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Labour And Beyond : Know Thy Labour!!

NOGS 20-21 & AMOGS PAC INITIATIVE

VOLUME - 11

NOOGLE

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Don't Google... Ask Noogle

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From the NOGS President's Desk . . .

Dear Members,

It gives me immense pleasure to hand over the eleventh volume of Patient's Information handouts which is going to be monthly feature. The eleventh volume focuses on "Labour and beyond : know thy labour!!"

In recent years, patients have increasingly requested the opportunity to participate fully in their medical care. An important part of responding to this is providing educational handouts that inform patients about health problems, describe medical treatments, and promote healthy behaviors. They are useful extension of spoken communications and are also an extension of medical care. Spoken messages are forgotten quickly and so they need to be reinforced with the informative handouts. Educational handouts are an important part of the communication patents receive from health care providers.

This is our small effort to provide our members wit these ready handouts for better communication with their patients. The member can print and use them for their patients benefit. We hope that you will find them useful.

I wish to profusely thank the ever enthusiastic, ever ready NOGS Member Dr. Parul Sharma for toiling very hard and putting it up together within a very short span of time. We deeply appreciate her super effort.

Wishing you all a very healthy patient interaction.

Sincerely,
Dr. Vaidehi Marathe
President NOGS 2020-21
Chairperson PAC AMOGS

Message from the President AMOGS...

Hello everyone,

The theme of AMOGS this year is "We for Stree". I would like to thank every AMOGSian who has helped making every woman Safer, Stronger, and Smarter.

I would like to congratulate Dr. Vaidehi Marathe and Team NOGS for this Patient education booklet. I would also like to thank the contributors and the editorial team for their contributions towards this great booklet.

The aim of this booklet is to ensure that you are able to get basic knowledge regarding different areas of women health care. I hope this booklet helps you achieve that and clears all your doubts.

Dr. Nandita Palshetkar
President
AMOGS.

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LABOUR F.A.Q.

Push, push, push harder !!!!

What is labour?

Labor is the work that your body does to birth your baby. Your uterus (the womb) contracts. Your cervix (the mouth of the uterus) opens. You will push your baby out into the world.

What do contractions (labor pains) feel like?

When they first start, contractions usually feel like cramps during your period. Sometimes you feel pain in your back. Most often, contractions feel like muscles pulling painfully in your lower belly. At first, the contractions will probably be 15 to 20 minutes apart. They will not feel too painful. As labor goes on, the contractions get harder, closer together, and more painful.

How do I time the contractions?

Time your contractions by counting the number of minutes from the start of one contraction to the start of the next contraction.

What are false labour pains?

Braxton Hicks **contractions**. These irregular uterine **contractions** are perfectly normal and might start to occur from your fourth month of pregnancy. They are your body's way of getting ready for the "real thing."

What should I do when the contractions start?

If it is night and they don't inhibit sleep, sleep. If it happens during the day, here are some things you can do to take care of yourself at home:

Walk. If the pains you are having are real labor, walking will make the contractions come faster and harder. If the contractions are not going to continue and be real labor, walking will make the contractions slow down.

Take a shower or bath. This will help you relax.

Eat. Labor is a big event and takes a lot of energy.

Drink water. Not drinking enough water can cause false labor (contractions that hurt but do not open your cervix). If this is true labor, drinking water will give you strength to get through your labor.

Take a nap. Get all the rest you can.

Get a massage. If your labor is in your back, a lower-back massage may feel good. Getting a foot massage also is good.

Don't panic. You can do this. Your body was made for this. You are strong!

When should I go to the hospital or ?

Your contractions have been 5 minutes apart or less for at least 1 hour.

If several contractions are so painful you cannot walk or talk during one.

Your water breaks. (You may have a big gush of water or just water that runs down your legs when you walk.)

Are there other reasons to go to the hospital ?

Yes, you should call your healthcare provider or go to the hospital if you start to bleed like you are having a period (blood that soaks your underwear or runs down your legs), if you have sudden severe pain, if your baby has not moved for several hours, or if you are leaking green fluid. The rule: If you are concerned about something, call.

I'm in labor — what do I do now?

If your baby is due more than three weeks from today and you are having back pain or stomach cramps, or there is fluid leaking from your vagina, or your baby has not moved for several hours, or you have other troubling symptoms, immediately rush to the hospital .

If you are overdue, be sure to see your doctor at least once a week and talk with her about a plan for your care.

If your baby is due within the next three weeks, follow this decision path:

Immediately go to the hospital if:

You are having painful contractions that have been less than 5 minutes apart for 1 hour or more.

Green fluid is leaking from your vagina.

You have heavy bleeding (blood that runs down your legs or soaks your underwear).

You are leaking clear fluid from your vagina.

You may be in early labor if:

You are having contraction that are more than 5 minutes apart. Walk, rest, eat

lightly, drink lots of water and breathe.

LSCS

The scar my c- section left behind is just a reminder of the amazing moment I became mom

Also known as a C-section, this surgical procedure might be necessary if the baby is large or descending breech; the cervix is not opening enough; or there are health complications with either the baby or mother.

The decision to deliver by C-section also might be precipitated by an emergency.

What type of anesthesia will be used during the procedure?

You will be given either general anesthesia, an epidural block, or a spinal block. If general anesthesia is used, you will not be awake during the delivery. An epidural block numbs the lower half of the body.

How is the procedure performed?

An incision is made through your skin and the wall of the abdomen. The skin incision may be transverse (horizontal or "bikini") or vertical, near the pubic hairline. The muscles in your abdomen are separated and may not need to be cut. Another incision will be made in the wall of the uterus. The incision in the wall of the uterus also will be either transverse or vertical.

The baby will be delivered through the incisions, the umbilical cord will be cut, and then the placenta will be removed. The uterus will be closed with stitches that will dissolve in the body. Stitches or staples are used to close your abdominal skin.

When Is an Emergency C-Section Necessary?

Although you might have hoped for a vaginal delivery, there are times when an emergency cesarean is required. Doctors might advise a cesarean delivery late in pregnancy or even during labor. For example, a c-section may be necessary in these situations: if the mom has preeclampsia or placenta previa (where the placenta detaches and comes out first before the baby), if the cervix stops dilating mid-labor, if there is a uterine rupture, or if the mom has an active herpes infection at the time of labor. An emergency c-section may also be recommended if the baby has a poor heart rate, if the baby is in distress, if there is a problem with the umbilical cord, or if the baby doesn't move down the birth canal.

What are the complications?

Some complications occur in a small number of women and usually are easily treated:

Infection

Blood loss

Blood clots in the legs, pelvic organs, or lungs

Injury to the bowel or bladder

Reaction to medications or to the anesthesia that is used

What should I expect after the procedure?

If you are awake for the surgery, you can probably hold your baby right away. You will be taken to a recovery room or directly to your room. Your blood pressure, pulse rate, breathing rate, amount of bleeding, and abdomen will be checked regularly. If you are planning on breastfeeding, be sure to let your health care provider know. Having a cesarean delivery does not mean you will not be able to breastfeed your baby. You should be able to begin breastfeeding right away.

Will I Be Awake During the C-Section Procedure?

If it's a planned cesarean, you will most likely be able to have an epidural or spinal block and remain awake during the baby's delivery. Sometimes during an emergency cesarean, the mom will be put to sleep under a general anesthetic to ensure a safe and fast cesarean delivery of the baby.

Can I Hold My Baby Right After the C-Section Procedure?

Discuss this with your healthcare provider before the procedure, because hospital policies differ. Some hospitals will allow you to meet and kiss your baby almost immediately after the delivery. Then, as soon as you have been stitched up, you will be handed your baby for some important skin-to-skin contact, which has many benefits and helps you bond with your baby.

Can I Breastfeed After a Cesarean?

There isn't any difference between a vaginal birth and c-section regarding starting to breastfeed, and milk may or may not have come in at this point. Provided both you and your baby are doing well, your baby can try to latch on for some very nutritious colostrum shortly after delivery.

How long will I need to recover?

You may need to stay in bed for a while. The first few times you get out of bed, a nurse or other adult should help you. A hospital stay after a cesarean birth usually is a couple of days. The length of your stay depends on the reason for the cesarean birth and on how long it takes for your body to recover. When you go home, you may need to take special care of yourself and limit your activities.

What helps with recovery?

Soon after surgery, the catheter is removed from the bladder. The abdominal incision will be sore for the first few days. Your doctor can prescribe pain medication for you to take after the anesthesia wears off. A heating pad may be helpful. There are many different ways to control pain. Talk to your health care provider about your options.

What should I expect during recovery?

While you recover, the following things may happen:

Mild cramping, especially if you are breastfeeding

Bleeding or discharge for about 4–6 weeks

Bleeding with clots and cramps

Pain in the incision

Episiotomy- An Obstetrician's Signature

Episiotomies, care of your stitches and what to expect when healing

How does an episiotomy differ from a tear?

A tear happens spontaneously as the baby stretches the vagina during birth.

An episiotomy is a cut made by a healthcare professional into the perineum and vaginal wall to make more space for your baby to be born. It is possible for an episiotomy to extend and become a deeper tear.

Episiotomies are only done with your consent.

If you have had an episiotomy, you will need stitches to repair it. This is normally done using local anesthetic in the room where you had your baby.

Why do some women have an episiotomy?

A healthcare professional will do an episiotomy if you are having an instrumental (or assisted) vaginal birth.

An instrumental (assisted) vaginal birth is when forceps or a suction cup (ventouse or kiwi) are used to help your baby to be born.

An episiotomy may also be done if your baby needs to be born quickly, or if you at risk of a serious perineal tear.

How do I care for my episiotomy and reduce my chance of infection?

It is important to keep the area clean. Only use water to wash.

Wash or shower at least once a day, and change sanitary pads regularly.

Wash your hands both before and after going to the toilet or changing your sanitary pads. This will reduce the risk of infection.

You should drink at least 2 litres of water every day and eat a healthy balanced diet (for instance: fruit, vegetables, cereals, wholemeal bread and pasta).

This will help your bowels open regularly and avoid constipation. You should not sit cross legged .

How long should it take for my wound to heal?

After having an episiotomy, it is normal to feel pain or soreness for 2-3 weeks after giving birth, particularly when walking or sitting.

The stitches can irritate as healing takes place but this is normal. Pouring body-temperature water over the area when urinating can help.

Passing urine can cause stinging.

The skin part of the wound usually heals within a few weeks of birth, and after that you should feel much less raw and tender.

Should my wound hurt after it has healed?

The skin part of the wound usually heals within a few weeks of birth, and after that you should feel much less raw and tender.

Will I need an episiotomy in future births?

No. The need for an episiotomy is assessed at the time of birth. It is always dependent on your wellbeing and that of your baby.

A few women will have excessive scar tissue from a previous episiotomy and because scar tissue does not stretch these women may need a repeat episiotomy to prevent excessive tearing.

Will I have a scar and have problem in my future sex life ?

No. There is no scar and there is no problem associated with episiotomy in long term in disruption of sex life.

When should I contact a healthcare professional?

If your stitches become painful.

If your stitches become smelly.

If your wound does not heal.

If you have any problems controlling your bowels, for instance you struggle to make it to the toilet or control wind.

If you have any concerns.

Assisted Vaginal Delivery

SABNE 3 IDIOTS TOH DEKHI HI HAI !!!!!!!!

- What is assisted vaginal delivery? Assisted vaginal delivery is vaginal delivery of a baby performed with the help of forceps or a vacuum device. It sometimes is called operative vaginal delivery.

- How common is assisted vaginal delivery? Today, assisted vaginal delivery is done in about 3% of vaginal deliveries.

- What are the types of assisted vaginal delivery? There are two types of assisted vaginal delivery: 1) forceps-assisted delivery and 2) vacuum-assisted delivery. The type of delivery that is done depends on many factors, including your obstetrician's experience and your individual situation.
- How is forceps-assisted delivery performed? Forceps look like two large spoons. They are inserted into the vagina and placed around the baby's head. The forceps are used to apply gentle traction to help guide the baby's head out of the birth canal while you keep pushing.

- How is vacuum-assisted delivery performed? A vacuum device is a suction cup with a handle attached. The suction cup is placed in the vagina and applied to the top of the baby's head. Gentle, well-controlled traction is used to help guide the baby out of the birth canal while you keep pushing.

- Why might assisted vaginal delivery be done? Some of the reasons why an assisted vaginal delivery may be done include the following:
  - There are concerns about the baby's heart rate pattern during labor.
  - You have pushed for a long time, but the baby's head has stopped moving down the birth canal.
  - You are very tired from a long labor.
  - A medical condition (such as heart disease) limits your ability to push safely and effectively.
- What factors will be considered before choosing assisted vaginal delivery? Before choosing this option, your obstetrician assesses a number of factors to ensure that the highest levels of safety are met. These factors include your baby's estimated weight, where your baby is in the birth canal, and whether the size of your pelvis appears adequate for a vaginal delivery. Your cervix should be fully dilated, and the baby's head should be engaged (this means that the baby's head has dropped down into your pelvis).
- What are the benefits of assisted vaginal delivery? One of the main advantages of assisted vaginal delivery is that it avoids a cesarean delivery. Cesarean delivery is major surgery and has risks, such as heavy bleeding and infection. If you are planning to have more children, avoiding a cesarean delivery may help prevent some of the possible future complications of multiple cesarean deliveries. Recovery from a vaginal delivery generally is shorter than recovery from a cesarean delivery. Often, assisted vaginal delivery can be done more quickly than a cesarean delivery.

What are the risks for me if I have assisted vaginal delivery? Both forceps-assisted delivery and vacuum-assisted delivery are associated with a small increased risk of injury to the tissues of the vagina, perineum, and anus.

A very small number of women may have urinary or fecal incontinence as a result of these injuries.

Incontinence may go away on its own, or treatment may be needed.

What are the risks for my baby if I have assisted vaginal delivery? Although the overall rate of injury to the baby as a result of assisted vaginal delivery is low, there still is a risk of certain complications for the baby. These include injuries to the baby's scalp, head, and eyes; bleeding inside the skull; and problems with the nerves located in the arm and face. There is no evidence that assisted vaginal delivery has any effect on a child's development.

What are the chances of having a repeat assisted vaginal delivery in a future pregnancy? If you have had one assisted vaginal delivery, you have an increased risk of having one in a subsequent pregnancy. However, chances are good that you will have a spontaneous vaginal delivery. Some of the factors that increase the risk of another assisted delivery include a long (more than 3 years) interval between pregnancies or a fetus that is estimated to be larger than average.

- What can I expect after having an assisted vaginal delivery? After an assisted vaginal delivery, you may have perineal pain and bruising. It may be hard to walk or sit for a time. If you have had a perineal tear, it may require repair with stitches. Minor tears may heal on their own without stitches. You likely will have a few weeks of swelling and pain as the perineum heals.
- What can I do to help relieve pain and swelling after an assisted vaginal delivery? To help ease pain and swelling after delivery, try the following tips:
  - Take an over-the-counter pain reliever. Ibuprofen is preferred if you are breastfeeding. Acetaminophen also is a good choice.
  - Apply an ice pack, cold pack, or cold gel pads to the area.
  - Sit in cool water that is just deep enough to cover your buttocks and hips (called a sitz bath).
  - Try putting a witch hazel pad on a sanitary napkin. Witch hazel, which has a cooling effect, is a liquid made from certain plants that are distilled in water. It is available over the counter.
  - Use a “peri-bottle” while using the bathroom and afterward. This is a squeeze bottle that sends a spray of warm water over your perineum. It can help you urinate with less pain and is a great alternative to using toilet paper for clean-up.
  - Ask your obstetrician or other member of your health care team about using a numbing spray or cream to ease pain. Some of these sprays are available over the counter without a prescription.
- If sitting is uncomfortable, sit on a pillow. There also are special cushions that may be helpful.

Epidural Analgesia

No more pain !! only gain !!!!!

Q: can I have painless delivery ?

A: yes . An epidural is one option for pain relief during labor.

Q: Am I required to have an epidural?

A: No. An epidural is one option for pain relief during labor, but is usually done at your request and with your consent.

Q: What other methods of pain relief are available?

A: For some women, massage and breathing techniques may be adequate, and narcotic drugs are also available.

Q: Are there patients who cannot have an epidural?

A: Certain medical conditions such as bleeding disorders, infections at the site of epidural, spine surgery or disease of the nervous system might make an epidural unadvisable. You should discuss any concerns with your anesthesiologist.

Q: Is an epidural painful?

A: A local anesthetic, which stings for a few seconds, is injected under the skin before insertion of the epidural to make you more comfortable. You may experience a feeling of pressure in the back during insertion.

Q: Will the epidural slow my labor?

A: The dose and timing of an epidural are carefully tailored to your needs during labor. In fact, an epidural can improve the descent of your baby by relieving pain and relaxing the pelvic muscles.

The challenge of obstetric anesthesia is to make you as comfortable as possible without compromising your ability to push out your baby. Every woman is unique, and we will customize your pain relief to make you as comfortable as possible during the entire labor and delivery process.

Q: When should I have my epidural?

A: Most patients are able to receive an epidural once they are in adequate or active labor. Your provider will help you determine the best time for you, depending on your specific circumstance. An anesthesiologist is available for laboring patients around the clock to provide this service.

Q: How long does it take the epidural to work?

A: Normally, it takes 10 to 15 minutes for the epidural to take full effect. For women who receive the epidural in the active stage of labor, analgesia can take up to 20 minutes.

Q: Will I be numb?

A: The goal of epidural anesthesia is pain relief rather than total numbness, which can lead to decreased ability to push the baby out. Most patients experience numbness or tingling after the initial dose of medication, then gradually less numbness but continued pain relief. Patients are often aware of their contractions, but they should not be painful. As labor progresses, especially close to delivery, you may experience more pressure; this is difficult to alleviate and attempts to do so can lead to ineffective pushing, which can delay delivery.

Q: Will the epidural/spinal last long enough?

A: Yes. Epidural catheters are connected to a continuous infusion of medication that is stopped only after the baby is delivered. Except in rare circumstances, spinal anesthetics greatly exceed the time required for a Cesarean section.

Q: What if the epidural does not work?

A: The anesthesia team will assess the patient's response to the initial dose of medication. If the relief is not satisfactory, the epidural is reassessed. Options include administering additional medication, adjusting the catheter, or replacing the catheter.

Q: What if I need a C-Section?

A: Various factors influence the choice of anesthesia for a Caesarean section, but they are usually done under epidural or spinal anesthesia.

Q: Will any of these the medication affect my baby?

A: Medications used for labor and delivery are safe and normally do not affect the baby. Spinal and epidurals can cause the mother's blood pressure to decrease in the first few minutes, but your vital signs will be followed more frequently during this period and your anesthesiologist and nurse will closely monitor your Pulse , B.P and your baby’s heart beat throughout your labor and delivery.

Q: What are the risks and side effects of an epidural (or spinal)?

A: Some women experience a persistent headache. Other complications include incomplete anesthesia, low blood pressure, shivering and nausea.

Q: how long does the effect stay ?

A: one bolus dose effects lasts for 45 mins to 1 hour and can be repeated to alleviate pain .

Q: does it cause back pain ?

A: NO . It does not cause backspin rather its the muscle weakening and constant weight bearing during pregnancy that results in backache in the future .

Q: What is a bolus?

A: A bolus is the administration of additional medication(s) through an epidural to alleviate pain.

Q: What is a PCEA?

A: PCEA stands for Patient Controlled Epidural Anesthesia and is a method that allows you to administer your own "extra" dose of medication if the pain intensifies.

Every woman is unique, and customisation to relieve your pain can be done to make you as comfortable as possible during the entire labor and delivery process.

BREASTFEEDING

LAUGH & SING , DANCE & GLOW . LET THE OXYTOCIN FLOW

When should a mother start breastfeeding?

Breastfeeding should always be started within an hour after birth.

What is colostrum and how it benefits the baby?

Colostrum is the first thick milk produced by the mother right after birth which is deep yellow in color. This milk is rich in nutrients and antibodies which provides the baby complete nutrition and prevents the baby from illness and infections.

Why breastfeeding is important to a baby?

- It gives the right amount of nutrition which is required by a baby
- It protects the baby from infection and illness
- It ensures better survival during first year of age as the baby is more prone to infections during this period.

What are the breastfeeding benefits for a mother?

It helps in reducing the risk of certain health conditions like depression,cardiovascular diseases, cancer such as ovarian and breast cancer.It also helps in weight loss of mother after the delivery.

How long should a mother breastfeed?

The exclusive breastfeeding should be continued for 6 months after birth.Then it should be continued with other supplements upto 2 years of age or above

How often breastfeeding should be done in the first few weeks?

Breastfeed a baby on demand or atleast 8 times a day or after every 2-3 hours as per the requirement

How the breastfeeding is done?

Breastfeeding is a technique in which baby has to be held in the right position which helps in getting the infant to latch on to the breast for feeding.

What Is Rooming-In?

The practice of rooming-in means that the baby is kept in the mother's room throughout the hospital stay. Contrary to popular belief, the mother who has her baby beside her feels less anxious about her and sleeps better. Even if she is sharing a room with another mother or mothers, she is not unduly disturbed.

Should a mother use both the breasts?

If a baby finishes first breast during a feeding,offer the second one in next feeding because there are two types of milk produced during each feeding-thirst quenching milk and fat rich milk. Both are essential for the baby.As long as your baby is comfortable and gaining well, you are doing it right.

How Does The Mother Position The Baby Correctly At The Breast?

To make sure that your baby is positioned properly at the breast, check the following points:

Your baby's entire body, including her neck, shoulder and abdomen, should be facing you and close to your body. Her chin should touch the breast

Her mouth should be wide open with her lips curled outwards.

More of the areola should be visible above the baby's upper lip and less below the lower lip. But if the areola is big, more of it may be visible, even if the baby is positioned properly.

The baby should be taking slow, deep sucks.

After the feed, the baby should appear relaxed and satisfied.

You should not feel any nipple pain. You should be able to hear your baby swallow, but this is not essential.

Is it safe to smoke,drink or use drugs for a lactating mother?

The breastfeeding mother should always avoid alcohol and tobacco.The mother should always consult a doctor before taking any medication as certain drugs can easily pass through the breast milk and can harm the baby.

How should the breast milk be pumped and stored?

If the mother is unable to breastfeed the baby directly then the mother's milk can be pumped out with hand expression, manual pump or with electric breast pump.It has to be further stored immediately for as long as 3 to 8 days under refrigeration. Warm up the milk under hot tap water before it is used but don't microwave.

Some Friends Tell Me That I Will Not Have Enough Milk In The First 2 To 3 Days. What Should I Give To The Baby Till Then?

Your newborn baby does not require anything other than colostrum — the milk that the breasts make in the first few days after delivery.

Do not let anyone squeeze the breasts for milk. Simply let the baby be put to the breast when hungry. Elderly relatives sometimes feel that colostrum is harmful to the newborn. Try to explain to them that colostrum is essential for the baby and, though secreted in small amounts, is enough to meet all the needs of your baby. It is rich in Vitamins A and K and zinc. It contains large amounts of antibodies and other factors that protect the child against life-threatening infections. It also has an immunoglobulin that coats the lining of the baby's immature intestine and prevents large protein molecules from entering the newborn's blood system. This reduces the risk of getting allergic diseases like asthma and eczema later in life.

What Is Exclusive Breastfeeding? How Long Should My Baby Be Exclusively Breastfed? What About Supplementing Breast Milk With Water, Fruit Juice, Soup, Other Milk, Gripe Water, Etc?

The term 'exclusive 'breastfeeding has gained importance because babies thus breastfed are far more healthy than those partially breastfed. It means that your baby is given only breast milk from the moment of birth upto the age of 6 months. This is all she needs. I therefore recommend that all infants be exclusively breastfed for 6 months, but at least until the completion of 4 months of age. Breastfeeding should then be continued up to 2 years of age or beyond with the addition of adequate complementary foods from 6 months of age.

What are some common myths about breastfeeding?

The common myths are-

"Frequent feeding can lead to poor milk production"

"The first milk (colostrum) is not good for the baby"

"Infant gets all the milk it needs in 5-10 minutes of lactation"

"A lactating mother should space the feedings so as to give time to refill her breasts"

These are baseless misconceptions which should be thrown out.

Do I Have To Give Calcium And Iron To My Breastfed Baby?

Breast milk has enough calcium to meet the normal requirements of the baby. Even if your baby is teething, you need not give her calcium. Your milk also has one of the best forms of iron that is absorbed into the baby's system remarkably well. Till the child triples her birth weight, all her iron requirements are met by your milk alone.

What is weaning?

Weaning is the gradual process of supplementing breast milk with other dietary foods and fluids which is started after the first 6 months of birth.

Heavy Bleeding After Birth (Postpartum Haemorrhage)

FOREWARNED IS FOREARMED

DONT PANIC !!!!! IT IS PREVENTABLE AND TREATABLE

Who is this information for?

This information is for you if you wish to know about heavy bleeding after the birth of your baby. It may also be helpful if you are a partner, relative or friend of someone who is or who has been in this situation.

What bleeding can I expect after my baby is born?

It is normal to bleed from your vagina after you have a baby. This blood mainly comes from the area in your womb (uterus) where the placenta was attached, but it may also come from any cuts and tears caused during the birth.

Bleeding is usually heaviest just after birth and gradually becomes less over the next few hours. The bleeding will reduce further over the next few days. The colour of the blood should change from bright red to brown over a few weeks. This vaginal bleeding is called the lochia and it will usually have stopped by the time your baby is 12 weeks old.

Sometimes bleeding during or after birth is heavier than normal.

What is a postpartum haemorrhage (PPH)?

Postpartum haemorrhage (PPH) is heavy bleeding after birth. PPH can be primary or secondary:

• Primary PPH is when you lose 500ml (a pint) or more of blood within the first 24 hours after the birth of your baby. Primary PPH can be minor, where you lose 500–1000ml (one or two pints), or major, where you lose more than 1000ml (more than two pints).

• Secondary PPH occurs when you have abnormal or heavy vaginal bleeding between 24 hours and 12 weeks after the birth.

How could a PPH affect me?

If you lose a lot of blood, it can make you anaemic and worsen the normal tiredness that all women feel after having a baby. (See the entry for ‘anaemia ’in the ‘Medical terms explained ’section of the RCOG website: www.rcog.org.uk/en/patients/medical-terms.)

If heavy bleeding does occur, it is important that it is treated very quickly so that a minor haemorrhage doesn’t become a major haemorrhage, which can be life-threatening.

Who is at risk of primary PPH?

The table below shows the risk factors associated with primary PPH. Even if some apply to you, it is important to remember that most women with these risks factors will not experience a haemorrhage after giving birth.

In fact, most women who have a primary PPH have no identifiable risk factors. However, if you do have any of these risk factors you may be advised to have your baby in a hospital setting where there is access to blood transfusion if you need it.

Risk factors for primary PPH

Before the birth

- known placenta praevia – when the placenta is located lower down near the neck of the womb
- suspected or proven placental abruption – when the placenta separates from the womb early
- carrying twins or triplets
- pre-eclampsia and/or high blood pressure
- having had a PPH in a previous pregnancy
- having a BMI (body mass index) of more than 35
- anaemia
- fibroids
- blood clotting problems
- taking blood-thinning medication In labour
- delivery by caesarean section
- induction of labour

delay in delivery of your placenta (retained afterbirth)

• perineal tear or episiotomy (a surgical cut to help delivery) • forceps or ventouse delivery

• having a long labour (more than 12 hours)

• having a large baby (more than 4 kg or 9 lb)

• having your first baby if you are more than 40 years old • having a raised temperature (fever) during labour

• needing a general anaesthetic during delivery

Often there is very little that you can do about these factors. However, in some cases, steps can be taken to reduce the risk of having a PPH and also to reduce the likelihood of needing a blood transfusion:

• If you are anaemic during pregnancy, taking iron supplements may reduce the likelihood of needing a blood transfusion. Some women may also be offered iron supplements if they are at risk ofanaemia. If you are very anaemic during pregnancy or find it difficult to take tablets, iron can be given intravenously (through a drip).

If you have had a previous caesarean section and the placenta attaches itself to the area of the previous scar, leading to placenta accreta/percreta (also known as morbidly adherent placenta), it may not come away easily after birth. This condition is uncommon but it can cause major haemorrhage. If this is suspected on your ultrasound scan, you may be offered additional scans. Your healthcare team will discuss your options with you and make a plan for your care.

Treating major haemorrhage may include having a blood transfusion (see below). If this worries you, or if you do not wish to receive blood or other blood products, you should talk to your healthcare team. It is important that your wishes are known well in advance and that they are written clearly in your notes.

What can be done during birth to reduce the chance of a primary PPH?

If you have a vaginal birth, you should be offered an injection into your thigh just as the baby is born to help reduce blood loss. This injection helps the placenta to come away from the womb. Once your placenta has been delivered, you will be examined for any tears. If the tears are bleeding heavily, they will be stitched to reduce any further blood loss.

If you have a caesarean section, the same injection will be given and your placenta will be removed through the caesarean incision.

If you are known to be at high risk for PPH, you may be given additional medications to help reduce the amount you may bleed.

What happens if I have a primary PPH?

If you give birth in hospital, your doctor will push the emergency bell to call other members of staff into the room to help. It can happen quickly and people rushing into the room may be frightening for you and your birth partner. You may feel dizzy, light-headed, faint or nauseous. In the majority of cases (whether you are at home, in a midwifery-led unit or in hospital), heavy bleeding will settle with the simple measures listed below.

The doctor may:

- massage your womb through your abdomen, and sometimes vaginally, to encourage it to contract
- give a second injection into your thigh (or a first, if you did not have one at the time of the birth) to help your womb contract
- put a catheter (tube) into your bladder to empty it as this may help the womb contract
- put a drip into your arm to give you some warm fluids after taking some blood for testing

check to make sure that all of the placenta has come out. If there are any missing pieces still inside your womb, you may have to have them removed; this is usually done in an operating theatre under anaesthetic

• examine you to see whether any stitches are required.

Your blood pressure, temperature and pulse will be checked regularly and you will stay on the labour ward

until the bleeding has settled. You can breastfeed if you wish.

What happens if I continue to bleed very heavily?

If heavy bleeding continues and you have lost more than 1000ml (two pints) of blood, a team of senior hospital staff will be involved in your care.

Medications may be given as an injection or via the back passage to help stop the bleeding. You will be given oxygen via a facemask and a second drip for extra intravenous fluids. You may be given a blood transfusion or medication to help your blood to clot.

If the bleeding continues, you may be taken to the operating theatre to find the cause of the haemorrhage. You will need an anaesthetic for this. Your partner will be kept informed about how you are and what is happening, and your baby will be cared for.

There are several procedures your doctors might use to control the bleeding:

A ‘balloon ’may be inserted into your womb to put pressure on the bleeding blood vessels. This is usually removed the following day.

• An abdominal operation (laparotomy) may be performed to stop the bleeding.

• Very occasionally, a hysterectomy (removal of the womb) is necessary to control the heavy

bleeding.

• In some situations, a procedure called uterine artery embolisation may be performed to help stop the bleeding. This procedure is done by a specially trained radiologist (X-ray doctor). It involves injecting small particles via a thin tube (catheter) under X-ray guidance to block the blood supply to the womb.

Once your bleeding is under control, you will either be transferred back to the labour ward or you may be transferred to an intensive care or high-dependency unit. You will be monitored closely until you are well enough to go to the postnatal ward.

How will I feel afterwards?

You may need a longer hospital stay. If tests show that you are very anaemic or if you are feeling faint, dizzy or light-headed, you may be offered a blood transfusion.

You can still breastfeed after a PPH and you can ask your healthcare team about extra support.

When you go home you may still be tired and anaemic, and you may need treatment with iron. It may take a few weeks before you make a full recovery. Your doctor may offer you a blood test in 6–8 weeks ’time to check your blood count. You can help improve your iron levels by taking iron tablets regularly and by eating a healthy diet including foods rich in iron (such as meat, pulses, eggs and leafy green vegetables).

You may be offered daily blood-thinning injections (heparin) and compression stockings to wear for 10 days after the birth of your baby. This is because after a PPH you are at increased risk of developing blood clots in your legs or lungs. Your midwife will teach you and your birth partner how to do the injections yourself.

You and your birth partner may have found the experience distressing and it is often helpful to talk through the events. You will have the opportunity to discuss what has happened before you leave the hospital.

You may be offered, or you can request, a further meeting with a senior member of the team who looked after you.

If you continue to feel upset or develop anxiety or depression after you go home, you should talk to your partner and family and also your doctor .

What about future births?

If you have had a birth that was complicated by a primary PPH, there is an increased risk of PPH in future births. This is why you will be advised to have your baby in a consultant-led maternity unit. During pregnancy you may be advised to take iron supplements to reduce the chance of becoming anaemic. You should discuss your birth options with your healthcare team.

When you are in the hospital and in labour, you may have blood tests and a drip may be inserted into your arm so that fluids and medication can be given if needed. You will be offered medication to help the placenta come away and reduce the risk of a PPH.

What happens if I have a secondary PPH?

Secondary PPH is often associated with infection in the womb. Occasionally it may be associated with some placental tissue remaining in your womb. It usually occurs after you have left hospital. You should contact your obstetrician if your bleeding is getting heavier, if your lochia has an offensive smell or if you feel unwell. You may be given a course of antibiotics to treat an infection.

If the bleeding is heavy or continues, you may need to go to hospital for further tests. You may need antibiotics which will be given through a drip. Less commonly, you may need an operation to remove any small pieces of remaining placenta from your womb. You may need to stay in hospital for a few days.

Your baby can usually stay with you if you wish, and you can continue to breastfeed.

Key points

• It is normal to bleed after you have a baby. Initially, bleeding can be quite heavy but it will reduce with time. You may continue to bleed for several weeks after delivery.

• Women at high risk of haemorrhage will be advised to have their baby in a hospital setting.

• Sometimes bleeding is much heavier than normal and this is called postpartum haemorrhage (PPH). It is important to remember that the majority of women will not experience a haemorrhage after giving birth. If bleeding is very heavy, it is important to act quickly.

• In the majority of cases, heavy bleeding will settle with simple measures.

- Staff should keep you and your birth partner informed of what is happening at all times.
- Once you have recovered, you should be offered an opportunity to discuss what has happened and you can ask for further support from your healthcare team.

Postpartum Depression

LOVE YOU ZINDAGI !!!!!!!!

What are the baby blues?

About 2–3 days after childbirth, some women begin to feel depressed, anxious, and upset. They may feel angry with the new baby, their partners, or their other children. They also may:

- Cry for no clear reason
- Have trouble sleeping, eating, and making choices
- Question whether they can handle caring for a baby.

These feelings, often called the baby blues, may come and go in the first few days after childbirth.

How long do the baby blues usually last?

- The baby blues usually get better within a few days or 1–2
- weeks without any treatment.

What is postpartum depression?

Women with postpartum depression have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks.

When does postpartum depression occur?

Postpartum depression can occur up to 1 year after having a baby, but it most commonly starts about 1–3 weeks after childbirth.

What are the symptoms of postpartum depression?

Feeling restless or slowed down

Feeling sad most of the day

Loss of interest or pleasure in all or most things, including the baby

Extreme irritability, frustration, or anger

Feelings of hopelessness

Trouble sleeping even when the baby is sleeping

Loss of appetite or eating too much

Difficulty thinking, concentrating or making decisions

Crying for no reason

Overwhelming feelings of guilt, worthlessness or inadequacy

Scary thoughts about harming your baby

Anxiety or panic attacks

No desire to be with friends or family

Excessive worrying about your baby’s health

Suicidal thoughts or frequent thoughts of death

Postpartum Psychosis:

Hallucinations and delusions

Paranoia

Confusion and disorientation

Attempts to harm yourself or the baby

If you are experiencing some of these symptoms, and they have lasted for more than two weeks, you may be experiencing a postpartum mood disorder and should seek prompt professional help.

What do I say to my family and friends who think I m fine as I don't look sick??

You might look like you're doing better than you feel, and you can explain that to friends and family. You can explain that some people call postpartum depression "the smiling depression" because moms often try to put on a happy face even when they feel depressed. You don't need to tell anyone about your illness unless you are comfortable doing so. If you feel comfortable opening up, you may start out with saying things are more difficult than expected; that even though you don't have any outward signs to point to like a broken leg, you aren't feeling like yourself and do appreciate their support.

What causes postpartum depression?

Postpartum depression probably is caused by a combination of factors. These factors include the following:

- Changes in hormone levels
- History of depression
- Emotional factors
- Fatigue
- Lifestyle factors
- If I think I have postpartum depression, when should I see my health care provider?

- If you think you may have postpartum depression, or if your partner or family members are concerned that you do, it is important to see your obstetrician–gynecologist (ob-gyn) or other health care professional as soon as possible. Do not wait until your postpartum checkup.

- How is postpartum depression treated?
- Postpartum depression can be treated with medications called antidepressants. Talk therapy also is used to treat depression, often in combination with medications.

- **What are antidepressants?**

Antidepressants are medications that work to balance the chemicals in the brain that control moods. There are many types of antidepressants. Drugs sometimes are combined when needed to get the best results. It may take 3–4 weeks of taking the medication before you start to feel better.

- **Can antidepressants cause side effects?**

Antidepressants can cause side effects, but most are temporary and go away after a short time.

- **Can antidepressants be passed to my baby through my breast milk?**

If a woman takes antidepressants, they can be transferred to her baby during breastfeeding. The levels found in breast milk generally are very low. Breastfeeding has many benefits for both you and your baby. Deciding to take an antidepressant while breastfeeding involves weighing these benefits against the potential risks of your baby being exposed to the medication in your breast milk. It is best to discuss this decision with your ob-gyn or other health care professional.

- **What happens in talk therapy?**

In talk therapy (also called psychotherapy), you and a mental health professional talk about your feelings and discuss how to manage them. Sometimes, therapy is needed for only a few weeks, but it may be needed for a few months or longer.

- **What are the types of talk therapy?**

You may have one-on-one therapy with just you and the therapist or group therapy where you meet with a therapist and other people with problems similar to yours. Another option is family or couples therapy, in which you and your family members or your partner may work with a therapist.

- **What can be done to help prevent postpartum depression in women with a history of depression?**

If you have a history of depression at any time in your life or if you are taking an antidepressant, tell your ob-gyn or other health care professional early in your prenatal care. Ideally, you should tell him or her before you become pregnant. He or she may suggest that you begin treatment right after you give birth to prevent postpartum depression. If you were taking antidepressants before pregnancy, your ob-gyn or other health care professional can assess your situation and help you decide whether to continue taking medication during your pregnancy.

What support is available to help me cope with postpartum depression?

Support groups can be found at local hospitals, family planning clinics, or community centers. Useful information about postpartum depression can be found on the following websites:

- National Women's Health Information Center http://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html
- Medline Plus http://www.nlm.nih.gov/medlineplus/postpartumdepression.html

What are the things I need to do to get well?

- Stick to your treatment plan. Don't skip psychotherapy sessions. Even if you're feeling well, continue to take medication as prescribed.
- Set realistic expectations. Be kind to yourself. Don't pressure yourself to do everything. Ask for help when you need it.
- Learn about postpartum mood disorders. Empower yourself by learning about your condition.

Pay attention to the warning signs. Find out what triggers your mood disorder. Make a plan so that you know what to do if your symptoms get worse. Contact your doctor or therapist if you notice any changes. Ask friends or family to watch out for warning signs.

Get exercise. Physical activity may help reduce symptoms. Take a daily walk with your baby, or get together with other new moms for regular exercise.

Maintain an adequate diet. Choose more protein and Omega 3, and fewer simple carbohydrates.

Avoid alcohol and illicit drugs. It may seem like they lessen your problems, but in the long run, they generally worsen symptoms and make the depression harder to treat.

Get adequate sleep. This is especially important. Ask for support from friends and family in minding the baby so you can get some sleep.

The most important step to take is to become more knowledgeable about PPD and seek help.