**Components of Postpartum Care**

1. **Vaginal pain:** Genital tract trauma is obvious with spontaneous vaginal delivery.[[4]](https://www.ncbi.nlm.nih.gov/books/NBK565875/) Mild vaginal tears occur during delivery and take a few weeks to heal, whereas extensive tears might take longer to heal. Advise women to take over-the-counter medications such as ibuprofen or acetaminophen for pain, sit on a padded ring, or cool the area with an ice pack to relieve the pain. Healthcare providers should inform women about the signs of infection, such as fever, and encourage them to seek medical attention for persistent, severe pain.[[5]](https://www.ncbi.nlm.nih.gov/books/NBK565875/)
2. **Vaginal bleeding/discharge:** Bloody vaginal discharge (lochia rubra) is heavy for the first 3-4 days, and slowly it becomes watery in consistency and color changes to pinkish-brown (lochia serosa). It changes to yellowish-white after 10-12 days (lochia alba). Advise women to seek medical attention if heavy vaginal bleeding persists (soaking a pad or more in less than an hour). Women with heavy, persistent postpartum bleeding should be evaluated for complications such as retained placenta, uterine atony, rarely invasive placenta, or coagulation disorders.[[6]](https://www.ncbi.nlm.nih.gov/books/NBK565875/)  Endometritis may also occur, presenting as fever with no source, and may be accompanied by uterine tenderness and vaginal discharge. This usually requires intravenous antibiotics. This also should be explained, and the mother should be advised to seek immediate medical attention.
3. **Breastfeeding:** Breastfeeding is beneficial for the mother and the newborn.[[7]](https://www.ncbi.nlm.nih.gov/books/NBK565875/) Breastfeeding women are less likely to get breast cancer, ovarian cancer, and type 2 DM.[[8]](https://www.ncbi.nlm.nih.gov/books/NBK565875/) Providers should evaluate latch, swallow, nipple type and condition, and hold of infants for any problems. Interventions include professional support, peer support, and formal education.[[9]](https://www.ncbi.nlm.nih.gov/books/NBK565875/) Healthcare providers should strongly encourage women to breastfeed the newborn unless it is contraindicated. The World Health Organization (WHO) recommends at least 4 to 6 months, every 3 to 4 hours daily. Breastfeeding reduces the newborn’s risk for gastrointestinal tract infections, pediatric cancers, and atopic eczema.[[8]](https://www.ncbi.nlm.nih.gov/books/NBK565875/) Breastfeeding should be evaluated at each postnatal visit.
4. **Nutrition and exercise:**Women at higher risk for postpartum weight retention are those with higher gestational weight gain, black race, and lower socioeconomic status, which at the same time increase their risk of future obesity and type 2 diabetes.[[10]](https://www.ncbi.nlm.nih.gov/books/NBK565875/) Advise women to adopt a variety of healthy, balanced diets and resume their normal dietary habits. All breastfeeding mothers need to take an extra 500 calories per day. Avoid strenuous activities in the early postpartum period, and take plenty of rest for the first 2-3 weeks. slowly start with non-impact activities such as walking, and a gradual return to previous activities is recommended.[[11]](https://www.ncbi.nlm.nih.gov/books/NBK565875/)
5. **Breast engorgement:** Women may experience full, firm, and tender breasts after the delivery. Frequent breastfeeding on both breasts is recommended to avoid engorgement.[[12]](https://www.ncbi.nlm.nih.gov/books/NBK565875/) Advise women to use warm washcloths or warm showers or place cold washcloths between feedings to relieve the pain. For women who are not going to breastfeed, encourage them to use cold packs, use firm support of the breasts, take analgesics as needed, and mechanical extraction of milk.[[13]](https://www.ncbi.nlm.nih.gov/books/NBK565875/)
6. **Bladder and bowel function:** Voiding must be encouraged and monitored to prevent asymptomatic bladder overfilling. Women are encouraged to use mild laxatives such as docusate, psyllium, and bisacodyl if defecation has not occurred within 3 days of delivery. Another consideration is Osmotic laxatives such as polyethylene glycol and lactulose.[[14]](https://www.ncbi.nlm.nih.gov/books/NBK565875/)
7. **Sexual relations:** Libido may decrease after the delivery because of decreased estrogen levels. This may not return for as long as 1 year postpartum, particularly in women who are breastfeeding. Reassurance is usually appropriate. Advise women to wait for their perineal area to heal before resuming sexual activity, and it may take 4-6 weeks for the perineal tears to heal completely. Healthcare providers should be more comfortable discussing women's sexuality during the early postpartum period.[[15]](https://www.ncbi.nlm.nih.gov/books/NBK565875/) Address earlier return of sexual activity with contraception to avoid unintended, closely spaced pregnancy.[[15]](https://www.ncbi.nlm.nih.gov/books/NBK565875/)
8. **Contraception:** The prenatal period is the best time to discuss postpartum contraception. Adolescents begin motivational interviewing and discussion of long-acting reversible contraception during pregnancy.[[16]](https://www.ncbi.nlm.nih.gov/books/NBK565875/)  For breastfeeding women, nonhormonal modalities are usually preferred. The ACOG recommends progestin-only contraceptives as the best hormonal contraceptive modality for breastfeeding women. Breastfeeding mothers should not use combination estrogen-progestin contraceptives as it can interfere with breast milk production.[[17]](https://www.ncbi.nlm.nih.gov/books/NBK565875/) Among hormonal methods, combined estrogen-progestin vaginal rings can be used after 4 weeks postpartum. Hormonal methods such as progestin-only oral contraceptives, depot medroxyprogesterone acetate injections, and progestin implants are preferred, as they do not affect milk production. A vaginal diaphragm and cervical cap should be fitted only after complete involution of the uterus, at 6 to 8 weeks after delivery. Intrauterine devices are typically best placed after 4 to 6 weeks after delivery. Breastfeeding is not an effective contraceptive choice. The lactational amenorrhea method alone or other forms of contraception has a failure rate of 2%, but a specific criterion has to be fulfilled. The woman must be breastfeeding exclusively on demand to be amenorrheic) ie, no vaginal bleeding after 8 weeks postpartum), and have an infant younger than 6 months. This becomes less reliable as the infant starts to eat solid foods. Both breastfeeding and non-breast-feeding women can use barrier contraceptives, intrauterine devices (copper-releasing and hormone-releasing), and progestin-only contraception. WHO recommends breastfeeding women wait 6 weeks postpartum before starting progestin-only contraceptives. ACOG recommends combination hormonal contraceptive use should not start until 3 weeks postpartum because of the increased risk of thromboembolism. Women should wait at least 6-18 months before trying to become pregnant again.
9. **Education:** Healthcare providers should provide essential education regarding newborn care, such as umbilical cord care, bathing, breastfeeding, and the importance of immunizations.
10. **Miscarriage, stillbirth, or neonatal death:** For mothers who experience any pregnancy loss, it is essential to ensure follow-up. Key elements are to provide emotional support and bereavement counseling and referral, if appropriate, to counselors and support groups. Also, review of any laboratory or pathology studies related to the loss and counseling regarding recurrent risk and future pregnancy planning.[[18]](https://www.ncbi.nlm.nih.gov/books/NBK565875/)