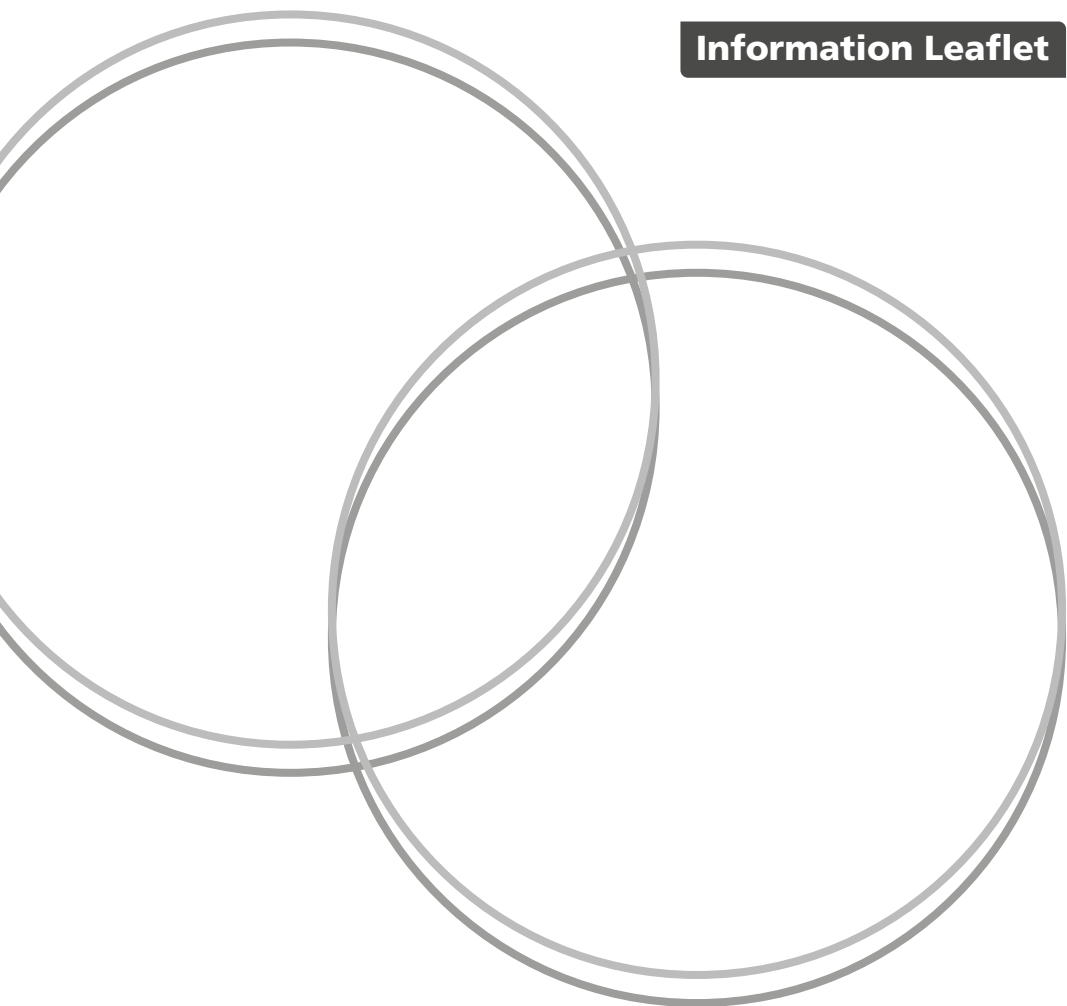


Following the loss of your baby

**What to expect when you
leave hospital – taking care
of your physical wellbeing**

Information Leaflet



We are so sorry that the need has arisen for us to give you this leaflet, and we fully understand the emotional impact of losing your baby.

There are also physical consequences for your body as a result of your loss, and it is important we make you aware of these, so that you can care for yourself, and ask for help and advice if necessary.

However you may be feeling, your physical welfare is very important.

Bleeding

The amount and duration of bleeding varies from person to person. To start with, bleeding may be heavier than the first day of your period, but it should become lighter after the first 2 to 3 days. It will gradually change from bright red to brown or pink in colour.

You may experience abdominal cramps or 'after-pains'. You can take paracetamol and/or ibuprofen to help with these – follow the instructions on the packet.

Bleeding may continue for 2 to 3 weeks, and you may experience spotting (light break-through bleeding) up until your first period. We advise you to use sanitary towels, not tampons, until your next period, to help avoid infections.

If your bleeding is very heavy, suddenly increases or you are passing clots, contact your GP or midwife. You should also contact them if you have:

- palpitations (pounding, irregular heartbeats)
- dizziness
- rapid heartbeat
- generalised weakness in your body
- sweating
- shivering.

You can also contact the Maternity Assessment Unit (MAU) for advice – see contact details on page 7.

If your bleeding suddenly gets a lot heavier you may need to call an ambulance.

Passing urine

If you find it difficult or painful to pass urine, or you find you are leaking urine, contact your GP or midwife.

Opening your bowels

Within the first 3 days you will probably feel that you need to open your bowels (have a poo). You may feel nervous about this, but you shouldn't find it painful. If you are constipated – have hard stools or difficulty passing stools – drinking plenty of water and eating fruit, vegetables, brown bread and high fibre cereals can help.

If your symptoms continue, your GP will be able to prescribe you a mild laxative (medicine to help you have a poo). You can also buy non-prescription laxatives over the counter.

You may also have developed haemorrhoids in pregnancy or labour, commonly known as piles. These are varicose veins around your back passage which may be uncomfortable. Your GP can prescribe you a cream to relieve the discomfort. You can also buy non-prescription haemorrhoid cream over the counter.

Contraception

The decision to try for another baby is a very personal one. We advise allowing time for your body to physically recover from the pregnancy and birth. You may wish to wait for test results to come back, and your consultant follow-up appointment, before trying again.

You can find more information from:
The Oxford Sexual Health Service

www.sexualhealthoxfordshire.nhs.uk/



If you do not wish to become pregnant, it is important to use contraception when you have sex, as your fertility can return quickly. If your baby was older than 24 weeks, then you can become pregnant as early as 21 days after your baby was born. If your baby was younger, then fertility can return as soon as 5 days after birth.

There are several options for contraception following the loss of a baby. The Contraceptive Choices website is an excellent place to find a method that is right for you (www.contraceptionchoices.org). Our only recommendation is that you do not use a method containing the hormone oestrogen (combined pill, contraceptive patch, contraceptive ring) in the first 6 weeks after birth, as these can increase your risk of a blood clot, nor the diaphragm in the first 6 weeks, as your birth canal will be changing shape.

Stitches/tears

If you had a tear or need stitches after the birth, your perineum (the area between your vaginal opening and back passage) may be tender or sore. It is important to keep this area clean and dry. Regular baths and showers may help, but avoid using soaps or shower gels on the area.

Change your sanitary towels often and wash your hands before and after changing the towels, to reduce the chance of infection.

Paracetamol and ibuprofen can help relieve pain while your perineum heals – follow the instructions on the packet.

Pelvic floor exercises can help stitches heal and also improve muscle tone, preventing the leakage of urine or wind as you get older. Please see the exercise sheet in your Badgernet record reading list.

Headaches

If you experience tension headaches and/or migraines, take paracetamol and rest.

If you experience a severe headache and/or neck stiffness which does not go away with paracetamol, contact your GP, midwife or out-of-hours service.

Breasts

You may experience fullness in your breasts and possibly some leakage of colostrum (first milk) if your pregnancy was beyond 18 weeks.

There are 3 ways to manage your lactation (production of breast milk). You can choose to:

- suppress (end) your lactation naturally
- suppress your lactation using medication
- donate your breast milk.

There is **no right or wrong choice** or way to feel – we have not listed these options in order of preference here.

The choice is **entirely yours** and we will give you the opportunity to discuss your options fully.

Suppressing (ending) your lactation naturally:

- Support your breasts by wearing a comfortable bra during the day and night.
- Try not to stimulate your nipples or breasts and don't express.
- Use breast pads to help absorb any leakage.
- Relieve discomfort with cold/gel packs inside your bra or use a cold compress.
- You may find cabbage leaves (kept in the fridge) placed inside your bra can help - change the leaves every few hours.
- Drink when thirsty. Do **not** cut out fluids, as this will not reduce milk production.
- Make your sleeping area comfortable - lie on your back or supported with pillows or towels.

Suppressing your lactation using medication:

You can take tablets to suppress your milk production, but these are **not** suitable for you if you have **high blood pressure** or **pre-eclampsia**.

We can give them to you within the first 24 hours, which means you will either produce very little milk or none at all.

All medications have some side effects, so speak to your doctor or midwife about whether medication or natural suppression of milk production would be best for you.

Donating your breast milk:

The Human Milk Bank, based at the John Radcliffe Hospital, collects donated breast milk to nourish and protect small and/or sick babies, or babies whose mothers are unable to produce enough milk.

If donating your breast milk to the Human Milk Bank is something you might like to consider, your midwife can give you details.

You can also get information from the United Kingdom Association for Milk Banking (UKAMB).

For further support and information contact the Infant Feeding Team.

Tel: **01865 572 950**

Email: infantfeeding.team@ouh.nhs.uk

Legs

If you have any **pain in the calf muscle** of either leg, or an area on either leg which is **hot** or **swollen**, **contact your GP, midwife or out-of-hours service urgently**.

This is because a **blood clot** may have formed in your leg.

You can also contact the Maternity Assessment Unit (MAU) for advice – **see contact details on page 7**.

When to seek urgent assistance

Contact your midwife, GP or out-of-hours service (NHS 111) or the Maternity Assessment Unit **URGENTLY** if you:

- have heavy bleeding or pass blood clots vaginally
- feel faint, dizzy, have chest pain, palpitations or shortness of breath
- have a fever, constant abdominal pain or feel shivery
- have an offensive smelling vaginal discharge
- have severe or persistent headache
- feel pain / swelling / heat in the calf muscle of either leg.

How to contact us

For further advice or to talk to a midwife please telephone us.

John Radcliffe Hospital Bereavement Team,
Butterfly Suite, Level 7, Women's Centre
Tel: **01865 220 302**

Level 7, Women's Centre
Tel: **01865 221 666** or **01865 221 894** (24 hours)

Maternity Assessment Unit (MAU), Women's Centre
Tel: **01865 220 221** (24 hours)

If you don't want to explain that you are calling following the loss of your baby, say **'Green Butterfly'** and we will understand.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet.

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