Postpartum Care and Recovery after Pregnancy Loss

The First Six Weeks

Before you leave the hospital your practitioner will tell you when to schedule an appointment for a check up in the office. You should, however, call your practitioner anytime you have concerns, particularly if you have a fever, bleed heavily, or if emotions became overwhelming.

Vaginal Bleeding

It is normal to have some vaginal bleeding or discharge for six weeks or more. At first, the bleeding is bright red and heavier than a period. By the second week, the flow should lighten so you need only a mini pad. The color may be pink, brown or red. The bleeding may stop for a few days and then start again. This is normal. Call your provider if you feel you are bleeding too heavily (soaking large pads and passing large clots).

Stitches and Hemorrhoids

Following delivery, you may have swelling or tears around the vagina and/or hemorrhoids. Ice packs will help with swelling and discomfort during the first day. By the second day, switch from ice to “sitz baths,” soaking in warm water in the tub or in a basin that fits into the toilet. Continuing these soaks once or twice a day for about 10 days will be comforting, may prevent infection and may speed up the healing process.

If your tears required stitches, they will dissolve and do not need to be removed. Call your practitioner if you are concerned that the wound is infected. Signs of infection include a wound that becomes increasingly red, opens up or develops pus.

Hemorrhoids are aggravated by pregnancy in general and by pushing a baby out in particular. They will start to improve after delivery. In addition to taking sitz baths, avoid constipation by drinking lots of water and eating lots of fiber (bran cereal, Metamucil®, etc.) every day. Taking over-the-counter stool softeners such as Colace® (Docusate Sodium) also may help.

Bladder Function

Because of stretched muscles, and the hormonal changes that occur during pregnancy and delivery, you may have trouble holding urine long enough to make it to the bathroom when the urge strikes (urge incontinence) or losing urine when you cough, sneeze or run (stress incontinence).

You should notice slow, steady improvement in bladder control as the weeks go by. Kegel exercises (see instruction sheet) can help with incontinence problems.
Diet

There are no restrictions on your diet. Fluids (about 8 glasses per day) are important to replace blood loss and also help prevent constipation. You may continue to take a multivitamin.

Activity and Exercise

Your daily routine is enough activity during the first few weeks. Spare time should be spent off of your feet and resting. This will lessen the chances of complications and allow tears to heal and bleeding to slow.

Breast Care

Your breasts may produce milk after pregnancy loss. Wearing a snug-fitting bra or binder on your breasts may reduce the amount of milk that is produced. Your breasts may swell or feel full and sore. You can use ice packs on them and take Tylenol (Acetaminophen) or Motrin (Ibuprofen) to reduce discomfort. Call your practitioner if you get red, sore, hard lumps on your breasts or develop a fever and chills as these may be signs of a breast infection.

Sex

Bleeding, healing, stitches, fatigue and hormonal changes all affect your comfort and interest in sexual activity. Only you can decide when you are ready. For some women, it may be three weeks after delivery and for others eight weeks or longer. Emotional support and affection are always important.

Emotional Healing

Grieving is a normal human response to loss. Parents sometimes worry about how they will cope after losing a pregnancy or the death of a baby when sadness can feel overwhelming. Many couples find that their emotional reactions to loss are different from one another. Everyone heals at their own pace and in their own way. Although most report that their grief feels less intense over time, there may be times when the sadness returns in unanticipated ways. It is important to take the time necessary to recover and eventually return to your daily routines. Let your partner, family and friends know how they can best support you. Many search for meaning in their loss. Some turn to faith to help them through. Seek outside support from clergy or professionals if needed. If there is a support group in your area, you may consider attending one of its meetings. If you are finding that you cannot function, you don't feel “yourself” or have thoughts of self-harm, please seek help immediately. You can receive assistance by going to the Emergency Department at the hospital nearest you. If it is not an emergency, outpatient support and referral is available through UCSF Postpartum Mental Health Clinic at (415) 353-1980 or (415) 353-2566 for an appointment. Compass Care bereavement services (415) 353-9154 can arrange for telephone counseling, individual psychotherapy, and support group referrals for grieving parents.

For Family Members

Losing a pregnancy or a child impacts the whole family and it is important to help each other through this difficult time. You can do this by communicating openly with each other and providing support without judgment. Visit or call to say “I care and I want to help.” Don't be afraid of reminding the parents about the child. They have not forgotten. Letting them know you remember is comforting. Take care of yourself and other grieving family members in the same way. You may access the resources above for telephone support and contact information for support in your area.