Postpartum Recovery

After delivery of the baby and placenta approximately 6 to 8 weeks is needed for the effects of pregnancy on the many body systems to return to a pre-pregnant state. Immediately after delivery, we recommend early contact between the mother and baby including skin to skin contact when possible.

Many normal anatomical and physiologic changes occurred during the postpartum period. 25 to 50% of women experience postpartum chills or a postpartum shivering phenomenon after a normal delivery. The shivering usually starts at one to 30 minutes after delivery, may last for two to 60 minutes and does not need treatment other than a warm blanket. The uterus will begin a unique myometrial retraction using successive contractions to shorten and return to a pre-pregnant size. You, your nurse and physician will keep close monitoring of the contracting uterus after delivery to prevent excessive blood loss. The uterus should feel like a firm globular ball located in the lower half of your abdomen. At one week after delivery the uterus is located halfway between the pubic bone and the umbilicus. By two weeks after delivery, most women are not able to palpate the top of the uterus. The size of the uterus after delivery is not predictive of any complications. Patient should report if they are bleeding or passing lochia more than soaking one maxi pad an hour for two hours straight. Approximately 1 week after delivery patients often notice an increase in cramping and discharge associated with passing of the decidual cast, or clot from the inside lining of the uterus associated with pregnancy. Approximately 15% of women continued to pass lochia for 6 to 8 weeks after delivery. The cervix is usually 1 cm dilated at one week after delivery to allow for lochia to pass. The average weight loss from delivery of the baby, placenta and amniotic fluid is approximately 13 pounds. As the uterus contracts and fluid retention resolves an additional 5 to 15 pounds is lost over the next 6 weeks.

Postpartum recovery procedures are routine for your safety but completely individualized. Your medical team will assess your specific needs and encourage each stage of recovery as appropriate. Vital signs will be monitored regularly for blood pressure problems. After delivery patient medical issues include: bladder function, amount of bleeding, neuromuscular function and pain, reaction to medications, signs of infection, signs of blood clotting and pain control issues. As soon as you are stable, a regular diet and ambulation will be encouraged. Stool softeners are often prescribed and a personalized diet encouraged. Routine blood tests after a normal vaginal delivery are no longer required. Women who are not immune to rubella will be offered a vaccine prior to discharge; even if breastfeeding. Rh negative mom’s with Rh positive infant’s will be given an immune globulin after delivery. Afterbirth pains or cramps are common after nursing particularly when the woman has had more than one baby. Ibuprofen is effective in treating these cramps which are usually gone by the first week after delivery. Breast engorgement occurs between one to 7 days after delivery. The averages between 3 to 5 days postpartum and breast engorgement is uncomfortable and may give a slight rise in temperature.
for short period of time. If a fever develops please call our office to assess for signs of a breast infection. Patient to decide not to breast-feed will need to wear a tight brassiere and use cold compresses along with pain medications for several days.

The most common postpartum complications include a urinary tract infection, breast infection or mastitis. Less common are uterine or incisional wound infections. Postpartum urinary retention is a common issue after a vaginal delivery. If you are not able to void within 6 hours after delivery the nurse will perform a simple catheterization. Usually this is all that is needed. Hemorrhoids are common during pregnancy and occur in 35% of patients after delivery. Thrombosed external hemorrhoids are treated initially with local treatments based on symptoms. Due to the increased mobility of the pubic symphysis and sacroiliac joints, patients may experience a “pelvic girdle syndrome” after delivery with different levels of severity in musculoskeletal pain that limits mobility. This is usually self resolved and treated with oral pain medications.

Patients are encouraged to consider their contraceptive choices after delivery. Although women who are completely breast-feeding and have amenorrhea have a reduced fertility; there is still a 2% chance of pregnancy. Over 50% of women interviewed at 3 months postpartum describe the lower interest in sexual activity. Particularly if breast-feeding, patients are encouraged to use a lubricant when resuming activity. If you have concerns regarding excessive dryness and pain please notify us for a prescription to increase moisture and pliability. Patients are usually unaware of a transient fluctuation in the thyroid function during the first half year after delivery. Approximately 1 to 4 months after delivery, some women may experience and elevation or drop in thyroid hormone levels due to postpartum thyroiditis.

Postpartum follow-up visit as routinely scheduled at 6 weeks after delivery. Woman who have delivered by cesarean section are also instructed to return to office in two weeks after delivery. If there are any issues or concerns patients are welcome to come in at any time after delivery.

The decision regarding future pregnancies is an individual choice. One studies suggested that the optimum interval between births to reduce the risk of low birthweight and premature birth is 18 to 23 months. Another study showed that an inter-pregnancy interval of less than 6 months has an increased risk for preterm delivery. We do not recommend considering these studies if you or over 35 or have compromised fertility. Women who have had a cesarean section can wait 2 years before their next pregnancy but this is individualized.

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