feed your baby.

If you are breastfeeding, eat a variety of healthy foods from each food group daily. Continue to take a supplement containing 150 micrograms of Iodine.

If you have been taking iron supplements continue to take these and your family doctor will review and discuss the need for continuing these supplements at your six week check.

Don't expect or try to lose weight gained in your pregnancy right away. Gradual weight loss over several months is the safest way. If you are planning another pregnancy it is a good idea to return to your pre-pregnancy weight first, or close to it. This can be achieved with a healthy eating plan and with regular physical activity.

**Low mood or anxiety**

After having a baby you may feel sad, teary, anxious and overwhelmed for a few days. About 80% of new mums have the 'baby blues' after giving birth.

Be patient with yourself. These feelings are normal and usually go away in the first week or two.

If your low mood/ anxiety symptoms persist, or if it is affecting your daily life, see your family doctor or talk to your maternal and child health nurse.

Some signs of postnatal depression are:

- crying for no apparent reason.
- an inability to contemplate daily activities
- irritability
- excessive anxiety about your own or your baby's health
- negative or guilty feelings
- fear of being alone
- difficulty with concentration or memory
- loss of confidence and self-esteem
- distressing, unusual, intrusive thoughts.

## **Exercise**

Walking is a perfect exercise for the first 6 weeks after your baby is born. Start slowly and gradually increase the distance.

Refer to Physiotherapy Postnatal Care booklet for more information

## **Rest**

It's important to try and rest and relax in the first few days at home. It is a very exciting time and you may have lots of visitors.

Some tips are:

- Try and limit your visitors so you can get as much rest as possible.
- Try and rest and nap during the day when you baby sleeps.
- Increase your activities when you feel ready.
- Allow others to help you and don't be afraid to ask for help with cleaning, laundry, meals, or with caring for the baby.

## **Sex**

You can have sex again when you feel ready. 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 scared about pain during sexual activity. You may notice vaginal dryness. A lubricant may be helpful.

## **Family planning**

You can become pregnant again before you get your first period. This is less likely if you are exclusively breastfeeding, have not had a period, and your baby is younger than 6 months old, but it is still possible.

Your period may return as soon as six weeks after birth if you are not breastfeeding.

If you do not want to get pregnant straight away, discuss your options with your midwife, doctor or Family Planning Clinic

## Your baby

### Feeding

For further information about breastfeeding please refer to Breastfeeding Guide booklet 'Getting breastfeeding started'.

If you are not breastfeeding, you can have milk leaking from your nipples and your breasts might feel full, tender, or uncomfortable. Your midwife will talk to you about how to deal with the discomfort. Your midwife will teach you how to prepare formula, clean and store your equipment and feed your baby.

### Bathing

Bathing a newborn baby is relaxing for both baby and yourself but daily bathing is not essential. A daily wash with a face washer is fine, with a bath every second day. Make bath time fun and take time out for a baby massage. Wash and dry all creases as moistness encourages infection.

### Nappies

Once feeding is established, your baby may have a wet or dirty nappy each time he/she feeds. Adequately breast fed babies will have at least 3-4 wet nappies a day. Nappies should be changed regularly to avoid nappy rash

The bowel action will change to look light greenish- yellow after a few days. It is normal for baby's bowel action to semi solid. Some breastfed babies do not have a bowel action every day.

If the stools become very watery and different in consistency from usual, it may be due to change in your diet or a medication that you are taking. If this persists, discuss with your maternal child health nurse or GP

You may notice a rust coloured red stain in the urine in the first few days. This is normal. Girl babies may have mild vaginal bleeding or white discharge in the first week of life, this is normal.

If you have a son, do not pull back the foreskin.

### Caring for your baby's cord

Wash the cord stump area during the baby's bath time. Do not be afraid to clean around the base of the cord with a damp cotton ball to remove stickiness. The cord and the clamp usually separates within a week.

Once the cord has separated, continue to keep the umbilicus (belly button) clean and dry using a damp cotton ball/bud.

Avoid using powder around the cord.

#### **Seek advice from your GP, midwife or maternal and child health nurse if:**

- the skin area around the cord becomes red.
- If there is any fluid discharge from the cord site

### Clothing

Babies tend to lose heat quickly and generally need extra layers. Dress your baby in one more layer than what you are wearing.

To check body temperature, feel baby's chest or back of the neck rather than feet or hands.

## Crying

Crying is how your baby communicates with you. Remember your baby has only one way to let you know he/she needs to be fed, changed, cuddled, has a pain, and is hot or cold.

If crying persists after feeding you may find walking, gentle rocking, rhythmic patting, music, a pram or car ride, or a relaxation bath helps.

If you don't know what else to do, take a break. Alternate shifts with your partner or support person may help.

## Eyes

If there is any excess discharge from the eyes, then clean the baby's eyes using clean cotton balls or the clean corner of a face washer moistened with clean water. Gently wipe from inner side of eye to outer side of eye. Use a separate cotton ball or face washer for each eye to prevent spread of any discharge.

**Seek advice from your GP, midwife or maternal and child health nurse if there is:**

- persisting eye discharge
- redness or swelling of the eyes

## Jaundice

Jaundice is the yellowing of the skin and eye whites. It is normal for most newborn babies to have some jaundice .

**Seek advice from your GP, midwife or maternal and child health nurse if your baby progressively looks more yellow and is not feeding well.**

## Skin

Baby's skin is sensitive so you may see spots, red areas and rashes. These are usually normal and will disappear as quickly as they arrive. If a rash persists or you are worried, check with your midwife or your family doctor.

Remember to wash your hands. Good hygiene is important for you and baby

## Hot weather and newborn babies

During hot weather, newborns are at risk of dehydration. They can quickly lose bodily fluids. Newborn babies sweat less making their body unable to cool down quickly. This can cause them to overheat and develop a heat- related illness.

Breastfeed babies may need more feeds in hot weather. Breastmilk should be enough for breastfeeding babies. Mothers who are breastfeeding should stay hydrated and drink plenty of fluids.

No other fluid other than breast milk, including water, is required.

What to do:

- If possible, stay inside during hot periods. Avoid going out in the hottest part of the day.
- If you have to go out, protect baby's skin from the sun by keeping them in the shade and dress them in loose clothing.
- Never sleep babies in a pram in hot weather. Prams get hot quickly, causing suffocation to newborns.
- Ensure air can circulate around your baby.

- Never leave a baby in a car. Leaving a baby in a car puts them at risk of heatstroke, dehydration or death, especially in hot weather.
- Dress babies in light, loose, cool clothing. For example, a singlet and nappy.
- Air-conditioning temperature should be set to about 24-26 degrees Celsius.
- You can use a fan to cool down the room and keep air circulating
  - never point it towards a newborn baby.
- Cool baby down by giving them a lukewarm bath
  - don't use cold water or ice in the bath.

**Seek advice from your GP, Local Emergency department midwife or maternal and child health nurse if your baby:**

- is not feeding well
- is difficult to wake for feeds
- has jaundice
- looks unwell
- is floppy or pale and clammy
- has less wet nappies than normal.
- has ongoing watery bowel actions
- has strong dark or rust coloured urine.

**In an emergency call triple zero 000**

**More information is available from**

The Maternal & Child Health Line ( 24 hours a day, 7 days a week) on 13 22 29.  
<http://www.betterhealth.vic.gov.au/>

Postnatal and antenatal depression support network - PANDA [www.panda.org.au](http://www.panda.org.au)

Beyond Blue - <http://www.beyondblue.org.au/>

Cope - <https://www.cope.org.au/new-parents/>

Australian Breastfeeding Association [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

Continence Foundation [www.continence.org.au](http://www.continence.org.au) Information about bowel and bladder function

**Further Information**

If you have any questions regarding this information, please contact:

**Mercy Hospital for Women**

Emergency Department  
 Phone: 03 8458 4000

**Werribee Mercy Hospital**

Postnatal Unit  
 Phone: 03 8754 3400

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