



Caring for Yourself After the Loss of Your Baby

Emotional and physical healing

The days after the loss of your baby can be very hard. This handout is to help you understand the changes taking place in your body and to give you information about your care and recovery. If the instructions from your doctor or midwife are different from these guidelines, follow your provider's instructions.

Call your health care provider right away if you have any of the warning signs listed in this handout.

Your Emotions

Losing a baby is a very difficult experience. For some mothers, it may come after a normal pregnancy and it is totally unexpected. For others, there are warning signs during pregnancy. Either way, the loss is very hard. We are sorry for your loss.

Besides feeling sad, you may also feel angry, guilty, depressed, and many other emotions. You may want to be alone, or you may want your family and friends around you. All these feelings are a normal part of grieving.

Your social worker can provide support and information to help you and your family work through the emotions related to your loss during the next few weeks and months. Some community resources are given at the end of this handout. You also may want to talk with a counselor for support and guidance during this difficult time.

Your Energy

You may feel very tired the first few days after you lose your baby. Delivery is usually very tiring, and your emotional state may also drain your energy. Try to get as much rest as possible. Nap when you can.

You also may have big changes in your normal sleeping and eating patterns. All these responses are normal.

Your Follow-up Care

You will need to make an appointment with your health care provider for 6 weeks after the delivery. At this visit, your provider will check to make sure you have recovered from the pregnancy and delivery. Do not miss this important visit.

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During the 6 weeks after the delivery, your body will be going through many changes. Read the next few pages to find out what is normal, what to call your health care provider about, and when you can return to your normal activities.

Warning Signs

Call your health care provider right away if you:

- Have a fever of 101°F (38°C) or higher
- Are soaking a full-sized pad or maxi-pad with blood from your vagina every hour for 2 or 3 hours
- Have redness, swelling, or pain in your lower leg or thigh
- Have a headache that will not go away with usual comfort measures such as drinking water, resting, or taking acetaminophen (Tylenol)
- Had a Cesarean birth and your incision opens a little, leaks fluid or blood, or the area becomes more red, tender, or painful
- Feel so upset that you are afraid you may hurt yourself or someone else
 - *You may also call your clinic or 9-1-1 if you feel this way.*
- Have a concern you feel cannot wait until your next clinic visit
 - *When in doubt, be sure to call.*

Call your clinic within 24 hours if you:

- Are passing clots from your vagina that are larger than your thumb
- Have a discharge from your vagina that smells bad
- Feel sad, depressed, or anxious longer than you think you should
- Have a concern you feel cannot wait until your next clinic visit

Uterine Cramps

You may have abdominal (uterine) cramps in the first days of your recovery. These “after pains” occur when your uterus shrinks back to the size it was before pregnancy. The pains are strongest for the first 2 or 3 days, and then they slowly ease.

To help with “after pain”:

- Take slow, relaxed breaths.
- Put hot packs on your lower belly.
- Ask your provider if it is OK for you to take ibuprofen (Motrin, Advil, or Nuprin) for pain.

Your uterus will keep shrinking for about 6 weeks. Your stomach muscles may take more than 6 weeks to return to the way they were before pregnancy.

Breast Swelling and Leaking

After birth, your breasts first make a special milk called *colostrum*. Then, within 1 to 3 days, your regular milk “comes in” (fills your breasts).

You may have breast swelling and tenderness when your milk comes in. Your breasts may become painful or hard. This discomfort will last a couple of days, until your milk starts to go away.

Do not express milk from your breasts. This tells your body to make more milk. The more milk you express, the more milk your body will produce.

A bra, ice packs on your breasts, and a binder around your chest may help ease this discomfort. To bind your breasts, wrap a towel or long piece of cloth tightly around your chest and pin it. Your health care provider may recommend a milk pain medicine. We do **not** advise you to take medicines to “dry up” your breasts.

Your breasts may also leak milk. Put a soft handkerchief or nursing pad (not plastic-lined) inside your bra to soak up the milk and keep it from leaking onto your clothes.

Vaginal Bleeding and the Return of Your Period

The bleeding from your vagina comes from the area where the placenta was attached to the uterus and from the lining of the uterus. The flow is usually heavy and bright red for the first few days. Then it changes to a pinkish color, then brown. **If the flow ever has a bad smell, call your health care provider right away.**

The bleeding should lessen as the days and weeks pass. If you have more blood, or if it is red again, rest more often.

Bleeding from your vagina may last up to 6 weeks. Panty liners and pads are helpful. We do not advise using tampons, feminine sprays, or douches. Your period may begin again in 6 to 8 weeks.

Leg Swelling

Swelling in your legs is common during this time. It should go away in 7 to 10 days. If you have leg swelling, do not wear tight-fitting shoes or clothing.

Call your care provider right away if you have leg swelling that does not go away, or if you have pain or redness in your lower leg.

Nutrition

Do not diet to lose weight for the first 6 weeks. It could slow your healing. Talk with your health care provider about your nutritional needs at this important time.

Exercise and Activity

A slow return to your normal activities will help you recover and keep you from getting too tired. For the next few weeks:

- Work on taking care of yourself.
- Ask for help when you need it.
- Accept help when it is offered.
- Wait until after your 6-week checkup to go jogging, do aerobics, or do any other strenuous exercise. Your health care provider will tell you if it is OK to start exercising, or if you should wait longer.

Kegel Exercises

Do Kegel exercises to help heal and strengthen your pelvic floor muscles.

- While you are urinating:
 - Begin to urinate, then stop the flow by tightening your muscles hard.
 - Hold as long as you can, then let go.
- Several times a day, tighten and relax these same muscles when you are not urinating.

Healing Tears or Episiotomy

You may have stitches from a vaginal tear or an *episiotomy*, which is a cut your health care provider made at your vaginal opening just before delivery. These stitches will dissolve in 2 or 3 weeks.

These tips may help you feel more comfortable while you heal:

- Soak your bottom in warm water, using the special “sitz bath” your nurse gave you. Or, soak in a warm bath at home.
- Lie or sit on your side. Do not sit on your stitches.
- Use a numbing spray.
- Use medicated witch hazel pads (such as Tucks) on your stitches.
- Take pain medicine, as your provider advises.
- Be sure to rinse your bottom well with warm water every time you urinate. Use the squirt bottle you received in the hospital.

Hemorrhoids

You may have gotten *hemorrhoids* (inflamed veins in your rectum) late in pregnancy. These hemorrhoids may have been irritated during delivery. Most hemorrhoids from pregnancy go away after the birth.

To ease discomfort from hemorrhoids:

- Soak your bottom in warm water, using the special “sitz bath” your nurse gave you. Or, soak in a warm bath at home.
- Use medicated witch hazel pads (such as Tucks).
- Use a numbing spray or ointment.
- Be sure to drink plenty of water.
- Eat lots of fruits and vegetables so your bowel movements stay soft and easy to pass.

Sexuality and Family Planning

There is no rule about when you can go back to having intercourse. Your own comfort and desire will decide this. But, we advise you to:

- Wait to have sex until you no longer have any bleeding or discharge from your vagina.
- Try using a water-based lubricant such as K-Y Jelly if your vagina seems dry during intercourse.
- Use birth control.
 - If you had a full-term pregnancy, it is best to wait at least 6 months before getting pregnant again. This gives your body time to heal completely.
 - If you had a preterm labor, it is best to wait at least 1 year before you get pregnant again. See the handout “Wait 1 Year.”

Talk with your health care provider about your birth control choices. Some of them are:

- **Birth control pills** – your provider will prescribe the pill that is best for you.
- **Condoms and foam** – these have no side effects, and they help prevent sexually transmitted diseases.
- **Depo-Provera shot** – this lasts for 3 months, and you can get your first shot before you leave the hospital.
- **Diaphragm** – you will need to be fitted or refitted for a diaphragm after delivery, because your body may have changed from being pregnant. This fitting happens at your 6-week checkup.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

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- **Intra-uterine device (IUD)** – an IUD can be put in by your health care provider at your 6-week checkup.
- **Natural family planning** – your provider can teach you how to figure out when you are least likely to become pregnant, based on your menstrual cycle.
- **Tubal ligation (tubes are “tied”)** – this is a permanent form of birth control. If you have your tubes tied, you cannot have any more children. You need to sign a special consent form to have this procedure done. You may not want to make this decision right after the loss of your baby.

Helpful Resources

Here are some resources you may find helpful at this time:

SHARE: Pregnancy & Infant Loss Support, Inc.

Provides information education and resources for the needs and rights of bereaved parents and siblings. Offers community aid to those involved with the bereaved.

St. Joseph Health Center
300 First Capitol Dr., St. Charles, MO 63301-2893
800-821-6819 or 314-947-6164
Fax: 314-947-7486
www.nationalshareoffice.com

Parents Reaching Out

Provides newsletters and referrals for bereaved parents.
P.O. Box 14-2874, Anchorage, AK 99514
907-273-5409
www.parentsreachingout.net

A Place to Remember

Internet site has links to information about bed rest, premature births, and infant loss.
1885 University Ave., Suite 110, St. Paul, MN 55104
800-631-0973
Fax: 651-645-4780
www.aplacetoremember.com

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