

Following the loss of your baby

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



We understand that you will need emotional support at this time and feel it is also important for us to let you know about the physical symptoms your body will be going through, including when to seek help or advice, if needed.

Bleeding

How much and how long you bleed for will vary in quantity and duration for every woman. To start with it may be heavier than the first day of your period, but should become lighter after the first two to three days. It will gradually change from bright red to brown or pink in colour.

You may experience abdominal cramps (after pains). These can be relieved by taking paracetamol and ibuprofen.

Bleeding may continue for two to three weeks and you may experience spotting up until your first period. We advise you to use sanitary towels, not tampons, until your next period, to help avoid infections.

Your next period will probably happen between four and seven weeks after your admission to hospital. This means it is possible that you could become pregnant again after one to two weeks. If you do not wish to become pregnant it is important to use contraception when you have intercourse.

You must contact your GP or Midwife if your bleeding is very heavy or you are passing clots. You must also contact them if you have symptoms including:

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

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, please contact your GP or Midwife.

Bowels

Within the first three days you will probably feel that you need to open your bowels. Although you may feel nervous of this you shouldn't find it painful. If you find that you are constipated this can be reduced by eating fruit, vegetables, brown bread, high fibre cereals and drinking plenty of water. If your symptoms continue your GP will be able to prescribe you a mild laxative.

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.

Stitches/tears

If you had a tear or needed any stitches after the birth, your perineum (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.

It is important to change your sanitary towels often and to wash your hands both before and after changing the towels, to reduce the risk of infection.

Painkillers such as paracetamol and ibuprofen can help relieve any pain you may have while your perineum heals. Take these as directed on the manufacturer's packet. Pelvic floor exercises will help your stitches to heal and will help you to develop healthy muscle tone, to prevent leakage of urine or wind later in life (please see the exercise sheet you have been given).

If you have discharge from your vagina that smells offensive please contact your GP or Midwife, as this may be a sign of an infection.

Headache

You may find that you experience tension headaches and/or migraines. These can be relieved by taking paracetamol and resting. If you experience a severe headache and/or neck stiffness which does not go away with paracetamol you should 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 **three ways** to manage your lactation. You can choose to:

- suppress your lactation naturally
- suppress your lactation using medication
- donate your breast milk.

This is entirely unique to you and you will be given the opportunity to discuss your options fully.

There is no right or wrong choice or way to feel. These options are not in an order of preference.

Suppressing your lactation naturally:

- Firstly, 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, it will not reduce milk production.
- Make your sleeping area comfy, lie on your back or supported with pillows or towels.

Suppressing your lactation using medication:

You can take tablets to suppress your milk production. They are not suitable for you if you have high blood pressure or have 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.

It is important to discuss the pros and cons of using drugs versus natural methods of suppressing your milk production before making your choice, as all drugs have some side effects. Your Midwife or Doctor will discuss these with you.

Donating your breast milk:

You may feel that you would like to help another baby or family by donating your breast milk to the Human Milk Bank based at the John Radcliffe Hospital.

The milk is used to nourish and protect small and/or sick babies or babies whose mothers are unable to produce enough milk.

You can discuss this option with your Midwife, who will be able to give you more information.

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

The Infant Feeding Team can provide you with support and information on any of the above options. You can contact them by telephone or email.

Tel: **01865 572 950**

Email: **infantfeeding.team@ouh.nhs.uk**

Legs

You **MUST** contact your Midwife (at any time), GP or out of hours service urgently if you have any pain in the calf muscle of either of your legs, or if there is an area on either of your legs which is hot or swollen. This may mean that a blood clot has formed in your leg.

You should also contact your Midwife, GP or out of hours service **URGENTLY** if:

- Your bleeding is heavy or you pass blood clots (vaginally).
- You feel faint, dizzy, have chest pain, palpitations or shortness of breath.
- You have a fever, constant abdominal pain or feel shivery.
- You have an offensive smelling vaginal discharge.
- You have a severe or persistent headache.

How to contact us

For further advice or to talk to a Midwife please telephone:

John Radcliffe Hospital

Level 7, Women's Centre

Tel: **01865 221 665**
(24 hours)

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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December 2017
Review: December 2020
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