## POSTPARTUM BODY CHECKLIST

## All Systems Check

During the first moments after the birth you may feel as if you've been hit by a freight train. Or you may feel so excited and euphoric that you swear you could hop off the birthing bed and go run a marathon.

Regardless of how well you're feeling, you can expect to experience your fair share of poking and prodding during the first day or two postpartum as your health-care practitioner checks you over to make sure that your body is successfully making the shift from a pregnant to a non-pregnant state. He or she will be assessing:

your general wellness (your energy level, your responsiveness, whether you're experiencing a lot of pain, and, if so, whether the pain relief measures that you've been receiving are proving to be adequate);

your emotional state (whether you're feeling depressed or weepy, how much family support you have, and how you're relating to your new baby);

your vital signs (your pulse, blood pressure, temperature, and breathing);

whether or not you are becoming dehydrated (a possibility if you endured a lengthy labour or threw up a lot when you were in transition);

the consistency, location, and height of the fundus (the top of the uterus) and whether you are experiencing any tenderness that might indicate that you are developing a postpartum infection (endometritis-a uterine infection- is the most common cause of infection up to six weeks postpartum. It is more likely to occur following a Caesarean than a vaginal delivery. Symptoms include fever, lower abdominal pain, uterine tenderness, and foul-smelling lochia.);

your lochia (the character, colour, and amount of postpartum bleeding, and whether or not any clots and/or unusual odour are present);

whether you are having problems with hemorrhoids (how large they are and how much discomfort you are experiencing);



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whether your bowels are functioning properly (whether you've had a bowel movement since the delivery or, in the case of a Caesarean delivery, whether any bowel sounds can be detected—something that may indicate that your bowels are getting ready to starting functioning again);

whether you're urinating regularly (to ensure that your bladder is functioning properly and that you aren't experiencing any delivery- related bladder problems caused by trauma to the area during the delivery, the effects of certain anaesthetics, and so on);

your breasts (to look for signs of any potential problems such as flat or inverted nipples, breast engorgement that may interfere with breastfeeding, nipple pain, and so on); and

your incision site, if you had a Caesarean (the nurse will want to see that the area is clean and dry and that the staples remain intact until they are removed approximately three days after the delivery)

Depending on your situation, you may need some additional care after the delivery. If, for example, you have Rh-negative blood and you give birth to an Rh-positive baby, you will need to receive a dose of Rh immune globulin (RhoGAM) within 72 hours of the birth to prevent problems in future pregnancies.

